

## Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:
  - This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
  - For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
  - For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
  - Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.
  - All questions marked with an asterisk (\*) are mandatory and must be completed in order to submit the CoC Application.

For Detailed Instructions click [here](#).

## **1A. Continuum of Care (CoC) Identification**

### **Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1A-1. CoC Name and Number:** CO-504 - Colorado Springs/El Paso County CoC

**1A-2. Collaborative Applicant Name:** Pikes Peak United Way

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** Pikes Peak United Way

## 1B. Continuum of Care (CoC) Engagement

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.**

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	No
Local Jail(s)	Yes	Yes	No
Hospital(s)	Yes	Yes	Yes
EMT/Crisis Response Team(s)	Yes	Yes	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No
School Administrators/Homeless Liaisons	Yes	Yes	No
CoC Funded Victim Service Providers	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Business/Developers	Yes	Yes	Yes
Faith Community	Yes	Yes	Yes
Funder	Yes	Yes	Yes

**1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.  
(limit 1000 characters)**

CoC committed to open/transparent/participatory/representative of entire community. Maintain listserv (352 members) open to all; gain new members regularly w/ monthly invitation & word of mouth. List used to disseminate general info, announce mtgs, distribute reports (AHAR/PIT/HIC/etc.) & CoC docs (Consolidated Application/plans/etc.), recruit participation in CoC activities, seek input. Info shared at mthly general member mtgs; open invitation. All committees open. Ex: 1) Hold Community Conversations periodically for general & specific topics; open-ended questions; include unsheltered persons & clients at shelters; advocacy group (Peoples Access To Housing – PATH) formed to provide input to CoC & advocate on homelessness issues. 2) Hosted summit open to all; 285 people representing providers, local/state govt, clients, business, faith, policy experts, law enfrcmnt, etc.; open space session gathered input to strategic plan; Call-To-Action cards provide members for priority committees.

**1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.**

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Urban Peak Colorado Springs	Yes	Yes	Yes
Inside Out Youth Services	No	No	No

**1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.**

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
TESSA	Yes	Yes

**1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?**

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	No
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

**1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?  
(limit 1000 characters)**

Action may be initiated by governing board or other group. Key people associated with strategy are identified; they identify & invite those who need to be involved, specific people and by general invitation; group responsible to create & implement plans; plans approved by the board & progress reviewed as appropriate. Example: veteran homelessness. SSVF provider took lead; worked with CoC lead & City rep to create work group & Council; SSVF community plan developed & approved by board; progress is reviewed monthly at council meeting & at board as needed; work resulted in City Mayor accepting Mayor's Challenge, approval of Vets@Home TA request, landlord engagement, collaborate case review/management. Endorsed plan, current SSVF Community Plan, and status update are included as attachments.

**1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015. (limit 1000 characters)**

Governing Board has ongoing discussion re: local and HUD priority gaps/needs. When competition opened, request for letters of intent disseminated thru open community list (CHAP 352 members), announced @ mtgs, & posted on website. Open to all; non-recipients actively encouraged; non-recipients w/ projects addressing priorities proactively targeted. Guidance provided to all. Requests which don't meet standards/priorities get feedback & coaching for future opportunities. Approved new projects receive extensive guidance thru application process, including organizational improvements needed to ensure successful award, & grant & program mgmnt. Fit w/ priorities, capacity to manage grants, adherence to principles (hsg 1st, low barrier) are factors considered in selection; current or prior participation in CoC awards is not a requirement nor is it considered.

**1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation?**

Monthly

## 1C. Continuum of Care (CoC) Coordination

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.**

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Not Applicable
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
HeadStart Program	No
Other housing and service programs funded through Federal, State and local government resources.	Yes

**1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.**

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	2	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	2	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	2	100.00 %
How many of the Con Plan jurisdictions are also ESG recipients?	2	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	2	100.00 %

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	2	100.00 %
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**1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s).  
(limit 1000 characters)**

City of Colorado Springs & El Paso County are entitlement communities & prepare Consolidated Plans. City receives CDBG, HOME & ESG. County receives CDBG. Reps for City & County agencies who administer entitlement funds serve on the CoC Board which meets monthly for 1.5 hours to discuss issues & take actions. City & County representatives serve on the board's Executive Committee (EC) to set strategy & plan for activities: 2 hours monthly. City & County representatives consult with the CoC in the development of the CP priorities annually. City & County CP representatives consult on the ranking & prioritization (R&P) process for CoC competitive funding, serve on the R&P committee, & recommend use of entitlement funds to help fill gaps: 2 hours monthly. City supports initiatives of the CoC such as strategic planning & the Mayors Challenge to End Veteran Homelessness: 4 hours monthly. CoC Lead & other CoC members attend public CP meetings & provide inputs on priorities: 6 hours annually.

**1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities.  
(limit 1000 characters)**

CoC consults w/ City to set priorities for ESG funding. This begins thru participation in City's needs assessment process for the ConPlan. CoC staff attend public meetings & City hosts a focus group meeting w/ CoC members. City prepares a recommendation for use of funds & presents to CoC for input prior to being submitted for approval to City Council. CoC administrator assists in selection of subrecipients for rapid rehousing & homeless prevention activities. Final recommendations/awards are approved by CoC. CoC administrator assists in preparation of the ESG CAPER, which is presented to the CoC board for review. City monitors ESG subrecipients for compliance; HMIS lead monitors for HMIS compliance (same standards as CoC grantees). CoC is working w/ City to develop better procedures for evaluating outcomes & agency performance. City is approved by CoC to apply for State ESG funds. City & CoC then follow similar allocation & same compliance processes. County does not received ESG.



**1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)**

We have only 1 victim service provider (TESSA), not CoC funded, & does not participate in HMIS, so all client confidentiality maintained. Clients served by HMIS participating agencies have choice to remain anonymous/private in system as well as whether or not to identify as victim. Providers – homeless & victim services – generally come from base of trauma-informed care. Information is shared as directed/approved by clients thru releases. Client presents at homeless svcs provider: evaluate full range of needs & create case plan; refer clients to all needed resources, including TESSA for counseling & other victim services; safety & security are considered in hsg placement, & services are by choice. Client presents at TESSA: similar process except reversed referrals; needs are evaluated & case plan created; safety & security are paramount in referrals to other providers, including housing; services are client's choice, not required.

**1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Housing Authority of the City of Colorado Springs	0.00%	No
Housing Authority of the City of Fountain	17.00%	No

**1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)**

City funds Tenant Based Rental Assistance program w/ HOME funds. Program administered by CSHA as 2 year transitional program for homeless households & uses Section 8 model for rental assistance. City & CoC are working w/ Coordinated Entry process to prioritize clients. Referrals received from CoC participating providers who then provide case management support. Clients complete a housing assessment matrix to determine that transitional housing is the best option. Participants are assisted to obtain employment, utilize qualified benefits & resources, & obtain self-sufficiency & stable permanent hsg. Program serves 35 households; 75% find permanent hsg. In addition to HVC, Fountain PHA has 40-unit hsg for elderly & disabled (including homeless); 14 unit family project; & 64 unit RTC project. Fountain uses local (geographic) preference, no homeless preference, but does not exclude. CoC is working w/ both PHA's to change current rules to allow homeless preference & reduce barriers.

**1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)**

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
Moratorium on enforcement of solicitation ordinances: the city has declared a moratorium on enforcement of solicitation ordinances in response to community input and pending reviews.	<input checked="" type="checkbox"/>
Hold on sit/lie ordinance: A sit/lie ordinance was originally proposed in response to a vagrancy issue in part of downtown. It was then dramatically reduced in scope based on feedback from the community, and has been postponed while alternatives are explored.	<input checked="" type="checkbox"/>
City and CoC are engaging landlords in an effort to reduce barriers and accept more clients by demonstrating the value of case-managed tenants.	<input checked="" type="checkbox"/>

## 1D. Continuum of Care (CoC) Discharge Planning

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.**

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.**

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.  
(limit 1000 characters)**

Not applicable

## **1E. Centralized or Coordinated Assessment (Coordinated Entry)**

### **Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.**

**1E-1. Explain how the CoC’s coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.  
(limit 1000 characters)**

Expanded paid & volunteer outreach staff to focus on veterans & youth who are our least likely to seek services; go to known locations & add locations based on information gathered from clients; mountainous areas & caves hardest to access due to safety, so rely on word of mouth. Opened new family day center, & individual day center will open fall 2016 to provide easy access; are/will be assessment centers; 2-1-1 provides referrals across the system & is available by phone (individuals or at providers) & online (e.g. at library); shelters & soup kitchen refer to appropriate locations. Use VI-SPDAT (v2 of both individual & family) to assess housing need & use score to prioritize; wait lists converting to VI-SPDAT score order; evaluating additional information needed to make best housing & service referrals. Veteran group has by name list & uses group case review to evaluate, prioritize, place & monitor progress. Using this process as model for other populations (in progress).

**1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.**

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hospital(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
EMT/Crisis Response Team(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

### Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	17
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	1
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	16
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

### 1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	<input checked="" type="checkbox"/>
Performance outcomes from APR reports/HMIS	
Length of stay	<input type="checkbox"/>
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
	<input type="checkbox"/>



<b>Monitoring criteria</b>	
Participant Eligibility	<input checked="" type="checkbox"/>
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
<b>Need for specialized population services</b>	
Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None	<input type="checkbox"/>

**1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority.  
(limit 1000 characters)**

The evaluation forms (renewal & new) gave points for specific populations, as well as for implementation of housing 1st & barrier reduction principles. The forms cover income (earned & total) & benefits to allow points in all areas addressed. The first rank order was based on raw score. Each program was then reviewed, discussed & considered for the following: 1 of a kind program (we have 1 residential treatment & 1 respite care program); special populations (medical vulnerability; addiction; DV; youth); priority in our community (availability or scarcity of resources compared to abundance of the population); willingness to & progress in adopting principles of housing first, barrier reduction, & trauma-informed/client-centered care & services. Final ranking balanced performance, populations served, community priorities, alignment with HUD priorities, & available alternatives.

**1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached) (limit 750 characters)**

Generic timeline, evaluation forms & process were created in April 2015, finalized 9/24, & disseminated at provider meeting on 9/28. Provider meeting was open to all. Request for Letters of Interest for new projects was sent & posted 9/29. Approved new projects were announced 10/13 with due date correction posted 10/14. Final ranking & Prioritization was communicated & posted 11/4. No projects were rejected; noted in 11/4 posting. All materials are posted on website: [http://www.ppunitedway.org/cis\\_continuum\\_2015.html](http://www.ppunitedway.org/cis_continuum_2015.html). Communications go to stakeholder distribution list (352 members) & additional provider staff (on a provider distribution list), and are posted on website.

**1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.)**

11/16/2015

**1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)**

Yes

**1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)**

11/04/2015

**1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW?** Yes

## 1G. Continuum of Care (CoC) Addressing Project Capacity

### Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

The project evaluation forms must be submitted along with the HUD e-snaps application. The form includes a rubric for evaluation of performance and includes: APR submission; drawdowns; unexpended funds; findings; populations served; utilization; housing stability & income/benefits outcomes goals & performance; HMIS participation & performance; program type; special populations; & use of non-HUD funds for supportive services. It also includes: program & project budget for evaluation of other sources of funding as well as match & leverage; collaboration to provide services; compliance w/ educational requirements (McKinney-Vento); consumer involvement; and outreach. Forms are attached. A quarterly drawdown report has recently been implemented, and we are working with our HMIS vendor to produce periodic performance reports – at project and community level.

**1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps?** Yes

**1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing?** Yes

## 2A. Homeless Management Information System (HMIS) Implementation

### Intructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit.** Yes

**2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU.** Charter: CoC page 4; HMIS page 11. MOU: CoC pages 1-2; HMIS pages 2-3

**2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.** Yes

**2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)?** Yes

**2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)?**  
**Applicant will enter the HMIS software name (e.g., ABC Software).**

Adaptive Enterprise Solutions (AES)

**2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)?**  
**Applicant will enter the name of the vendor (e.g., ABC Systems).**

Adsystem, Inc.

## 2B. Homeless Management Information System (HMIS) Funding Sources

### Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 2B-1. Select the HMIS implementation Single CoC coverage area:

\* 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

#### 2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$200,353
ESG	\$48,000
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$248,353

#### 2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

**2B-2.3 Funding Type: State and Local**

Funding Source	Funding
City	\$0
County	\$0
State	\$0
State and Local - Total Amount	\$0

**2B-2.4 Funding Type: Private**

Funding Source	Funding
Individual	\$16,206
Organization	\$82,001
Private - Total Amount	\$98,207

**2B-2.5 Funding Type: Other**

Funding Source	Funding
Participation Fees	\$5,000
Other - Total Amount	\$5,000

2B-2.6 Total Budget for Operating Year	\$351,560
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## 2C. Homeless Management Information System (HMIS) Bed Coverage

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy):** 05/14/2015

**2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.**

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	288	32	235	91.80%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	348	0	297	85.34%
Rapid Re-Housing (RRH) beds	347	0	347	100.00%
Permanent Supportive Housing (PSH) beds	508	0	508	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

**2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months.**

**(limit 1000 characters)**

Not applicable

**2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below.  
(limit 1000 characters)**

VA Domiciliary (VA DOM):	<input type="checkbox"/>
VA Grant per diem (VA GPD):	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input checked="" type="checkbox"/>

**2C-4. How often does the CoC review or assess its HMIS bed coverage?** Monthly

## 2D. Homeless Management Information System (HMIS) Data Quality

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.**

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	0%	0%
3.3 Date of birth	0%	0%
3.4 Race	0%	0%
3.5 Ethnicity	0%	3%
3.6 Gender	0%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	0%	0%
3.9 Residence prior to project entry	0%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	0%	0%
3.15 Relationship to Head of Household	0%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	0%	1%

**2D-2. Identify which of the following reports your HMIS generates. Select all that apply:**

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>

	<input type="checkbox"/>
None	<input type="checkbox"/>

**2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?** 10

**2D-4. How frequently does the CoC review data quality in the HMIS?** Monthly

**2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both?** Both Project and CoC

**2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.**

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input checked="" type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

**2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date.  
(limit 750 characters)**

We do not have any VA GPD or PATH programs in our CoC.

## 2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.**

**2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count?** Yes

**2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy):** 01/25/2015

**2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?** Not Applicable

**2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy):** 05/14/2015

## 2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

### 2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

**2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology.  
(limit 1000 characters)**

The CoC used unduplicated HMIS data and interviewing of sheltered persons for agencies not participating in HMIS such as the DV shelter. The survey forms contains all of the data elements included in HMIS and required for the HUD PIT reports. The CoC has high HMIS participation, including non-HUD funded participants, and therefore the CoC is able to use HMIS data and minimal surveying to complete the sheltered PIT count.

**2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)**

There was no change in collecting the sheltered PIT count from 2014 to 2015 other than to update the form used for non-HMIS participating agencies.

**2F-5. Did your CoC change its provider coverage in the 2015 sheltered count?** Yes

**2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)**

One agency that is not HUD funded and does not reserve their beds for people experiencing homelessness stopped reporting in HMIS. They experienced financial and staffing difficulties, and no longer verified homelessness. They also did not respond to requests or participate in the 2015 sheltered count.



## 2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	<input checked="" type="checkbox"/>
Provider follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

**2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)**

There was no change in methods of ensuring data quality for the sheltered PIT count from 2014 to 2015

## 2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.**

**2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?** Yes

**2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):** 01/25/2015

**2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?** Not Applicable

**2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):** 05/14/2015

## 2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

### 2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

Night of the count - complete census:	<input type="text"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="text"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="text"/>
	<input type="text"/>

### 2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology. (limit 1000 characters)

"Post-night of the count" surveys within 7 days following the PIT count night (e.g., "service-based count" at locations where people who are homeless go for assistance). Planning for which locations to survey included the Homeless Outreach Team Police Officers, outreach workers from all agencies that have outreach, City of Colorado Springs representative, the Downtown Library, the main Soup Kitchen, service providers, homeless housing agencies, and community members. Survey locations included known camp grounds (from frequent outreach), known hang-out areas & facilities (e.g. library, stores), & all service providers. Paper survey includes all of the same information required in HMIS and needed for the HUD PIT reports. Our geography precludes a head count, so this broad coverage allows to reach as many people as possible. The survey form contains the information needed to de-duplicate so multiple surveys for one person can be eliminated.

**2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count). (limit 1000 characters)**

The 2015 PIT included more planning and mapping of known campsites and hangout spots for the homeless population, and a much larger staff & volunteer base to provide more coverage. Planning and mapping are key to ensuring accurate unsheltered PIT counts.

**2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016?** Yes

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

## 2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

**2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)**

There was no change in methods of ensuring data quality for the unsheltered PIT count from 2014 to 2015

## 3A. Continuum of Care (CoC) System Performance

### Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

#### \* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	1,219	1,073	-146
Emergency Shelter Total	443	496	53
Safe Haven Total	0	0	0
Transitional Housing Total	507	334	-173
Total Sheltered Count	950	830	-120
Total Unsheltered Count	269	243	-26

### 3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	3,743
Emergency Shelter Total	2,945
Safe Haven Total	0
Transitional Housing Total	798

**3A-2. Performance Measure: First Time Homeless.**

**Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.**

**(limit 1000 characters)**

2014 Affordable Hsg Needs study by City/County showed primary risk factors are cost of hsg & availability of affordable hsg; is most severe at Extremely Low Income & no income level (16 units of affordable hsg for every 100 households & vacancy rate of < 1%). Availability of living wage jobs & transportation are other factors. Other data comes from PIT, HMIS, 211, & Intake/Assessment. ESG HP funds require case plan to include stable hsg, stable income thru employment &/or benefits. Long term: City, CoC & Governor's Office hosted PSH development toolkit to add PSH & affordable units, engage & build capacity in local for-profit developers (new in our region); City, CoC, & Apartment Assoc effort to encourage landlords to accept voucher/rent assistance & case-managed clients, lower barriers, work w/ providers rather than evict, & preserve affordable hsg. Recent summit addressed impact of loss of hsg on economic vitality, & we are incorporating this in educational/informational materials.

**3A-3. Performance Measure: Length of Time Homeless.**

**Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.**

**(limit 1000 characters)**

Our HMIS collects information on how long homeless; VI-SPDAT is also incorporated into HMIS. CoC & ESG providers use this information to identify & prioritize clients for housing, w/ length of time homeless one of the factors. City funded housing navigator positions to assist clients in connecting with housing opportunities. Family day center is assisting clients in negotiations with landlords to avoid formal eviction record, thus improving access to housing. Efforts to engage landlords as described in 3A-2 are working to expand availability. We are working with our vendor to create reports to measure/monitor length of time homeless across the CoC; this is currently a time-intensive data analysis process.

**\* 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

**In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.**

**3A-4a. Exits to Permanent Housing Destinations:**

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited		535
Of the persons in the Universe above, how many of those exited to permanent destinations?		397
% Successful Exits		74.21%

**3A-4b. Exit To or Retention Of Permanent Housing:**

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH		250
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?		226
% Successful Retentions/Exits		90.40%

**3A-5. Performance Measure: Returns to Homelessness:**

Describe the CoC's efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness.  
(limit 1000 characters)



We completed a regional and state-wide de-duplication effort in HMIS. We are working with the vendor to create reports to more easily monitor returns to homelessness at a CoC level. We currently measure/monitor at the project/program level, and from that determine CoC level performance. Providers have evaluated their performance, determined contributing factors, and made program changes to improve retention or exits to stable housing. Examples include: intensive engagement in first 3 months to create relationships and client successes; peer to peer client learning and engagement opportunities; and focus on better assessment of needs and prioritization of services based on a client-centered approach; evaluation of reasons for termination and adoption of more course-correction rather termination. Fall summit focused on trauma-informed care, client-centered services, harm reduction, and barrier removal (both entry and exit). Development of CoC sponsored training is under discussion.

### **3A-6. Performance Measure: Job and Income Growth.**

**Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy). (limit 1000 characters)**

CoC has challenged all providers to change their view of the employability of their clients and what employment means. All projects are required to set goals (non-zero goals) for both employment income and income from other sources. These goals are reviewed as part of the application review and performance is evaluated during the ranking and prioritization. Rocky Mountain Human Services has a Colorado Rehire grant with an innovative approach for veterans: RMHS works with employers to ensure job readiness; then employs clients for a 6-month probation period at which point the employer takes over. These jobs are flexible (part and full time) and help build a client resume as well as job skills, etc.. Intent is to replicate this program for other populations. Homeward Pikes Peak is one of several organizations who have SOAR certified staff to assist clients with SSI/SSDI applications to assure access to non-employment income.

**3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income. (limit 1000 characters)**

Pikes Peak Workforce Center is our primary mainstream employment organization and provides the full range of employment services, including skill-building classes. Other organizations (CoC-funded and non-CoC-funded) collaborate with PPWFC to create opportunities for clients. These include job fairs, as well as on-site skill building such as resume writing, interview skills, computer and standard software (e.g. Microsoft Office products) skills to better prepare for jobs. PPWFC is scheduled for an annual presentation to our monthly provider meeting to disseminate information about services and receive feedback on what is needed. Excluding HMIS, 15 of our 16 renewal projects provide employment assistance directly and in conjunction with PPWFC. The 1 that does not is a respite care PSH program which houses medically very vulnerable clients.

### **3A-7. Performance Measure: Thoroughness of Outreach.**

**How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?**

**(limit 1000 characters)**

In the last year we have funded outreach staff for both veterans and youth. Both of these groups look for and connect with unsheltered clients at other provider locations (e.g. soup kitchen & library) and unsheltered locations, and accept referrals from all community providers. Both have by name records (or partial name if client not ready) in order to continue engaging with clients. Colorado Springs Police Department Homeless Outreach Team also looks for and connects with unsheltered clients, and connects them to appropriate providers for record keeping. The veterans group has a formal process for connecting client to resources, including a weekly case review conference with partner agencies where status by client is tracked and updated until client is housed at which time housing partner assumes care coordination responsibility. Prioritization is through the VI-SPDAT and additional assessments as appropriate. This is the model being applied to other populations.

**3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)?** Yes

**3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?**  
**(limit 1000 characters)**

El Paso County is 2x Rhode Island, and encompasses mountains w/ caves and vast rural plains areas. We know that people are camping in the mountains and caves but it is dangerous to invade these areas, so we encourage participation through accessing services by getting the word out early through service organizations and outreach workers. There is considerable poverty in the rural plains, and people living in sub-standard housing. However, they do not consider themselves homeless, seek minimal services and do not welcome intrusion. We survey through providers but very few people identify as homeless.

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

### Objective 1: Ending Chronic Homelessness

#### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.**

**3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).**

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	327	291	-36
Sheltered Count of chronically homeless persons	161	139	-22
Unsheltered Count of chronically homeless persons	166	152	-14

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed.  
(limit 1000 characters)**

Between 2014 and 2015 we expanded our RRH & PSH beds thru additional VASH, a Priority 1 SSVF grant, and expanded capacity thru other PSH grants due to client rent contribution. We began using the VI-SPDAT, first with veterans, then expanded to other populations, to prioritize housing placements. This provided additional capacity & prioritization to move CH clients into permanent housing. This affected the overall count and the sheltered and unsheltered count. The PIT had a much more robust outreach component in 2015 over 2014 so achieved greater coverage of the unsheltered population. This indicates that the "real" decline in unsheltered CH population is likely greater but not verifiable except by observation and anecdote. For the sheltered count, we increased winter shelter capacity, but still showed a decrease in sheltered CH due to the increased RRH & PSH capacity.

**3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)**

2014 HIC will have 26 more beds dedicated for CH. New VASH vouchers will be available for the 2015 HIC w/ 36 beds committed for CH. We will add 3 CH beds/year through reallocation. Projects that have non-dedicated beds have committed to prioritizing CH clients in turnover beds; all serve special populations (DV & youth who may not meet length of homelessness; veteran families who don't qualify for VASH; & VASH eligible but HH w/ children who aren't chronic). Our pilot coordinated intake system will be integrated into HMIS & expanded in 2014, providing better identification & prioritization of most needy clients & enhancement of tools & capacity to monitor system performance monthly. The City announced a 2-year plan to dedicate funds to affordable housing providing units for ready clients & opening spaces for CH. City & County housing needs study in 2014 will identify how many are needed & where. City plan dedicates additional funds for outreach & needed day center to increase contact & engagement of most vulnerable CH clients. City plan is attached.

**3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)**

CH beds increased from 148 to 197 thru VASH, PSH grant online (Oct14), & PSH grant thru reallocation (Oct14; 3 beds, serving 5 thru rent contribution). Providers do prioritize CH over non-CH when openings available. Began work on coordinated entry with vendor (Mar14), but switched to VI-SPDAT (Jan15) when they integrated that option into HMIS; started using VI-SPDAT in paper form to prioritize clients; issues with scoring & reporting have been resolved; now working to resolve resource referral issues in HMIS (happens mechanically rather than electronically for now). Continue statewide effort to develop reporting capacity in HMIS. City Plan actions: PSH Toolkit process introduced & 3 PSH/affordable projects are in development (Mar-Sep14); funded 2 additional outreach workers (fall 14); day center property cleared FEMA flood plain issues, now moving forward w/ capital campaign & will open in fall 2016 along w/ 150 year-round low barrier beds.

**3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.**

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	245	441	196

**3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count. (limit 1000 characters)**

All providers committed to prioritize/dedicate CH beds. Breakdown of the 196 bed increase: 13 due to higher capacity thru rent contribution are dedicated CH; 5 new beds are dedicated CH; 3 youth beds prioritize CH; 175 VASH (108 new beds plus 67 turnover beds) will prioritize CH. VASH also worked with another local provider to put all VASH clients into HMIS, so we have better data quality; this was completed in late 2014.

**3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ?**

Yes

**3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update.** HMIS P&P p19

**3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.**

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	51
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	8
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	8
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	100.00%

**3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017?** Yes

This question will not be scored.

**3B-1.6a. If “Yes,” what are the strategies implemented by the CoC to maximize current resources to meet this goal? If “No,” what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)**

We continue to make progress on coordinated entry: VI-SPDAT is integrated into HMIS; resource referral issues are being addressed; CoC & funders are considering dedicated coordinated entry funding; the coordinated case review model used by the veterans works and is the model for the CH population. We have increased outreach capacity and are addressing specific CH needs. We are committed to housing first, harm reduction, and reducing barriers. We are working on a landlord engagement process (veterans as pilot) to make more housing available. The PSH Toolkit process yielded 3 projects which will create new PSH units (rather than just more vouchers). Housing availability will continue to be our challenge. Technical assistance will be welcomed, particularly with the coordinated entry vendor issues, landlord engagement, and staff capacity building to ensure we meet the goals.



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

### Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

#### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.**

#### 3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input checked="" type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter.  
(limit 1000 characters)**

Using ESG RRH funds & CoC RRH funds, CoC efforts are focused on hsg families quickly. Providers maintain relationships w/ landlords so that families w/ evictions, bad credit & poor rental history will have more hsg choices; general CoC landlord effort complements this. Coordinated entry system (paper VI-SPDAT for families & youth) is being tested for assessment so that families who will be best served with RRH are identified. A low-barrier family day center opened in 2015 & is growing as a portal to shelter & housing. Crisis services & case management are offered as bridge for families waiting on RRH & other hsg options. Day center will join coordinated entry in 2016 for a more effective link between crisis & stable hsg. Until coordinated entry is available, case managers triage & coordinate hsg solutions to minimize disruption of families & prevent or reduce un-sheltered periods. City & United Way are evaluating funding for hsg counseling & more prevention funds to expand capacity.

**3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.**

	2014	2015	Difference
RRH units available to serve families in the HIC:	82	144	62

**3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)**

CoC policies and procedures prohibit involuntary family separation:	<input type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input type="checkbox"/>
None of our projects separates family members except our large shelter which is 2 large dormitory style rooms: men on 1 side and women & children on the other; attempts are made to keep families together thru a small duplex, but not all can be accommodated; families are at same facility, just different dormitory rooms; plans are under development to renovate to accommodate more intact families when our new shelter facility is completed (fall 2016).	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

**3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).**

**PIT Count of Homelessness Among Households With Children**

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	112	93	-19
Sheltered Count of homeless households with children:	110	91	-19
Unsheltered Count of homeless households with children:	2	2	0

**3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)**

The size of the decrease (overall & sheltered) is due mostly to the temporary reduction in TBRA TH units while terms were being changed to lower barriers. We could see this category rise in 2016 as the units have been leased back up. We are seeking to expand RRH units to serve more youth and families w/ children, & look at more effective ways to use the TBRA funds. Youth and families with children are the most difficult to count during a PIT. We expanded outreach in 2015, but still count fewer youth & families during the PIT than we might expect to find based on the number seeking services during the year. We are working to add more services organizations (soup kitchen, emergency services providers) to HMIS to improve this picture.

**3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:**

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

**3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.**

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input checked="checked" type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="checked" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="checked" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)**

Vulnerability to victimization:	<input checked="checked" type="checkbox"/>
Length of time homeless:	<input checked="checked" type="checkbox"/>
Unsheltered homelessness:	<input checked="checked" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="checked" type="checkbox"/>
Over-represented youth populations: communities of color and LGBTIQ	<input checked="checked" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).**

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2104)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	131	150	19

**3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why.  
(limit 1000 characters)**

The number of unaccompanied youth and children did NOT decrease from 2013 to 2014. We continue to increase our efforts to find and connect with youth through expanded outreach and creation of safe spaces, and the number of at risk youth who are served and who come from unsheltered situations continues to rise.

**3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.**

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$473,924.00	\$564,518.00	\$90,594.00
CoC Program funding for youth homelessness dedicated projects:	\$111,924.00	\$202,518.00	\$90,594.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$362,000.00	\$362,000.00	\$0.00

**3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?**

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	6
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	16
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	75

**3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators.  
(limit 1000 characters)**

Districts surveys at beginning of year w/ questions to identify homeless or at risk families, & provide information to students & parents on services available. Teachers trained to identify homeless children & work w/ coordinators to ensure services provided. CoC & ESG funded providers have list of McKinney-Vento Homeless Liaisons w/ whom to connect when families w/ children enroll in programs. CoC places high priority on providing youth w/ or referring them to educational resources, services & opportunities. Coordinate services w/ public schools McKinney-Vento Homeless Liaisons & State Coordinator for the Education of Homeless Children & Youth, to remove barriers for youth: immediate enrollment, residency, & transportation – educational rights under the McKinney-Vento Act. Staff members work w/ Homeless Liaisons to help youth stay current w/ their home school curriculum. 2 low income districts & Head Start provider are CoC members & participated in Oct15 strategic planning summit.

**3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenile justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs.  
(limit 2000 characters)**

CoC & ESG funded homeless service providers are required to ensure that families are advised of their rights & available McKinney-Vento services. Agency staff advise sheltered youth who have not completed high school about educational services & their McKinney-Vento rights. School districts have McKinney-Vento contact w/ whom the service providers work. School districts identify homeless & at risk students as noted above. McKinney-Vento coordinators in CoC region are identified & list provided to agencies. Services requested in place w/in 24 hours. Districts required to provide transportation to child's school of record. Food bank & faith-based organizations provide weekend food back-packs. Several orgs provide school supplies & immunization/health clinics. Schools refer people to 211 for additional community resources.

School enrollment is standard item on client case plans; agencies work to ensure this happens. If families leave a program w/ children not enrolled, Department of Human Services is notified. Service providers are required to work w/ school districts to ensure transportation is provided to school of record. Community has early learning initiative aimed at improving 3rd grade reading levels which providers support & participate in as appropriate for their programs. Providers work w/ child care providers to ensure that need is met. Primary early education provider is co-located w/ largest family hsg provider. Head Start is standard connection & has some co-located partnerships.

CoC agencies provide access for youth & young adults to enroll in school or jobs readiness programs. Skills classes focus on: resume writing, work environment behavior, & interview techniques. Skills & relationship building thru community members allow agencies to provide educational & job placement opportunities. Youth programs offer dedicated intensive case management & provide long-term life skills to increase self-sustainability & reduce the risk of homelessness as adult.

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

### Objective 3: Ending Veterans Homelessness

#### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.**

#### 3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	145	161	16
Sheltered count of homeless veterans:	99	107	8
Unsheltered count of homeless veterans:	46	54	8

#### 3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The modest increase in Veteran homelessness (161/2015 vs 145/2014) is primarily attributable to improved outreach during the 2015 PIT count. This year, outreach workers accompanied our local Police Homeless Outreach Team (HOT) in searching for homeless Veterans in areas that were previously inaccessible without the HOT Team (ie, newly-discovered campgrounds in remote locations, parking areas with homeless people in vehicles, local caves, etc.). Our community's SSVF grantee also employed a small group of trained volunteers to support outreach for the first time, increasing the number of volunteers supporting the PIT count.



**3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF?  
(limit 1000 characters)**

CoC's SSVF grantee, Rocky Mtn Human Services (RMHS), created outreach for homeless Vets thru group of ~ 25 trained outreach volunteers who conduct street & shelter outreach, & thru Veteran Housing Resource Center (VHRC), a 1-stop spot for Vets to access homelessness srvc. Walk-in screening to determine eligibility of SSVF & VA programs is conducted at VHRC & at VA Community Based Outpatient Clinic (CBOC). RMHS & VA program staff meet wkly w/ emergency shelter staff (funded thru CDBG, ESG & private funding) to identify new Vets presenting for srvc. SSVF staff screen identified Vets twice weekly for VA & SSVF program eligibility. Non-VA funded orgs (incl. CoC Program funded orgs) refer Vets to RMHS for screening of VA & SSVF srvc. RMHS hosts a mthly Community Advisory Council on Veteran Homelessness where community stakeholders, particularly non-VA funded orgs, address service identification/screening/enrollment processes & track progress toward ending Veteran homelessness in CoC.

**3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population?  
(limit 1000 characters)**

The SSVF grantee, Rocky Mtn Human Services (RMHS), together w/ VA homeless program staff, community emergency shelter staff, police HOT Team, & other homeless services providers, have engaged in the identification of all homeless Veterans via a single "by-name" list that is reviewed & updated weekly. Veterans determined ineligible for VA services are referred to CoC Program-funded and/or privately-funded resources that best meet the needs of the Veteran household. E.g., for the past 3 years RMHS has managed a CoC Program-funded PSH program & a CoC Program-funded RRH program. Veterans determined ineligible for VA or VA-funded programs have been specifically referred & screened for these PSH and/or RRH programs, serving up to 18 PSH households and 3 RRH households respectively. Additionally, the local PHA has reserved up to 20 Tenant Based Rental Assistance (TBRA) positions specifically for Veterans in our community, & has agreed to give all Veterans priority for program entry.

**3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).**

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	129	161	24.81%
Unsheltered count of homeless veterans:	32	54	68.75%

**3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015.** No

This question will not be scored.

**3B-3.5a. If “Yes,” what are the strategies being used to maximize your current resources to meet this goal? If “No,” what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)**

CoC embraced functional zero for Veteran homelessness, incl endorsement of Mayor’s Challenge to End Veteran Homelessness (Oct14), CoC endorsement of Community Plan to End Veteran Homelessness (Jan15), creation of Community Advisory Council on Veteran Homelessness as ad hoc committee of CoC (Apr15), CoC endorsement of community functional zero def. (goals & criteria) for Veteran homelessness (May15), & engagement w/ state PSH Toolkit process for generating Low Income Tax Credit Hsg projects (Mar-Sep 15). Most criteria of local functional zero are met. Community’s barrier to achieving full functional zero is lack of affordable hsg. 2014 City/Cnty survey: 16 affordable & available units for every 100 extremely low income renter (\$0 - \$17,259). El Paso Cty vacancy rate is ~ 1%. CoC was awarded HUD Vets@Home TA grant. TA is underway & CoC is reviewing capacity to meet Federal Criteria & Benchmarks for ending Vet homelessness, announced Oct15. Functional zero will be met but not by Dec15.

## 4A. Accessing Mainstream Benefits

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients?** Yes

**4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?**

### FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	23
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	23
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

**4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (limit 1000 characters)**

Colorado is Medicaid expansion state. Peak Vista Community Health Centers, SET Clinics of Colo Spgs, & Memorial Hospital Health Systems are CoC's points of entry for Medicaid application. Regional Accountable Care Organization manages comprehensive care coordination (through Community Health Partnership, Peak Vista, AspenPointe, Memorial Hospital staffing, & Ascending To Health care coordinators) of all patients admitted & is responsible for capitation & cost containment for all participants. All homeless clients are considered primary in this enrollment process, whether chronically homeless, in transitional/rehabilitation housing, or permanent supportive housing. CoC's enrollment for homeless clients improved from 12% to 85% w/ ACA. The Governor's office on homeless initiatives completed a Medicaid crosswalk, & will launch a pilot program in early 2016. At least one organization from each CoC will be included. Plan overview and crosswalk report are included as attachments.

**4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?**

Educational materials:	<input checked="checked" type="checkbox"/>
In-Person Trainings:	<input checked="checked" type="checkbox"/>
Transportation to medical appointments:	<input checked="checked" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

## 4B. Additional Policies

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.**

### FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	23
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	13
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	57%

**4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?**

### FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	23
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	13
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	57%

**4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?**

Direct outreach and marketing:	<input checked="checked" type="checkbox"/>
Use of phone or internet-based services like 211:	<input checked="checked" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="checked" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="checked" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

**4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.**

		2014	2015	Difference
RRH units available to serve any population in the HIC:		171	347	176

**4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction?** No

**4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?  
(limit 1000 characters)**

Not applicable

**4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?** No

**4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)**

Not applicable

**4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition?** No

**4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)**

Not applicable

**4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application.** Yes

**4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.**

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input checked="" type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
We learn from what Denver receives	<input checked="" type="checkbox"/>
Not applicable:	<input type="checkbox"/>

**4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.**

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
Vets@Home: underway; value not known yet	10/19/2015	



## 4C. Attachments

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says "Does Not Apply".

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes	2015 CO-504 Evide...	11/19/2015
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes	2015 CO-504 Conso...	11/19/2015
03. CoC Rating and Review Procedure	Yes	2015 CO-504 Ratin...	11/19/2015
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	2015 CO-504 Evide...	11/19/2015
05. CoCs Process for Reallocating	Yes	2015 CO-504 Proce...	11/19/2015
06. CoC's Governance Charter	Yes	CO-504 Governance...	11/18/2015
07. HMIS Policy and Procedures Manual	Yes	CO-504 HMIS Polic...	11/18/2015
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	CO-504 PHA Admini...	11/18/2015
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	CO-504 CoC - HMIS...	11/18/2015
11. CoC Written Standards for Order of Priority	No		
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No	CO-504 SSVF & Vet...	11/18/2015
14. Other	No	CO-504 State Medi...	11/18/2015
15. Other	No	2015 CO-504 New P...	11/19/2015

## **Attachment Details**

**Document Description:** 2015 CO-504 Evidence: Communication to Rejected Projects

## **Attachment Details**

**Document Description:** 2015 CO-504 Consolidated Application: Public Posting Evidence

## **Attachment Details**

**Document Description:** 2015 CO-504 Rating and Review Procedures

## **Attachment Details**

**Document Description:** 2015 CO-504 Evidence of Public Posting of Rating and Review

## **Attachment Details**

**Document Description:** 2015 CO-504 Process for Reallocating

## **Attachment Details**

**Document Description:** CO-504 Governance Charter & Documents

## **Attachment Details**

**Document Description:** CO-504 HMIS Policies & Procedures

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** CO-504 PHA Administration Plan - Letter

## **Attachment Details**

**Document Description:** CO-504 CoC - HMIS MOU

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** CO-504 SSVF & Veteran Plans

## **Attachment Details**

**Document Description:** CO-504 State Medicaid Crosswalk & Plan

## **Attachment Details**

**Document Description:** 2015 CO-504 New Projects Communication & Additional Policies Performance

## Submission Summary

Page	Last Updated
1A. Identification	11/13/2015
1B. CoC Engagement	11/18/2015
1C. Coordination	11/19/2015
1D. CoC Discharge Planning	11/14/2015
1E. Coordinated Assessment	11/17/2015
1F. Project Review	11/18/2015
1G. Addressing Project Capacity	11/17/2015
2A. HMIS Implementation	11/14/2015
2B. HMIS Funding Sources	11/14/2015
2C. HMIS Beds	11/18/2015
2D. HMIS Data Quality	11/17/2015
2E. Sheltered PIT	11/18/2015
2F. Sheltered Data - Methods	11/17/2015
2G. Sheltered Data - Quality	11/13/2015
2H. Unsheltered PIT	11/18/2015
2I. Unsheltered Data - Methods	11/17/2015
2J. Unsheltered Data - Quality	11/13/2015
3A. System Performance	11/18/2015
3B. Objective 1	11/18/2015
3B. Objective 2	11/18/2015
3B. Objective 3	11/18/2015
4A. Benefits	11/17/2015
4B. Additional Policies	11/16/2015
4C. Attachments	11/19/2015
Submission Summary	No Input Required

# Pikes Peak United Way

518 North Nevada Avenue  
Colorado Springs, CO 80903  
tel (719) 632.1543  
www.ppunitedway.org



16 November 2015

Ref: Public Housing Authority Administration Plans

To Whom It Concerns:

Neither of the two PHA's in CO-504 Colorado Springs / El Paso County Continuum of Care (Colorado Springs Housing Authority and Fountain Housing Authority) currently has a homeless preference. This is due to existing rules. CSHA rules currently prohibit any preference. FHA gives geographic preference only (reside in local communities). The CoC is actively working with both PHA's to evaluate and change these rules to allow preference for people experiencing homelessness and to evaluate and reduce barriers as appropriate.

At this time, the respective plans do not contain homeless preference language, therefore are not included as attachments.

Regards,

A handwritten signature in blue ink, appearing to read "Anne Beer".

Anne Beer  
Vice President of Income & Housing Stability  
CoC Administrative Lead & Collaborative Applicant  
518 N. Nevada Avenue  
Colorado Springs, CO 80903  
719-955-0749