Before Starting the CoC Application

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

 The Collaborative Applicant is responsible for:

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

 2. Ensuring all questions are answered completely.

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

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

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

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

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

For CoC Application Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1. CoC Name and Number: CO-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 application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	Yes	Yes
Hospital(s)	Yes	Yes
EMT/Crisis Response Team(s)	Yes	Yes
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

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

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

CoC is committed to an open, transparent, participatory process welcoming the entire community. Actively recruits via email invitations to its mtgs & listservs; identifies service gaps & networks w/new & existing community members, encouraging engagement; uses listservs to share general info, announce mtgs, distribute reports eg. AHAR, PIT, HIC & recruit participation in CoC activities. Monthly general member mtgs are open to all; committees welcome new members. 1) Coalition of Homeless Advocates & Providers (CHAP 2.0) committee (reorganized in 2/2017) boasts 390 members; 40-50 people regularly attend mtgs; task forces look at gaps & potential solutions eg. created the daily shelter availability notification (operational since 7/2017). 2) CoC formed LLC & established 501c3 (9/2016) to enable greater capacity to achieve strategic fundraising goals. 3) The CE committee meets weekly (since 10/2016), has implemented a community-wide CE system, & housed 60 people (ytd).

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

CoC established 4 priorities in its Charter: Strategy & Planning; Community Engagement & Accountability; Coordination; & Quality Assurance. Community Engagement means promoting community-wide commitment to ending homelessness; establishing & maintaining necessary accountability & infrastructure to end homelessness; optimizing self-sufficiency at a system level for among those experiencing homelessness; encouraging & developing public understanding re: homelessness & housing issues in our City & County. CoC issues open invitations to attend general member mtgs via the CHAP listserv (currently 390 members), posts mtg agendas & minutes on the CoC website (since 6/2017); collaborates w/community partners eg. City, County & neighborhood orgs. to attract those w/adjacent interests. CoC Governing Board (GB) annual recruitment is extensive; surveys existing membership for gaps & weaknesses & recruits new members to fill these gaps.

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

(limit 1000 characters)

Beginning July 17, 2017, request for letters of intent sent thru CoC listservs, CHAP listservs & announced at mtgs, & posted on CoC website. Open to all, non-recipients actively encouraged, non-recipients w/projects addressing priorities proactively targeted. Prioritized those w/capacity to manage grants, & adherence to principles eg. Housing First, low barrier, CE participants); current or prior participation in CoC awards not a requirement. Guidance provided to all eg. a pre-application workshop was provided to all new & returning applicants. Requests lacking alignment w/standards & priorities given feedback & coaching for future opportunities. Approved new projects receive extensive guidance thru application process, including organizational improvements needed to ensure successful award, & grant & program mgmt.

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	No
Temporary Assistance for Needy Families (TANF)	No
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	No
Housing and service programs funded through Department of Justice (DOJ) resources	No
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

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

1) CoC works closely w/City of Colorado Springs & ESG staff on housing & homeless issues. CoC's ex-officio board member from the City consults w/the board & CHAP 2.0 to align ESG & CDBG funding priorities. City & CoC convene

community forums for residents exp. homelessness to identify gaps & urgent needs; City uses input & the CoC's Strategic Plan when prioritizing CDBG projects. City's ex-officio board member participates annually in CoC's application process, impacting both entities' funding & service strategies. 2) 2017 PIT & HIC data compiled & prepared in collaboration w/the City. City staff contributed contextual data, editing, publishing & printing assistance & shared report w public & critical City staff in emergency response, land use, grant mgmt & Mayor's office to shape local policy & response. 3) City hired a full-time Homeless Prevention & Response Coordinator to work w/CoC's liaison at the City to educate the public on issues surrounding homelessness.

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

CoC's partner agency, TESSA, provides confidential victim services to clients fleeing domestic violence. At this time, TESSA does not participate in HMIS, so all client confidentiality is 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. Homeless & victim services providers generally come from base of trauma-informed care. Information is shared as directed/approved by clients thru releases. Client presents at homeless services provider: evaluate full range of needs & create case plan; refer clients to all needed resources, including TESSA for tailored victim services; safety & security are considered in housing 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-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment.
(limit 1,000 characters)

1) TESSA provides comprehensive Victim Advocacy training 3 times/yr & other training as requested; partner agencies are encouraged to attend. Addl topics include: dynamics of DVSA, recognizing trauma, trauma-informed care, best practices for working w/victims & identifying high lethality. CoC is working w/TESSA re: CE & their clients for placement in their RRH project (starting 10/1/2017) & participation in the community process. CE Policies & Procedures (P&P) draft has an alternative process in place for unnamed clients to be brought to the table & discussed for housing resources in the greater community. 2) TESSA provides aggregate statistical data re: clients served through their program. 3) If a client chooses to sign a release, identifying information can be shared w/the CoC to define the breadth of service for

individual clients. TESSA provides emergency assistance to clients in imminent danger as a result of domestic violence, including emergency shelter (ES) & hotel stays.

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

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Housing Authority of the City of Colorado Springs	1.00%	No
Housing Authority of the City of Fountain	5.00%	No

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

The primary step that the CoC has taken in regard to PHA in the last year has been gaining representation from the Colorado Springs Housing Authority (CSHA) in the weekly CE committee meetings. As a result of their participation in CE, all CSHA vouchers dedicated to those experiencing homelessness, have been brought to CE & are filled based on vulnerability rather than 1st come, 1st served. The practice is in place; however, the written policy has yet to be validated. The CoC GB also has representatives from CSHA & El Paso County Housing Authority serving as ex-officio members. The CoC will add an invitation to join CE to the City of Fountain PHA as a key activity in 2018.

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

Lesbian, gay, bisexual, & transgender (LBGT) individuals & families are well

represented on the GB. 1) COC engaged Urban Peak & a local LGBT agency to conduct training for our local low barrier shelter re: HUD Equal Access Rule & Best Practices for serving LGBT people in shelters; senior mgmt were trained. Many area housing providers have used technical assistance from the afore mentioned team to update P&P. 2) After CoC went through PSH toolkit program, we created a session to address the Equal Access Rule. CE's P&P reflect a philosophy of fair housing & are modeled after the inclusive language found in HUD's "Equal Access in Accordance w/an Individual's Gender Identity in Community Planning & Programs" directive. 3) CoC is an equal opportunity employer & does not discriminate in its activities & operations on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, & military status.

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

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Engaged/educated local business leaders	X
Implemented communitywide plans:	X
No strategies have been implemented	☐
Other:(limit 50 characters)	
	☐
	☐
	☐

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

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

All boxes were checked except for "None." CoC engages in discharge planning with foster care, health care, and mental health care/behavioral health agencies in the community.

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

Foster Care:	X

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

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

Instructions

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

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

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

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

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

As part of the ranking & prioritization (R&P) process, project evaluation forms (renewal & new) allowed points for specific populations, as well as for implementation of housing & barrier reduction principles. The evaluations address income (earned & total) & benefits to allow points in all areas addressed & other activities. 1) Each program is then reviewed, discussed & considered against: HUD's requirements; the goals of the local CoC; Housing First; participation in CE; commitment to Street Outreach (SO); population served; & housing type. 2) The starting point rank order is based on raw score points (based on project evaluation forms as stated above). In general, PSH is prioritized 1st, then RRH, then TH; 1st time renewals are prioritized over new projects. Each of these macro- & micro-level needs inform the final result.

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

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

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

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

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

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

Reallocation: Option 1

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

reallocation.

1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps.   09/11/2017

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

1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps.   09/11/2017

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

Reallocation Supporting Documentation

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

Document Type	Required?	Document Description	Date Attached
Reallocation Supporting Documentation	No	2017-CO-504 CoC R...	09/27/2017

Attachment Details

Document Description: 2017-CO-504 CoC RequestforProjects

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

Yes

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

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

10-12

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

Yes

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

Adsystech Inc

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

Statewide HMIS (multiple CoC)

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

in that project type.

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	605	23	527	90.55%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	446	0	418	93.72%
Rapid Re-Housing (RRH) beds	118	0	118	100.00%
Permanent Supportive Housing (PSH) beds	606	0	606	100.00%
Other Permanent Housing (OPH) beds	30	0	30	100.00%

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

The CoC is excited to report that our community exceeded 85% in our bed coverage for all project types.

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

2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy)   05/01/2017

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

Instructions:

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

2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception.   01/22/2017

2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy)   05/01/2017

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

Instructions:

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

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

Overall, the sheltered persons count from the 2017 Point in Time Count decreased from 991 in 2016 to 958 in 2017. By category, the ES count decreased from 591 in 2016 to 536 in 2017 & the transitional housing (TH) count increased from 400 in 2016 to 422 in 2017; a net decrease of 33. The 2017 results are due in part to: changes in program participation for general homeless population eg. singles, families; increased & improved PIT Count training; more volunteers for PIT Count; change in awareness of PIT count & relevant resources; impact of CE. Each year, we continue to introduce efficiencies in our process & efforts eg. marketing & educating that produce a more accurate result. In addition, the City's seasonal response eg. winter shelter has led to centralized access.

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

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

Beds Added:	7
Beds Removed:	7
Total:	0

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

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

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017?
CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.

Yes

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

The unsheltered persons count from the 2017 Point in Time Count increased from 311 in 2016 to 457 in 2017, a net increase of 146. We believe the 2017 results are due in part to: change in PIT count methodology eg. direction from established SO groups & the Colorado Springs Police Department's Homeless Outreach Team, use of GPS maps on mobile devices to pinpoint the location of established camps throughout the CoC area; change in awareness of PIT count & relevant resources; impact of CE.

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

Yes

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

1) CoC worked w/Urban Peak (the Runaway & Homeless Youth org. in our community); Urban Peak leads outreach during the PIT, this year they convened local YMCA & the LGBT youth center, training volunteers to conduct the PIT counts on-site. CoC collaborates w/McKinney Vento liaisons. This year they worked w/us to contact students, set up alternate survey locations to enhance student & family comfort, many PIT survey locations provided dinner. 2) Peak Colorado Springs, the sole homeless youth service org. in the region, is highly engaged in the annual planning & execution of the PIT. 3) In 2017 (1st

time), a few youth in Urban Peak's program participated in outreach to: get other youth to take the PIT survey, identify camp sites & parks. 4) CoC worked w/outreach program to utilize GPS to map camp site locations; common areas where youth are seen were identified by the Urban Peak team; Urban Peak led the new partnerships effort to conduct the PIT w/YMCA & Inside Out Youth Services.

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

This year, our primary low barrier ES increased bed capacity & moved from seasonal to year-round sheltering. We implemented scan cards through HMIS for this shelter to allow them to provide HUD/PIT data more easily. This increase in low barrier shelter beds allowed more people experiencing chronic homelessness to enter the ES. Additionally, one of the primary locations for PIT surveys, the Marian House soup kitchen, began advertising info re: the PIT a month in advance of the survey to encourage voluntary participation. Orgs serving veterans (including the VA) assisted w/PIT planning, outreach & PIT surveying. Families w/children were included in the McKinney Vento outreach as well as those utilizing the Marian House soup kitchen family room. Our communities Homeless Outreach Team (a division of the Colorado Springs Police Dept.) & other outreach workers work hard to identify areas families may be staying, including parked cars.

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

1) Of those counted (ES & TH) as being homeless for the 1st time (24 month look back), we increased by 791 people from previous year; of the persons enrolled in ES, TH & PH, we increased by 718. 2) CoC uses VI-SPDAT (Vulnerability Index & Service Prioritization Decision Assistance Tool) to inform CE process. CE prioritizes individuals & families. 3) CoC Strategic Plan (goal #1) is to "Stimulate sufficient supportive, affordable, and attainable housing for people to inclusive of emergency and temporary housing for those in transition." CoC coordinates w/local agencies eg. Catholic Charities & others, uses remedies from RRH to TH. ES w/area churches & motel vouchers used as a last resort. 4) CoC has received a qualified applicant to an RFA to become the new organization that is responsible for administration & implementation of CoC's strategy that is aligned w/the GB's existing strategic plan including short, mid & long-term objectives to reduce homelessness in the region.

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

1) Persons in ES increased average nights homeless 1 day, no change in median nights; Homeless persons in ES & TH increased average nights homeless 8 days, increased median nights 2 days. 2) HMIS collects info re: time homeless. CoC & ESG identify & prioritize clients for housing w/length of time homeless as 1 of the factors. Family day center proactively assists clients

in negotiations w/landlords to avoid formal eviction, improving access to housing. CoC engaged landlords w/Voucher 101 lunch & lunch; launched Safe Place program (part of National Safe Place Network); organized homeless youth orgs for a gap analysis re: youth & 1st time homelessness. Group includes foster care, local DHS & DOC juvenile team, LGBT youth support & an alternative high school. Completed gap analysis expected by end of 2017. 3) CoC CE uses VI-SPDAT.v2 to assess housing need; the score is used to prioritize wait lists; families w/children are prioritized 1st after VI-SPDAT score. 4) see 3A-1 part 4.

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

1) SO eg. Urban Peak had 0% exit to permanent housing (PH) within 90 days; HMIS auto exited 344 to begin complying w/HUDs recommendation to exit after 90 days w/no contact. These records had no destination info collected. ES, TH & Rapid Re-Housing (RRH) showed -9% difference in exits to PH from the previous year. RRH projects showed -1% difference in exits to PH from the previous year. The HMIS Lead works w/SO projects & ES to ensure processes are in place to record exit destinations when info is available. The City implemented ESG Written Standards that now include Performance Standards & Outcome Evaluation including Housing Stability benchmarks. The HMIS Lead focus & ESG Written Standards ensure these projects emphasize the capture of this data. 2) One CoC strategy was to require CE participation to match individuals & families to appropriate housing (obtain); a 2nd CoC strategy was to empower agencies to assist individuals & families to retain PH. 3) see 3A-1 part 4.

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

1) Exits from ES to permanent housing (PH) show 34% return to homelessness after 2 yrs; Exit from TH to PH show 7% return after 2 yrs; Exit from Permanent Supportive Housing (PSH) to PH show 16% return after 2 yrs; Overall exits to PH show 22% return after 2 years. 2) CoC brought more non-HUD agencies onto HMIS which improves data for strategy & solutions. Network of population-specific low barrier day centers w/visible presence reduces time spent seeking services & connects to targeted interventions & supports. 3) 1st step in preventing recidivism is making the best housing match during CE process (driven by VI-SPDAT); 2nd step, in TH programs, use at least 12 months of

aftercare to address life challenges post-placement, particularly those related to employment & relationship stability. CoC is actively working w/City Council, developers & landlord associations to advocate for affordable housing options to mitigate rising rental rates across the City & County. 4) see 3A-1 part 4.

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

1) CoC challenges providers to change their view of the employability of their clients & what employment means. All projects are required to set goals Re: employment income & income from other sources. Goals are reviewed (part of application review) & performance is evaluated during R&P. 2) CoC committed to job & income growth in its strategic plan (goal 2) including "Triggering the development of program & services that are accessible, sufficient & effective in helping people move toward maximum independence." Mid-term objective is to "Develop a solutions-oriented plan to address prevention, outreach, employment/self-sufficiency, & healthcare." Agencies are independently responsible for increasing benefits by 38% (those below given 0 points, a max. of 10 pts is given for an increase of 56% or better). 3) Homeward Pikes Peak is one of several organizations w/SOAR certified staff to assist clients w/SSI/SSDI applications to assure access to non-employment income. 4) see 3A-1 part 4.

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

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

Year over year, our strategy to be innovative & inclusive of all geographic areas has expanded. In 2017, areas were not selected randomly; instead, efforts were made to use local knowledge (re: time of day, location, where meals are served) to target known concentrations of unsheltered homeless people & reach them for in-person surveys or by paper survey. Sources for this information included existing clients, the Colorado Springs Police Department's Homeless Outreach

Team as well as agencies (all of which are CoC members) w/targeted SO
programs eg. Urban Peak, Ascending To Health Respite Care. Despite these
expanded efforts to reach all geographic areas, we understand that
opportunities remain in reaching very rural areas in El Paso County eg. caves.

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

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

Instructions

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

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

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	175	555	380

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

Total number of beds dedicated as Dedicated Plus	161
Total number of beds dedicated to individuals and families experiencing chronic homelessness	103
Total	264

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

Yes

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

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

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

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

1) CoC Strategic Plan (Goal #3) is to "Build a durable & unified system focused on performance, coordination, & sustainability." CoC focuses on housing families quickly. Relationships w/landlords ensure families w/evictions, bad credit & poor rental history have housing choices. All housing (CoC & ESG) comes through CE, prioritizing families w/children for housing resources. Day center is a portal to shelter & housing for families; crisis services & case mgmt are bridge for families awaiting RRH & other housing options. New family motel voucher program & outreach services at Pikes Peak Library District (PPLD) are effective outreach tools, connecting families to assessment, housing & services. Day center offers opportunities for VI-SPDATs to be administered onsite & then linked to crisis & stable housing via HMIS. Weekly CE mtgs facilitate case mgmt & triage/coordinate housing solutions to minimize disruption of families & prevent or reduce unsheltered periods. 2) see 3A-1 part 4.

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

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	9	17	8

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

The CE committee is in the process of incorporating non-discrimination language into its P&P that aligns w/the CoC Charter & HUD's "Equal Access in Accordance w/an Individual's Gender Identity in Community Planning & Programs" directive. Our CoC has committed to being in full CE compliance by the January 23, 2018 deadline per CPD-17-01, as a result, CE is the only option

for housing for HUD-funded resources. As such, a mandate for strong non-discrimination policies as part of CE extends to the entire community. Non-discrimination is emphasized throughout the CoC & its members. The CoC has received complaints against landlords who have exhibited discriminatory practices. In the absence of a local Fair Housing Office, the CoC directs these complaints to the closest office in Denver. Locally, non-discrimination is part of the community education process; an effort that is supported by the CoC & documented in its charter.

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

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

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

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

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

1) CoC embraces practices that match vulnerable youth to services, engages w/schools & agencies serving children & youth & coordinates SO across agencies. Because youth are least likely to seek services, CoC encourages providers to reach out at known eg. PPLD locations & to respond to referrals gathered from adult clients. In 2016, CoC penned a letter of support for federal funding of Urban Peak's transitional living program (ages 16-21), providing

single room apts. w/24x7 support. 2) CoC uses the A Way Home America (AWHA) dashboard to track youth housing outcomes; since June 2017, 25 youth have exited to stable housing. 3) CoC supports AWHA, a national initiative of homeless youth providers, advocates, & researchers. CoC believes AWHA dashboard offers a reliable visual to track the progress of ending youth homelessness in our community. 4) AWHA is instrumental in helping communities effectively measure progress on ending youth homelessness; dashboard is easy-to-understand & visual.

3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services.
(limit 1000 characters)

1) CoC emphasizes referring youth to educational resources & services. Coordinates services w/public schools' McKinney-Vento Homeless Liaisons & State Coordinator for Education of Homeless Children & Youth to remove barriers for youth: immediate enrollment, residency & transportation; work w/school liaisons to help youth stay current w/school work. 2) Schools survey at start of year to identify homeless or at-risk families, provide info to students & parents re: services. Teachers trained to identify homeless children & work w/coordinators to ensure services. CoC & ESG funded providers list liaisons w/whom to connect when families w/children enroll in programs. CoC agencies connect youth, children & families experiencing homelessness w/liaisons. Liaisons attend CHAP 2.0 mtgs routinely. 3) CoC plans to draft P&P in 2018 strategic plan; currently relies on orgs serving children to ensure all families w/school age children are connected to age-appropriate educational resources.

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

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

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

CoC employs multiple strategies to identify, assess, & refer homeless Vets: walk-in screening conducted at Vet Housing Resource Center & VA Community Based Outpatient Clinic (CBOC); Rocky Mountain Human Services (RMHS) & VA program staff meet wkly w/ES staff (funded thru CDBG, ESG & private funding) to identify new Vets in need of services; SSVF staff screen Vets twice weekly for VA & SSVF program eligibility; non-VA funded orgs refer Vets to RMHS for screening of VA & SSVF services; both the VA & RMHS attend CE. CE process re: Vets: surveyed using the VI-SPDAT. The 1st step for vet CE takes place between the VA & RMHS during weekly case conferencing. Vets on list are checked re: qualification for VASH or SSVF. If not eligible, their name stays on the Master List for community case conferencing; a 2nd check is done before being considered for community resources. Once the vet has been checked & re-checked against VASH & SSVF resources, they are then sought for the community resource.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC?

Yes

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

Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran is assisted to quickly move into permanent housing using a Housing First approach?

No

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

Instructions:

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

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

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

4A-1a. Mainstream Benefits

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

1) CoC GB comprised of reps from City, County, PHA, & the Federally Qualified Health Center (FQHC). Colorado is a Medicaid expansion state, and those experiencing homelessness are primary in Medicaid enrollment; CoC works w/many points of entry eg. FQHC, hospitals & the local Medicaid ACO to manage the comprehensive care coordination of its clients. Other mainstream needs identified using VI-SPDAT, discussed in CE case conferences & addressed at agency level. Many CoC agencies have SOAR-certified staff assist clients w/SSI/SSDI applications to assure access to non-employment income. CoC members share info, education & resources at monthly CHAP meetings. 2) CoC encourages the use of the Colorado PEAK website (https://coloradopeak.secure.force.com/) where clients can apply for mainstream benefits. Agencies also use this single application/online service to

support clients in obtaining resources (medical, food, early childhood assistance, etc.). 3) see 3A-1 part 4.

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

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	18.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	16.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	88.89%

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

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	18.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	16.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	88.89%

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

1) CoC is committed to SO as an essential strategy to end homelessness. CoC assesses agencies' ability to outreach & engage unsheltered individuals & families as a part of project eval. & scoring; encourages collab w/McKinney Vento staff in schools; is a resource to PPLD re: outreach to homeless guests; coordinates healthcare w/local Medicaid. 2) SO & day centers meet CoC Strategic Plan goal #2. Day centers at Springs Rescue Mission & Catholic Charities support individuals & families; youth day center in planning phase. 3) CoC asked agencies eg. Urban Peak, RMHS & Blackbird Outreach to coordinate SO to increase coverage throughout the County. Urban Peak SO counselors collaborate w/local orgs. to reach diverse youth population eg. Inside Out Youth Services for LBGT youth. PPLD has been an integral community partner/actively engaged in community outreach efforts. Following CoC request, PPLD changed policy to welcome clients w/belongings into the library when using the computers.

4A-5. Affirmative Outreach
Specific strategies the CoC has implemented that furthers fair housing as

detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach. Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)

1) 2017 CoC strategies include: contributed to 2017 City of Colorado Springs' ESG Written Standards requiring strict adherence to fair housing, equal access & non-discriminatory regulations for ESG sub-recipients, all of whom are members of CoC; recruited & voted in a diverse slate of new GB members to facilitate plurality of underserved voices & further the region's commitment to fair housing; increased outreach efforts to reach marginalized populations; hosted a fair housing training w/over 50% CoC in attendance; initiated landlord engagement program in response to recent decline in landlord participation in the voucher program & engaged dialog re: fair housing issues for vulnerable & underserved populations, eg. families & those w/disabilities. 2) CoC agencies have implemented measures to count, engage & serve diverse & underserved youth (esp. communities of color & LGBT youth). CoC currently identifying community resources to address those w/limited English proficiency.

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

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	78	118	40

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

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

4B. Attachments

Instructions:

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

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	2017 CO-504 Rejec...	09/27/2017
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes	2017-CO-504 Publi...	09/27/2017
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	2017-CO-504 CoC R...	09/27/2017
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	2017-CO-504 Publi...	09/27/2017
05. CoCs Process for Reallocating	Yes	2017 CO-504 CoC P...	09/27/2017
06. CoC's Governance Charter	Yes	2017-CO-504 Gover...	09/27/2017
07. HMIS Policy and Procedures Manual	Yes	2017-CO-504 HMIS ...	09/27/2017
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	2017 CO-504 PHA A...	09/27/2017
10. CoC-HMIS MOU (if referenced in the CoC's Goverance Charter)	No		
11. CoC Written Standards for Order of Priority	No		
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	2017-CO-504 FY 20...	09/27/2017
14. Other	No		
15. Other	No		

Attachment Details

Document Description: 2017 CO-504 Rejection-Reduction

Attachment Details

Document Description: 2017-CO-504 Public Posting Project Selections, Ranking and CoC Application.

Attachment Details

Document Description: 2017-CO-504 CoC Rating and Ranking Procedure - Public Posting

Attachment Details

Document Description: 2017-CO-504 Public Posting Project Selections, Ranking and CoC Application.

Attachment Details

Document Description: 2017 CO-504 CoC Process for Reallocation

Attachment Details

Document Description: 2017-CO-504 Governance Charter

Attachment Details

Document Description: 2017-CO-504 HMIS Policy and Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description: 2017 CO-504 PHA Administration Plan

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: 2017-CO-504 FY 2017 CoC Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	09/13/2017
1B. Engagement	09/27/2017
1C. Coordination	09/27/2017
1D. Discharge Planning	09/14/2017
1E. Project Review	09/27/2017
1F. Reallocation Supporting Documentation	09/27/2017
2A. HMIS Implementation	09/27/2017
2B. PIT Count	09/27/2017
2C. Sheltered Data - Methods	09/27/2017
3A. System Performance	09/27/2017
3B. Performance and Strategic Planning	09/27/2017

4A. Mainstream Benefits and Additional Policies	09/27/2017
4B. Attachments	09/27/2017
Submission Summary	No Input Required

Dear Pikes Peak Continuum of Care (PPCoC) Stakeholders:

Once again we have an opportunity to submit requests for new projects in the 2017 Continuum of Care Homeless Programs Notice of Funding Availability (NOFA) competition in order to build our capacity to serve people experiencing homelessness. HUD has set the following guidelines.

Projects can fall into one of the following categories:
- New Permanent Supportive Housing (PSH) projects that meet the requirements of DedicatedPLUS as defined in section III.A.3.d of the 2017 CoC HUD NOFA or new permanent supportive housing projects where 100 percent of the beds are dedicated to chronic homelessness. Populations can include individuals, families with children, or youth.
- New Rapid Re-Housing (RRH) projects that will serve homeless individuals and families, including unaccompanied youth, who meet the following criteria:
    a) residing in a place not meant for human habitation
    b) residing in emergency shelters
    c) persons meeting the criteria of paragraph (4) of the definition of homeless, including persons fleeing or attempting to flee domestic violence situations.
    d) residing in a transitional housing project that was eliminated in the FY2017 CoC Program competition.
    e) Residing in transitional housing funded by a Joint TH and PH-RRH component project (see section III.A.3.h of the 2017 CoC HUD NOFA
    f) Receiving services from a VA-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.
- New Joint TH and PH-RRH component projects as defined in section III.A.3.h of the 2017 CoC HUD NOFA to better serve homeless individuals and families, including individuals or families fleeing or attempting to flee domestic violence.

The maximum project amount is $204,177 (the amount of our allowable Bonus grant). The minimum project amount is $30,000.

Please be aware that each project is required to provide 25% in matching funds (cash, in-kind, program fees) and is encouraged to leverage other funds as well.

If after reviewing the 2017 Continuum of Care Program Competition NOFA, you are interested

in submitting an application for a new project, you must submit a non-binding Letter of Interest, due by the end of the day Friday July 28, 2017 (see requirements below). If we do not receive your letter by the deadline, you will not be eligible to apply.

Proposed projects will be reviewed and notifications made by Thursday August 3. A meeting will be scheduled for approved new projects, Friday August 4, 2017, and evaluation forms are due by the beginning of the day on Thursday August 10. See the NOFA (Notice of Funds Available – Program Section) for more details, definitions, and requirements: https://www.hudexchange.info/resource/5419/fy-2017-coc-program-nofa/. Review this document carefully to determine eligibility requirements (including qualified applicants and eligible activities). Pay particular attention to section II.A (HUD's Policy Priorities, pages 8-16).

Other materials pertaining to the competition can be found, and will continue to be added, on our local web page: http://www.ppunitedway.org/ciscontinuum.html. You can also follow the links at the bottom of this local web page to access the HUD pages for all related resources.

The letter of interest must include the following information:
1. Name of the organization
2. Name for your proposed project
3. Dollar amount for which you wish to apply
4. Contact person and contact information for the project
5. Description of the project
      a. General description of the project (2,000 words or less)
      b. Type of project: must be 1) Permanent Supportive Housing projects for individuals, families with children, or youth experiencing chronic homelessness; or 2) Rapid Re-Housing projects for individuals, families, or unaccompanied youth who come directly from the streets or emergency shelters, or are fleeing domestic violence
      c. Number of units proposed
      d. Number of households to be served in a year
      e. Populations to be served (must also meet project criteria as noted above)
      f. Strategies to prioritize referrals and serve those with the greatest need
      g. Strategies to follow the principles of housing first (see pages 9 and 10 of the NOFA)
      h. Strategies for helping clients access mainstream resources (e.g. Medicaid, Food Stamps, TANF, SSI/SSDI, VA benefits, etc.)
      i. Proposed partners (non-profit, faith-based, local government agencies, etc.)

Letters of Interest must be submitted by email by the end of the day Friday July 28, 2017 to: Suzi Arnold –
suzi@ppunitedway.org
Questions may also be directed to Suzi

Suzi Arnold / Community Information Systems Project Manager / Pikes Peak United Way

518 N. Nevada Ave. Colorado Springs, CO 80903 / 719.955.0769 / suzi@ppunitedway.org

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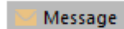*Like us on Facebook / Follow us on Twitter / Connect with us on LinkedIn*

Duarte, Catherine <cduarte@springsgov.com>

2017 Pikes Peak Continuum of Care approved project rankings

To   carol@brucefritz.com; Chris Garvin (Christophergarvin@elpasoco.com); Duarte, Catherine; Jamie Muth; 'Trig Bundgaard'; Kat Lilley; jacque@fcucc.org; Laura Nelson; Jen Polk

Cc   Beth Roalstad; Angie Hackett (Angie.Hackett@urbanpeak.org); Greg Morris; 'Abel Tovar (atovar@partnersinhousing.org)'; 'Audrey Field (audrey.field@urbanpeak.org)'; Chad Wright; Crystal Griffin; Debi Krause-Reinsch; Suzi Arnold; Eva Nunes; Heather Ryan Figueroa (Hryanfigueroa@homewardpikespeak.org); Susan Saksa (Susan@athrc.com); SherryLynn Boyles; Shawna Kemppainen; Stegner, Mary; 'Jeanne Clendenin (jmc@csha.us)'; Megan Nyce - DOLA

✉ Message	📊 Recommendation for RP list 2017.xlsx (18 KB)	📄 2017 CoC RankingPrioritization Process 9.1.17.pdf (224 KB)

Dear CoC project applicants:

The majority of the non-applicant members of the CoC Governing Board have approved the Ranking & Prioritization Committee's recommendations. Thank you all for the time and work you put into this process. Attached is the ranking and scoring worksheet (the 8/30 tab).

I've also attached the R&P process that the committee followed. Notify the R&P committee (copied here) by tomorrow if you have any questions or concerns. The next step is to post the final decision by COB 9/13 for the required 2 week period before submittal to HUD on 9/28.

Respectfully,

Catherine Duarte, AICP
Analyst II, Community Development
City of Colorado Springs
(719) 385-6876 office
cduarte@springsgov.com

Pikes Peak Continuum of Care
CoC Competition Ranking & Prioritization Process

Purpose: The Pikes Peak Continuum of Care (CoC) ranking and prioritization protocols are the foundation of a transparent decision-making process for projects submitted through the HUD CoC Notice of Funding Availability (NOFA) competition. The process was designed to promote the submission and competitive ranking of projects that serve both CoC and HUD priorities with the intent of promoting successful housing solutions and leveraging maximum funds available.

The process will focus on HUD CoC NOFA Competition priorities. Additionally, maximizing application of Housing First principles and increasing Rapid Re-Housing and Permanent Supportive Service resources will be considered.

Preparation for Annual CoC Competition:

I. <u>Review of previous year's process</u>: Following the conclusion of the previous year's CoC NOFA competition, a survey will be sent to all participating agencies asking for feedback on the process. Review of the process with feedback received will be a part of the process for ensuing years.

II. <u>R&P Committee Membership</u>: An open invitation for Ranking & Prioritization (R&P) Committee members will be made in the spring prior to the anticipated release of the current year's CoC NOFA. Goals for committee membership include (1) housing and supportive service experts, (2) non-provider community stakeholders, and (3) non-provider CoC members, including Governing Board members. While service providers/applicants are key to the work of the CoC membership in the R&P Committee restricts service providers to avoid potential conflicts of interests when performing the ranking and prioritization of projects. Non-provider CoC Governing Board members will be tasked with the final review and approval of the R&P Committee project ranking recommendations (see V. Recommendation for CoC Funding/Ranking Approval).

III. <u>Pre-Competition Planning</u>: Prior to the application being posted in *e-SNAPS*, interested R&P Committee members and all service providers will be invited to a meeting to discuss the ranking and prioritization process for the upcoming NOFA release. This first step will be designed to promote collective input into the decision-making process and build the framework to guide the ranking and prioritization. Items covered include but are not limited to:

- Overview of HUD NOFA process and guidance

- Review/revision of CoC Renewal and New Project Evaluation tools

- Creation of CoC NOFA timeline draft

- Discussion of performance factors, weighting, text contributors, and other issues

IV. <u>HUD Competition Training/Preparation</u>: To best prepare for the responsibilities of project submission and ranking, service providers and R&P Committee members, in particular, will be encouraged to familiarize themselves with the HUD process and priorities through a variety of training exposures such as:

- Monthly Governing Board and CHAP Membership meeting updates

- Self-guided training materials routinely posted on HUD Exchange

- Self-guided training materials routinely posted on PPUW website as they become available www.ppunitedway.org

- Project applicants (providers) and R&P Committee members will be invited to attend one or more mandatory meeting(s) scheduled once the application is posted in *e-SNAPS*. The following information will be discussed:
    - Consolidated Application amounts
    - Current CoC NOFA Competition documents
    - Final Timeline and deadlines
    - Current NOFA Evaluation Tool for Renewal and New Project Applications
    - Open discussion on actions to support the application

Application Process:

I. Timeline: Once the HUD CoC NOFA competition opens, a final timeline will be created scheduling the weeks of the competition to incorporate CoC and HUD deadlines for the competition.

II. New Project Solicitation/Evaluation:

- An updated New Project Evaluation form will be used for New Projects being submitted for the NEW Bonus funding opportunity if Bonus funding is available. The New Project Evaluation form includes the rubric for project scoring/evaluation.

- Letters of Interest (LOI):
    - Request for LOI's for new projects will be issued
    - LOI's will be reviewed by the R&P Committee. Applicants with eligible projects will be asked to submit the New Project Evaluation form. New projects will be scored using the New Project Evaluation form rubric. Approved projects and amounts will be included in NOFA ranking and prioritization process.

III. Renewal Project Evaluation:

- An updated NOFA Evaluation Tool for Renewal Project Applications form will be available for all Renewal Projects to submit.

- Projects awarded for the first time in the most recent previous HUD CoC NOFA, that have not been operational for 12 months will not be required to submit a current NOFA Evaluation Tool for Renewal Project Applications form. The New Project Evaluation and New Project Application submitted with the previous years competition will be considered in the final ranking and prioritization of these renewal projects. (See Ranking & Prioritization Committee Process: III Ranking Protocol.) The Evaluation Tool uses base points spread across various categories.

- Feedback will be solicited after the CoC Consolidated Application is submitted for consideration in the evolution of the Evaluation form for the next CoC NOFA Competition

- Completed Renewal Project Evaluations along with the Annual Performance Report (APR) for the common reporting period will be due by deadline in timeline.

- Copies of the completed Evaluation and APR's will be made available to the R&P Committee for consideration, as needed.

- Once the CoC Administrator has reviewed Evaluations and APR's and created preliminary scores, the preliminary scores will be sent to the R&P Committee for review and verification of score. Once verified, individual preliminary scores will be transmitted to all applicants.

IV. Project Entry into HUD *e-SNAPS*:

Applicants will submit their HUD project application in the HUD *e-SNAPS* system by deadline in timeline.

V. Appeals Process:

Applicants who have specific concerns regarding the review and scoring of their evaluation may file an appeal. **NOTE**: *Appeals will only be considered in cases where applicants have concerns specific to the process of reviewing and scoring of their evaluation.*

All notices of appeal must be based on the information submitted by the Evaluation due date. No new, additional, or omitted information will be considered during an appeal.

A notice of appeal must include a written statement specifying in detail each issue of appeal. The appeal must be signed by an individual authorized to act on behalf the agency submitting the appeal (i.e., Executive Director or his/her designated representative) and must highlight/cite the specific section(s) of the evaluation on which the appeal is based. The appealing agency must specify facts and evidence sufficient for the R&P Committee to determine the validity of the appeal. More specifically, the appeal must explain the specific areas of the evaluation being appealed and must clearly explain why the information provided is adequate to gain additional points in project scoring.

Appeals Process Steps:

- After the CoC's preliminary score has been individually transmitted to all NOFA applicants, an agency wishing to appeal must do so in writing to both the CoC Administrator and the chairperson of the R&P Committee **no later than 5 p.m. the day after the preliminary score was transmitted**.

- The R&P Committee will convene and review/evaluate all notices of appeal to determine whether the appeal request meets the criteria for a legitimate appeal (i.e. based on facts and evidence sufficient to determine the validity of the appeal

- If an appeal is considered legitimate, the R&P Committee will adjust the preliminary score accordingly, and proceed to the Ranking and Prioritization Meeting with the post appeals final score of all projects.

Ranking and Prioritization Process:

I. <u>R&P Committee Meeting</u>: A meeting will be convened to review project submissions and rank/prioritize projects for submission through the HUD NOFA competition. All project applicants will be invited to attend and present on their project.

- At the ranking and prioritization meeting, project applicants will have the opportunity to present a short (5-10 minute) presentation about their project to the R&P Committee. Once all presentations have been heard, applicants will be invited to leave the ranking and prioritization meeting and the R&P Committee will continue the ranking process.

- Ranking and prioritization recommendation of projects will be decided by the R&P Committee at the ranking and prioritization meeting after project applicants have exited.

- Recommendations from the R&P Committee regarding the Final Ranking and Prioritization of projects will be sent to non-provider members of the Governing Board for approval.

II. <u>Materials and Tools</u>: Review of the materials and tools including but not limited to:

- Renewal project list showing our Annual Renewal Demand

- New project list

- Spreadsheet of **renewal** project scores by project category and final total score

- Spreadsheet of **new** project scores by project category and final total score

- Spreadsheet with first pass/baseline ranking based on scoring rubric (non-provider review)

- Copies of both the renewal and new evaluation forms

- Copy of the HUD Consolidated Application scoring

III. <u>Ranking Protocol</u>:

A project ranking list will be generated from the scoring rubric designed by the R&P Committee and approved by the CoC Governing Board. This list will be arranged from highest to lowest score based upon the final <u>total</u> of possible points.

Projects will be arranged in first pass/baseline ranking based upon total score, divided between Tiers I and II based on fund allocations per HUD in each tier.

Renewal Projects which were, newly awarded projects in the most recent NOFA, and had less than one year of results/outcomes, will be placed in the bottom of Tier I in first pass/baseline scoring but integrated throughout Tiers I and II based on alignment with HUD and local CoC priorities (e.g., Housing First, Coordinated Entry, Outreach), populations served, etc.

New Bonus Application projects will be placed in the bottom of Tier II in first pass/baseline scoring but integrated throughout Tiers I and II based on alignment with priorities, populations served, etc.

The CoC HMIS grant aligns with and will be placed in Tier I in first pass/baseline ranking but integrated throughout Tiers I and II based on its foundational support for the effective reporting, evaluation, and support of all HUD activities.

Renewal Projects will be placed based upon total score and divided between Tier I and Tier II based on fund allocations per HUD in each tier in first pass/baseline ranking but integrated throughout Tiers I and II based on alignment with priorities, populations served, etc.

IV. Reallocation Protocol:

The CoC may use the reallocation process to shift funds in whole or part from existing renewal projects to new project applications without decreasing the CoC's annual renewal demand. HUD encourages CoCs to take advantage of this option.

V. Ranking and Prioritization Process Steps:

A. Initial project ranking discussion:

- Any appeals will be considered for adjustment to score.

- Review of the scoring spreadsheet with post appeal final scores from the Non-Providers review of scoring.

- All first time renewal projects will be included on the bottom of Tier I in first pass/baseline ranking but integrated throughout Tiers I and II based on alignment with priorities, populations served, etc.

- All New Bonus Projects will be included on the bottom of Tier II and ranked by score in first pass/baseline ranking but integrated throughout Tiers I and II based on alignment with priorities, populations served, etc.

- All Renewal projects will be ranked by score and divided between Tier I and Tier II as preliminary score places them within the Ranking Protocol.

- CoC HMIS grant will be placed in Tier I in first pass/baseline ranking but integrated throughout Tiers I and II based on alignment with priorities, populations served, etc.

- Discussion on which projects might reasonably be put in Tier II from Tier I based on scoring, alignment with ranking priorities, populations served, and capacity of the agency to support the project.

- Discussion on which projects might reasonably be put in Tier I from Tier II based on scoring, alignment with ranking priorities, populations served, and capacity of the agency to support the project.

B. Final project ranking discussion:

- Projects will be divided between Tier 1 and Tier 2 based on:
  o Final project scoring

- o Alignment with HUD priorities, i.e. permanent and rapid re-housing projects
- o CoC capacity to serve a spectrum of vulnerable populations, i.e. veterans and victims of domestic violence
- o Any project rejected will be notified in accordance with HUD deadline.
- C. Final R&P Committee project ranking recommendations
  - o The R&P Committee will forward their final project ranking recommendations to non-provider Governing Board members for review and approval.
  - o Decision-making considerations and project ranking recommendation will be synopsized to guide Governing Board review and approval.

VI. <u>Recommendation for CoC Funding/Ranking Approval</u>:

- All non-provider Governing Board members will be invited to participate in a review of the R&P Committee's recommendations and given the opportunity to participate in the final vote to approve.

- Meaningful discussion on the findings including questions and answers with the R&P Committee will be offered in support of the final approval of ranking recommendation.

- Once a final approval is made, the Final Ranking and Prioritization list for the CoC will be published by deadline.

VII. <u>Annual Ranking and Prioritization Close-out</u>

Following the conclusion of the CoC NOFA competition, a survey will be sent to all participating agencies asking for feedback on the process including the documents and forms used. Review of the feedback received will be a part of the process for ensuing years.

Tier I			Renewal Project 2017	Total grant $$	HH	People				Reallocated to	Reallocated from	difference (remainder)	not funded through reallocation
	1		PPUW	$200,353			Pass	HMIS					
	2		Urban Peak PSH1	$113,750	11	11	88.00	PSH					
	3		CSHA	$94,181	18	18	80.00	PH	Appeal +2=80				
	4		ATH	$37,475	3	3	78.00	PSH					
	5		HPP PSH HAV	$180,126	24	55	75.00	PSH					
	6		HPP Consolidated PSH	$413,819	52	61	73.00	PSH					
	7		DOLA-DOH	$440,251	67	89	71.00	PSH					
	8		Urban Peak PSH2 Bonus	$72,492	3	3	61.00	PSH					
	9	renew no data	ATH	$35,000	3	3	27	PSH					
	10	renew no data	DOH	$160,557	14	31	26	PSH	Appeal +1=26				
	11	renew no data	HPP	$46,572	5	5	26	PSH					
	12	renew no data	PIH RRH	$61,507			26	RRH					
	13	renew no data	TESSA	$57,433	4	12	26	RRH					
	14	renew no data	UP	$20,540	2	2	27	RRH					
	15	new	PPUW	$90,000			Pass	SSO		$ (90,000.00)	Myron Stratton $90,000	$ 2,051	
	16	new	ATH	$30,000	3	3	26	PSH		$ (30,000.00)	Yampa $30,000	$ 3,129	
											Harbor House $67, 567, CSHA $20,000, PIH Scattered $4,146, PIH Myron Stratton $2,051, PIH Yampa $3,129, PIH		
	17	new	HPP	$121,752	10	20	26	PSH		$ (108,979.00)	Union/Whitman $12,086		$ 12,773
18a		new	DOH Urban Peak	$54,203	4	4							
			Total Tier I	$2,230,011									
Tier II													
18b		new	DOH/Urban Peak	$75,365	6	6	26	PSH					
	19	new	PPUW	$39,590			Pass	HMIS		$ (39,590.00)	Union/Whitman $39,590	$ 12,086	
	20	renew	PIH ColoradoHouse	$83,398	61	119	68.00	TH					
	21	renewal	PIH ScatteredSite	$86,329	22	83	69.00	TH					
			Total Tier II	$284,682						$ (268,569.00)	Total Reallocated	$ 17,266	
										total reallocated			
		Reallocated	PIH Yampa	$33,129	8	33	68.00	TH		PIH	$181,002		
		Reallocated	PIH Union/Whitman	$51,676	11	50	66.00	TH		Harbor house	67567		
		Reallocated	PIH MyronStratton	$92,051	13	42	61.00	TH		CSHA	20000		
		Reallocated	HPP Harbor House	$67,567	43	43	48.00	TH			$268,569		
				$244,423	75	168							
			CSHA	$20,000									
			PIH Scattered Site	$4,146									
			Total Reallocated	$268,569									

Past HUD CoC NOFA

2016 Consolidated Application – Final Submitted – 9/13/2016

2016 Project Priority Listing – Final Submitted – 9/13/2016

2016 Consolidated Application and Project Priority Listing – Stakeholder email – 9/12/2016

2016 Consolidated Application – Final Draft (posted 9/12/2016)

2016 Project Priority Listing – Final Draft (posted 9/12/2016)

2016 CO-504 Ranked Project List – Final (posted 9/12/2016

2016 CoC Consolidated Application – DRAFT (posted 9/6/2016)

2016 Ranking & Prioritization Stakeholder Letter (posted 8/29/2016)

2016 Ranking & Prioritization Project List (posted 8/29/2016)

2016 Ranking & Prioritization Process

2016 CoC Renewal Project Evaluation Form

2016 CoC New Project Evaluation Form

2016 CoC Request for Letter of Interest for New Projects

2016 CoC Competition Timeline

2016 CoC Consolidated Application Point Summary

2016 Grant Inventory Worksheet – Final HUD Approved

2016 CoC Program Competition announcement (posted: 6/29/2016)

2016 CoC Notice of Funds Available (NOFA) – General Section (posted: 6/29/2016)

2016 CoC Notice of Funds Available (NOFA) – Program Section (posted: 6/29/2016)

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 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.
 - Using the CoC Application Detailed Instructions while 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 this keep in mind:

 - This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.
 - For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.
 - For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.
 - Some questions require the Collaborative Applicant to 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 CoC Application Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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	No
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	No	Not Applicable
Non-CoC Funded Victim Service Providers	Yes	Yes	No
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
Funders	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 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.

CoC committed to open/transparent/participatory/representative of entire community. Maintain listserv (409 members; 352 last year) open to all; gain new members regularly w/ monthly invitation & word of mouth. List used to disseminate general info, announce mtgs, distribute rprts (AHAR/PIT/HIC/etc.) & CoC docs (Consolidated Application/plans/etc.), recruit participation in CoC activities, seek input. Engage currently/formerly homeless persons thru advocacy/consumer group (PATH – People's Access to Homes). Info shared at mthly general member mtgs; open invitation. All committees open. Ex. 1: Housing Summit planned & executed by PATH w/ support of CoC; speakers & panels engaged to explore alternative hsg models & educate/engage developers/hsg providers. Ex. 2: City sponsored Summer Action Plan, engaging all 1B-1 grps to develop/execute plans to outreach, engage, & provide services to encampments which grew due to closure of winter shelters & influx of new people from outside the area.

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 between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
Urban Peak Colorado Springs	Yes	Yes	Yes
Inside Out Youth Services	No	Yes	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 between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
TESSA	Yes	Yes

1B-2. 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 new projects in 2016. (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 409 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. 2016: New DV RRH project created from 2 reallocated projects: new org; new population focus.

1B-3. 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Does the CoC coordinate with 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
Head Start Program	Yes
Housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, requires CoC's 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 the CoC to 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)(2) requires the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for the 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
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
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	2
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
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	2

1C-2a. Based on the responses provided 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 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 administering funds serve on CoC Board: 2 hrs monthly for to discuss issues & take actions. City & County reps serve on CoC Board's Executive Committee (EC) to set strategy & plan activities: 3 hrs monthly. City & County reps consult with the CoC in the development of the CP priorities annually. City & County CP representatives participate in 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/County lead or support initiatives of the CoC such as strategic planning, Mayors Challenge to End Veteran Homelessness, and Summer Action plan to address encampments: 4 hours monthly. CoC Lead & other CoC members attend public CP meetings & provide inputs on priorities: 12 hours annually.

1C-2b. Based on the response 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 & City set priorities for ESG funding. CoC participates in City's needs assessment process for ConPlan. CoC staff attend public mtgs; City hosts focus group mtg w/ CoC members. City then recommends use of funds & presents to CoC for input prior to being submitted for approval to City Council. Currently evaluating using ESG funds to support HMIS & reallocating HMIS CoC project to Coordinated Entry. CoC administrator assists in selection of subrecipients for rapid rehousing & homeless prevention activities. Final recommendations/awards approved by CoC. CoC administrator provides data for ESG CAPER which is posted for public review. City monitors ESG subrecipients for compliance; HMIS lead monitors HMIS compliance (same stds as CoC grantees). City & CoC developing formal performance standards & process for evaluating outcomes/agency performance. City approved by CoC to apply for State ESG funds. City/CoC follow same allocation/compliance processes. County doesn't receive ESG.

1C-3. Describe 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 but has submitted a project in 2016; does not participate in HMIS, so all client confidentiality maintained. Clients served by HMIS participating agencies have choice to remain anonymous/private in HMIS as well as choice to identify as victim. Providers – homeless & victim services – use trauma-informed care practices. Information is shared as directed/approved by clients thru releases. When 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 July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Housing Authority of the City of Colorado Springs	1.00%	No
Housing Authority of the City of Fountain	5.00%	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 HCV, 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.

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Implemented communitywide plans:	X
No strategies have been implemented	
Other:(limit 1000 characters)	
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. No camping bans are not enforced if there are no housing options for people, except in instances of safety (flooding) or on private property where owner requests enforcement. Homeless Outreach Team updates CoC members/providers on current status or changes.	X
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. Was passed but now is limited to blocking of passage on a public right-of-way.	X
City and CoC providers are engaging landlords in an effort to reduce barriers and accept more clients by demonstrating the value of case-managed tenants. Governor's Office on Homeless Initiatives is seeking funding for a Landlord Engagement fund and technical assistance to assist communities with an "Open Doors Atlanta" type of process.	X

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Select the system(s) 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:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-2. Select the system(s) of care within the CoC's geographic area with which the CoC actively coordinates with to ensure 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:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.

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)

Outreach personnel focus on vets/youth least likely to seek srvcs; go to known locations & expand based on info from clients. Have points of entry (POE) for families w/ children, youth, & veterans; POE for individuals will open 11/16; are/will be assessment centers. 2-1-1 provides referrals across system, is available by phone (individuals' or at providers) & online (e.g. library); shelters & soup kitchen refer to appropriate locations. Worked w/ HMIS vendor to fix CAHP system issues; expanding use of HMIS functions. Pilot use of VI-SPDAT/TAY to assess hsg need & use score to prioritize; some wait lists converting to VI-SPDAT score order; evaluating use of HMIS for hsg/srvc referrals. Vet group uses by-name list & case conferencing to evaluate, prioritize, place, monitor progress. Using this process as model for other populations. Participated in statewide Action Lab on CAHP for vets. Expanded testing to other populations; preparing to go community wide w/ CAHP. See attachments.

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 there are other organizations or persons who participate but are not on this list,

enter the information in the blank text box, 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	Does not Participate	Does not Exist
Local Government Staff/Officials	X	X	X	X	X		
CDBG/HOME/Entitlement Jurisdiction	X	X					
Law Enforcement		X			X		
Local Jail(s)						X	
Hospital(s)	X	X					
EMT/Crisis Response Team(s)	X	X					
Mental Health Service Organizations	X	X	X		X		
Substance Abuse Service Organizations	X	X			X		
Affordable Housing Developer(s)	X				X		
Public Housing Authorities	X				X		
Non-CoC Funded Youth Homeless Organizations						X	
School Administrators/Homeless Liaisons						X	
Non-CoC Funded Victim Service Organizations						X	
Street Outreach Team(s)	X	X			X		
Homeless or Formerly Homeless Persons	X	X			X		

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2016 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 2016 CoC Program Competition?	21

How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	6

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 2016 CoC Program Competition?	15

Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.

Performance outcomes from APR reports/HMIS:	
% permanent housing exit destinations	X
% increases in income	X

Monitoring criteria:	
Utilization rates	X
Drawdown rates	X
Frequency or Amount of Funds Recaptured by HUD	X

Need for specialized population services:	

Youth	X
Victims of Domestic Violence	X
Families with Children	X
Persons Experiencing Chronic Homelessness	X
Veterans	X

None:	

**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 and followed written CoC R&P Process. Each program was then reviewed, discussed & considered for the following: 1 of a kind program (e.g. we have 1 residential treatment & 1 respite care program); special populations (medical vulnerability; addiction; DV; youth; veterans; families w/ children); 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; overall project performance/outcomes. 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. Evidence of the public posting must be attached.
(limit 750 characters)**

Generic timeline, evaluation forms & process were created/updated in summer 2016, finalized 7/29, & disseminated at provider meeting on 8/1. Provider meeting was open to all. Request for Letters of Interest for new projects was sent & posted 7/22. Approved new projects were notified 7/29. Final ranking & Prioritization was communicated & posted 8/29. No projects were rejected either in new project evaluation or final ranking; noted in 8/29 posting. Communications go to stakeholder distribution list (409 members) & additional provider staff (on a provider distribution list). All materials and competition notices/communication are posted on the website: http://www.ppunitedway.org/cis_continuum_2016.html. Screen shots & emails

attached.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 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). 09/12/2016

1F-5. Did the CoC use the reallocation process in the FY 2016 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 that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 08/29/2016

1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW? Yes

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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 and HUD APR's. The form includes a rubric for evaluation of performance and includes: APR submission; drawdowns; unexpended funds; findings; populations served; utilization rates; housing stability (destination on program exit) & income & mainstream 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. Financial statements are evaluated if capacity concerns exist. Length of time homeless is evaluated at the system level and addressed at the program/project level.

1G-2. 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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/MOA? In all cases, the CoC's Governance Charter must be attached to receive credit, In addition, if applicable, any separate document, like an MOU/MOA, 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 attached MOU/MOA.

Charter: Pages 4/5 and 11/12   MOU: Pages 3-5

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 Organization (CHOs)?

Yes

2A-4. What is the name of the HMIS software

Adaptive Enterprise Solutions (AES) Enginuity

used by the CoC (e.g., ABC Software)?

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Adsystech, Inc.

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

* 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	$15,930
Organization	$98,088
Private - Total Amount	$114,018

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	$367,371

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy): 04/29/2016

2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	298	28	249	92.22%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	453	0	427	94.26%
Rapid Re-Housing (RRH) beds	78	0	78	100.00%
Permanent Supportive Housing (PSH) beds	582	0	582	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months.
(limit 1000 characters)

Not applicable

2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.

VA Grant per diem (VA GPD):	☐
VASH:	☐

Faith-Based projects/Rescue mission:	☐
Youth focused projects:	☐
Voucher beds (non-permanent housing):	☐
HOPWA projects:	☐
Not Applicable:	X

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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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" within the last 10 days of January 2016.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	3%	0%
3.3 Date of birth	0%	0%
3.4 Race	0%	0%
3.5 Ethnicity	0%	0%
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%	4%
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	2%	1%

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

CoC Annual Performance Report (APR):	X
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	X
Annual Homeless Assessment Report (AHAR) table shells:	X
System Performance Measures	X

None	☐

2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 12

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):	X
VA Grant and Per Diem (GPD):	☐
Runaway and Homeless Youth (RHY):	X
Projects for Assistance in Transition from Homelessness (PATH):	☐
VASH	X
None:	☐

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. VASH is input by a partner agency which manages the vouchers/housing placement for the VA.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context 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. Accurate, high quality data is vital to inform Congress' funding decisions.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy) 01/24/2016

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, 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) 04/29/2016

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 PIT count:

Complete Census Count:	X
Random sample and extrapolation:	
Non-random sample and extrapolation:	
HMIS data	X

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

HMIS:	X
HMIS plus extrapolation:	
Interview of sheltered persons:	X
Sample of PIT interviews plus extrapolation:	

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 contain 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 2015 to 2016, 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 or change in partners participating in the PIT count).
(limit 1000 characters)

There was no change in collecting the sheltered PIT count from 2015 to 2016 other than to update the form used for non-HMIS participating agencies.

2F-5. Did your CoC change its provider   Yes
 coverage in the 2016 sheltered count?

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count.
(limit 750 characters)

One new non-CoC funded TH program began operation and submitted data. Two non-CoC funded TH programs now serve non-homeless (direct from corrections or just not homeless by HUD definition) and did not participate.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

Training:	X
Follow-up:	X
HMIS:	X
Non-HMIS de-duplication techniques:	X

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 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 methods). (limit 1000 characters)

There was no change in methods of ensuring data quality for the sheltered PIT count from 2015 to 2016.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days 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):   01/24/2016

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, 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):   04/29/2016

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent PIT count:

Night of the count - complete census:	
Night of the count - known locations:	X
Night of the count - random sample:	
Service-based count:	X
HMIS:	

2I-2. Provide a brief descripton of your CoC's unsheltered PIT count methodology and describe why your CoC selected this 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 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, 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 or change in partners participating in the count).
(limit 1000 characters)

The 2016 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. Has the CoC taken extra measures to identify unaccompanied homeless youth in the PIT count?   Yes

2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth.
(limit 1000 characters)

Not applicable. We do take extra measures through our youth outreach team and extra questions on our form to cover unstably housed individuals.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:

Training:	X
"Blitz" count:	
Unique identifier:	X
Survey questions:	X
Enumerator observation:	
None:	

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 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 in 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 2015 to 2016.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange 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 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	1,073	1,302	229
Emergency Shelter Total	496	591	95
Safe Haven Total	0	0	0
Transitional Housing Total	334	400	66
Total Sheltered Count	830	991	161
Total Unsheltered Count	243	311	68

3A-1b. Number of Sheltered Persons Homeless - HMIS.
Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	3,490
Emergency Shelter Total	2,886
Safe Haven Total	0
Transitional Housing Total	716

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 of becoming homeless.

(limit 1000 characters)

Hsg needs study risk factors: cost of hsg & availability of affordable hsg, esp for extremely low/no income (16 units of hsg for every 100 HHs); low vacancy; availability of living wage jobs; transportation. Other data from PIT surveys, HMIS, 211, Intake/Assessment, & provider input. CoC summit addressed impact of loss of hsg on local economy. Strategies: prevention funds require case plan to include stable hsg, stable income thru employment &/or benefits; PSH development toolkit engaged & built capacity in local for-profit developers & produced 2 projects (PSH & affordable) awaiting approval for LIHTC,; City, CoC, & Appartment Assoc effort to get landlords to accept voucher/TBRA & case-managed clients, lower barriers, work w/ providers rather than evict, & preserve affordable hsg; new FUP vouchers address foster youth; Hsg Solutions Summit w/ developers to look at alternative hsg opportunities; family ctr using early intervention/diversion to resolve issues leading to homelessness.

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)

HMIS collects info on how long homeless but SysPM reporting function is new. Baseline: ES/SH – 32 nights; ES/SH/TH – 71 nights. VI-SPDAT/TAY now in HMIS. Some CoC & ESG providers use this information to identify & prioritize clients for housing, w/ length of time homeless one of the factors. Family programs assist clients in negotiations w/ landlords to lower barriers & improve access to hsg. Efforts described in 3A-2 are intended to expand availability. City funded hsg navigator position for vets to assist clients in connecting with hsg opportunities. Vet CE pilot uses VI-SPDAT, by-name list, case conferencing to prioritize & place clients; LOT homeless one of the factors. Thru the pilot, developed P&P's, processes, & forms; expansion to other populations in process. Low barrier shelter to open 11/16; will be point of entry, will expand capacity to engage/connect/shelter people, & will use CE process to prioritize clients.

* 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:
Fill in the chart to indicate the extent to which projects exit program participants into permanent housing (subsidized or non-subsidized) or the

retention of program participants in CoC Program-funded permanent supportive housing.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	866
Of the persons in the Universe above, how many of those exited to permanent destinations?	630
% Successful Exits	72.75%

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, 2014 and September 31, 2015.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	591
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?	550
% Successful Retentions/Exits	93.06%

3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe 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)

Completed regional & state-wide de-duplication effort in HMIS making reporting possible. New SysPM shows baseline @ 2 yrs: ES – 29%; TH – 9%; PH – 16%; overall – 21%. CoC evaluating & will set goals. Providers evaluate program performance, determine contributing factors, & make program changes to improve retention or exits to stable housing. Examples include: intensive engagement in first 3 months to create relationships & client successes; assessment tools to determine needs, create client-centered case plans, & prioritize services accordingly; peer to peer client learning & engagement opportunities; evaluation of reasons for termination & adoption of more course-correction rather than termination. Summit focused on trauma-informed care (including impact of repeat episodes & impact on children), client-centered services, harm reduction, and barrier removal (both entry and exit). Expanded family capacity to evaluate, connect, & mentor; expanded capacity for individuals will open 11/16.

3A-6. Performance Measure: Job and Income Growth.
Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase

program participants' cash income from employment and non-employment non-cash sources.
(limit 1000 characters)

CoC challenged providers to change view of employability of clients & what employment means. Projects required to set goals for employment income & income from other sources. Goals & performance reviewed during application review; performance considered during ranking/prioritization. Ex: 1) RMHS has Colorado Rehire grant w/ innovative approach for vets: works w/ employers to ensure job readiness; employs clients for 6-mos probation period; then employer takes over; jobs are flexible (FT/PT); build client resume & job skills. 2) Catholic Charities has pilot program w/ fast-food company (attachment in Other). These are examples for other populations. See next question for mainstream approach to employment. Several organizations have SOAR certified staff to assist clients with SSI/SSDI applications to assure access to non-employment income. CoC hosts monthly meeting of benefits acquisition staff to share learnings & explore solutions to issues w/ assisting clients access benefits.

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 presents annually to our monthly provider meeting to disseminate information about services and receive feedback on what is needed. All 18 of the submitted TH/RRH/PH renewal projects provide employment assistance directly and/or in conjunction with PPWFC or other employment services, and the 4 new projects are committed to the same practice.

3A-7. 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)

We have funded outreach staff for vets & youth who look for & connect w/ unsheltered clients at other provider locations (e.g. soup kitchen & library) & unsheltered locations, & accept referrals from all providers. They have by name records (or partial name if client not ready) in order to continue engaging w/ clients. Colorado Springs Police Dept Homeless Outreach Team also looks for & connects w/ unsheltered clients, & connects them to appropriate providers for record keeping. The vets group has a formal process for connecting clients to resources, including a weekly case review conference w/ partner agencies where status by client is tracked & updated until client is housed at which time housing partner assumes care coordination responsibility. Prioritization is through the VI-SPDAT & additional assessments as appropriate. This is the

model being applied to other populations. Base on this info we mapped locations to survey (see 2I.2 & 3A-7b for more on inclusion/exclusion).

3A-7a. Did the CoC completely exclude   Yes
geographic areas from the the most recent
PIT count (i.e., no one counted there and, for
communities using samples the area was
excluded from both the sample and
extrapolation) where the CoC determined that
there were no unsheltered homeless people,
including areas that are uninhabitable (e.g.
disasters)?

3A-7b. Did the CoC completely exclude geographic areas from the the
most recent PIT count (i.e., no one counted there and, for communities
using samples the area was excluded from both the sample and
extrapolation) where the CoC determined that there were no unsheltered
homeless people, including areas that are uninhabitable (e.g. deserts,
wilderness, etc.)?
(limit 1000 characters)

El Paso County is 2x the size of 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, with people living in sub-standard housing that would be considered not meant for human habitation. However, people do not consider themselves to be homeless, seek minimal services and do not welcome intrusion. We survey through providers but very few people identify as experiencing homelessness.

3A-8. Enter the date the CoC submitted the   08/02/2016
system performance measure data into HDX.
The System Performance Report generated
by HDX must be attached.
(mm/dd/yyyy)

3A-8a. If the CoC was unable to submit their System Performance
Measures data to HUD via the HDX by the deadline, explain why and
describe what specific steps they are taking to ensure they meet the next
HDX submission deadline for System Performance Measures data.
(limit 1500 characters)

Not applicable; we did submit.

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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing; 2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and 3. The highest needs for new and turnover units.

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 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

		2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons		291	387	96
Sheltered Count of chronically homeless persons		139	239	100
Unsheltered Count of chronically homeless persons		152	148	-4

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, 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 2016 compared to 2015.
(limit 1000 characters)

We continue to increase our outreach efforts and coverage for the PIT count, and we expanded year-round and winter shelter beds by 82 beds. The outreach results in connecting w/ and engaging more unsheltered people, and as more people find out about the low barrier beds (which include capacity for pets), they come in to shelter. This increased our sheltered CH count. We saw a very small decrease in unsheltered CH even with our expanded outreach and coverage, but the number (148) indicates that we still have need for low barrier shelter and housing. We are also seeing an influx of new people from outside the area. The % of unsheltered persons who were out-of-state increased from 17% in 2015 to 28% in 2016.

3B-1.2. 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 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	367	414	47

3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count.
(limit 1000 characters)

We have errors on the 2016 HIC, and have submitted a ticket to AAQ to get them fixed (see attachment in Other). Urban Peak should have 3 CH beds (same as 2015), and VASH should have 237 CH beds (168 in 2015, increase of 69 due to vouchers/beds under development last year in service this year). There were other minor variations due to number of people occupying vouchers: ATH -2; DOH/AP -19; HPP -1 The total number of CH beds should be 414. That would reflect an increase of 47 CH beds. The increase is primarily due to the increase in VASH vouchers becoming available and having a goal of 65% CH.

3B-1.3. Did the CoC adopt the Orders of Priority into their standards for 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-1.3a. If "Yes" was selected for question

HMIS P&P p18

3B-1.3, attach a copy of the CoC's written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found.

3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017?   No

This question will not be scored.

3B-1.4a. If the response to question 3B-1.4 was "Yes" what are the strategies that have been implemented by the CoC to maximize current resources to meet this goal? If "No" was selected, what resources or technical assistance will be implemented by the CoC to reach to goal of ending chronically homelessness by 2017?
(limit 1000 characters)

We continue progress on coordinated entry: VI-SPDAT is integrated into HMIS; resource referral issues are being addressed; CoC looking for dedicated coordinated entry funding (including reallocating in 2017 to create a project for dedicated staff); by-name list & coordinated case review model used by the vets works & is the model for CH population. We increased outreach capacity & are addressing specific CH needs. We are committed to hsg first, harm reduction, & reducing barriers. We are working on a landlord engagement process (vets as pilot) to make more hsg available. The PSH Toolkit process yielded 2 projects which will create new PSH units (not just more vouchers) if awarded LIHTC; submitted both projects in 2016; expected to start leasing up in 2018. Additional low barrier shelter capacity opens 11/16. Housing availability continues to be our challenge. Technical assistance will be welcomed, particularly w/ landlord engagement, & staff capacity building to ensure we meet goals.

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

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 Operating year? (Check all that apply).

Vulnerability to victimization:	X
Number of previous homeless episodes:	X
Unsheltered homelessness:	X
Criminal History:	X
Bad credit or rental history (including not having been a leaseholder):	X
Head of household has mental/physical disabilities:	X
Lack of resources, support network	X
N/A:	

3B-2.2. Describe the CoC's strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless.
(limit 1000 characters)

RRH funds are focused on hsg families quickly. Providers maintain relationships w/ landlords so families w/ evictions, bad credit & poor rental history have more hsg choices; CoC landlord effort complements this. VI-SPDAT for families & TAY for youth are being used/tested for assessment so HH's who will be best served with RRH are identified. Low-barrier family day center opened in 2015 continues to grow as portal to shelter & hsg. Crisis srvcs & case mgmnt are offered as bridge for families waiting on RRH & other hsg options. Rcvd grant to expand family capacity, especially w/ Family Mentor Alliance prgrm. Participating in CE process development to be more effective link between crisis & stable hsg. Case mgrs triage & coordinate hsg solutions to minimize disruption for families, prevent/reduce unsheltered periods. Reduction in RRH beds is due to change in rptg from including all served by RRH to only those already housed. 2015: reported HHs receiving services while looking for hsg.

3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve families in the HIC:	144	29	-115

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, gender or disability when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	
There is a method for clients to alert CoC when involuntarily separated:	
CoC holds trainings on preventing involuntary family separation, at least once a year:	
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 low barrier shelter for individuals is completed (November 2016).	X
None:	

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	93	123	30
Sheltered Count of homeless households with children:	91	118	27
Unsheltered Count of homeless households with children:	2	5	3

3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

In 2015 we reported an artificial decrease in sheltered HH due to a temporary reduction in TBRA TH units (through attrition) while terms were changed to lower barriers. The expected rise in 2016 thru leasing up to capacity did occur with an overall increase of units for HH w/ children. We continue expanding services for youth and families w/ children thru TBRA, Family Mentor Alliance (prevention/intervention thru mentoring, financial support, & other physical & life support activities) and RRH options. Youth and families with children are the most difficult to count during a PIT. We expanded outreach in 2016, but still counted 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. See 3B-2.2 for the note on the count of RRH units.

3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth 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:	X

Increase housing and service options for youth fleeing or attempting to flee trafficking:	X
Specific sampling methodology for enumerating and characterizing local youth trafficking:	
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	X
Community awareness training concerning youth trafficking:	X
Outreach teams work to identify victims of trafficking and offer ways for them to talk/engage separate from their trafficker.	X
N/A:	

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)

Vulnerability to victimization:	X
Length of time homeless:	X
Unsheltered homelessness:	X
Lack of access to family and community support networks:	X
Over-represented youth populations: communities of color and LGBTIQ	X
N/A:	

3B-2.8. Using HMIS, compare all unaccompanied youth including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2105)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	150	169	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 2015 is lower than FY 2014 explain why.
(limit 1000 characters)

The number of unaccompanied youth and children did NOT decrease from 2014 to 2015; it increased. We continue to increase our efforts to find and connect with youth through expanded outreach (added another outreach worker) 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 2016 and CY 2017.

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	$564,518.00	$567,918.00	$3,400.00
CoC Program funding for youth homelessness dedicated projects:	$202,518.00	$249,095.00	$46,577.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	$362,000.00	$318,823.00	($43,177.00)

3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?

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, juvenille justice or out of school time) attended by CoC representatives:	9
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	78

3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts.
(limit 1000 characters)

Districts survey at beginning of yr w/ questions to identify homeless/at risk families, provide info to students/parents on srvcs available. Teachers trained to identify homeless children & work w/coordinators to ensure srvcs provided. CoC/ESG funded providers have list of McKinney-Vento Homeless Liaisons w/ whom to connect when families w/ children enroll in prgrms. CoC places high priority on providing youth w/ or referring to educational resources, srvcs & opportunities. Coordinate srvcs 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/ home school curriculum. 2 low income districts & Head Start provider are CoC members & participate in CoC activities. District liaisons provide unidentified aggregate numbers for PIT.

3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless 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.
(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-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others?
(limit 1000 characters)

We do not yet have any written agreements at this time. However, Community Partnership for Child Development (CPCD; our Head Start organization) is working with Catholic Charities to attach a Head Start and Early Head Start

classroom to the Family Resource Center. They developed a collaborative request for funding which is attached under item 15 (Other). Programs also refer clients to CPCD programs, Early Connections Learning Centers, and CASA (Court Appointed Special Advocates) as appropriate.

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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. 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 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	161	168	7
Sheltered count of homeless veterans:	107	124	17
Unsheltered count of homeless veterans:	54	44	-10

3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count.
(limit 1000 characters)

The modest increase in Veteran homelessness (168/2016 vs 161/2015 vs 145/2014) is primarily attributable to continued improved outreach during PIT and the creation of a by-name list. 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, increasing the number of volunteers supporting the PIT count. We used the Veteran Stand Down in October to connect with and engage veterans and alert them to PIT. The increase in low barrier winter shelter beds allowed us to decrease the number of unsheltered veterans. Increase since 2010 due to much better

outreach/engagement, heavy military population, & influx of non-locale people.

3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veterean's Affairs services and housing to appropriate reources such as HUD-VASH and SSVF. (limit 1000 characters)

CoC's SSVF grantee, RMHS, created outreach for homeless Vets thru group of ~ 25 trained outreach volunteers who conduct street & shelter outreach, & thru Vet Hsg Resource Ctr (VHRC), a 1-stop for Vets to access srvcs. Walk-in screening to determine eligibility for 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 srvcs. 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 for VA/SSVF srvcs. RMHS hosts mthly Community Advisory Council on Veteran Homelessness where community stakeholders, esp. non-VA funded orgs, address service identification/screening/enrollment processes & track progress toward ending Vet homelessness in CoC. Use VI-SPDAT, by-name list, & case conferencing to prioritize & house vets.

3B-3.3. 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 2016 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)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	129	168	30.23%
Unsheltered Count of homeless veterans:	32	44	37.50%

3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016.

No

This question will not be scored.

3B-3.4a. 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 2016? (limit 1000 characters)

CoC embraced functional 0 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 0 def. (goals & criteria) for Veteran homelessness (May15), & engagement w/ state PSH Toolkit process for generating Low Income Tax Credit Hsg projects. Most criteria for functional 0 are met (attachments under Other). Barriers to full functional zero: lack of affordable hsg, low vacancy rate, insufficient low-barrier shelter beds (158 beds open 11/16 will address). CoC was awarded HUD Vets@Home TA. CoC is reviewing capacity to meet Federal Criteria & Benchmarks for ending Vet homelessness, announced Oct15. Participated in Coming Home Colorado Action Lab (100 day process for veterans). Use VI-SPDAT, by-name list, & case conferencing to prioritize.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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 program changes that can affect homeless clients?   Yes

4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This 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 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	24
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 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	24
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

**4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits.
(limit 1000 characters)**

Colorado is Medicaid expansion state. Governor's office on homeless initiatives completed a Medicaid crosswalk; pilot program launched July 2016; 2 local providers participating. Plan overview and crosswalk report are included as attachments. 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.

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

Educational materials:	X
In-Person Trainings:	X
Transportation to medical appointments:	X
Mobile clinic	X
Co-located facilities	X
Outreach	X
Not Applicable or None:	

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4B-1. Based on the CoCs FY 2016 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?

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 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 2016 competition:	15
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	65%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 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 2016 competition:	15
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	65%

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:	X

Use of phone or internet-based services like 211:	X
Marketing in languages commonly spoken in the community:	X
Making physical and virtual locations accessible to those with disabilities:	X
In-reach through health clinics, shelters, and emergency services providers	X
Actively encourage word of mouth	X
Not applicable:	

4B-4. Compare the number of RRH units available to serve populations from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	347	78	-269

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", to 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 the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistanct Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 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 since the submission of the FY 2015 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:	
CoC Systems Performance Measurement:	
Coordinated Entry:	
Data reporting and data analysis:	
HMIS:	

Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	X
Maximizing the use of mainstream resources:	
Retooling transitional housing:	
Rapid re-housing:	
Under-performing program recipient, subrecipient or project:	
ESG written standards	X
Not applicable:	

4B-9b. Indicate the type(s) of Technical Aassistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
Vets@Home	10/19/2015	3
ESG written standards	03/09/2016	4

4C. Attachments

Instructions:

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

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	2016 CO504 Eviden...	09/12/2016
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes	2016 CO504 Eviden...	09/12/2016
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	2016 CO504 Rating...	09/12/2016
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	2016 CO504 Rating...	09/12/2016
05. CoCs Process for Reallocating	Yes	2016 CO504 Proces...	09/12/2016
06. CoC's Governance Charter	Yes	2016 CO504 Govern...	09/12/2016
07. HMIS Policy and Procedures Manual	Yes	2016 CO504 HMIS P...	09/12/2016
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No	2016 CO504 Con Pl...	09/12/2016
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	2016 CO504 PHA Ad...	09/12/2016
10. CoC-HMIS MOU (if referenced in the CoC's Goverance Charter)	No	2016 CO504 CoC HM...	09/12/2016
11. CoC Written Standards for Order of Priority	No		
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	2016 CO504 HDX Sy...	09/12/2016
14. Other	No	2016 CO504 Other ...	09/12/2016
15. Other	No	2016 CO504 Other ...	09/13/2016

Attachment Details

Document Description: 2016 CO504 Evidence of Communication to Rejected Projects

Attachment Details

Document Description: 2016 CO504 Evidence of Public Posting of Consolidated Application

Attachment Details

Document Description: 2016 CO504 Rating and Review Procedures

Attachment Details

Document Description: 2016 CO504 Rating and Review Public Posting

Attachment Details

Document Description: 2016 CO504 Process for Reallocating

Attachment Details

Document Description: 2016 CO504 Governance Charger

Attachment Details

Document Description: 2016 CO504 HMIS Policies and Procedures
Manual

Attachment Details

Document Description: 2016 CO504 Con Plan Homeless Under Other
Statutes

Attachment Details

Document Description: 2016 CO504 PHA Administration Plan

Attachment Details

Document Description: 2016 CO504 CoC HMIS MOU

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: 2016 CO504 HDX System Performance Measures

Attachment Details

Document Description: 2016 CO504 Other - Medicaid Academy - Plan To End Veteran Homelessness

Attachment Details

Document Description: 2016 CO504 Other - Miscellaneous

Submission Summary

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

Page	Last Updated
1A. Identification	08/25/2016
1B. CoC Engagement	09/04/2016
1C. Coordination	09/13/2016

1D. CoC Discharge Planning	08/28/2016
1E. Coordinated Assessment	09/13/2016
1F. Project Review	09/12/2016
1G. Addressing Project Capacity	09/04/2016
2A. HMIS Implementation	09/10/2016
2B. HMIS Funding Sources	08/28/2016
2C. HMIS Beds	09/10/2016
2D. HMIS Data Quality	09/03/2016
2E. Sheltered PIT	09/10/2016
2F. Sheltered Data - Methods	08/28/2016
2G. Sheltered Data - Quality	08/28/2016
2H. Unsheltered PIT	09/10/2016
2I. Unsheltered Data - Methods	08/28/2016
2J. Unsheltered Data - Quality	08/28/2016
3A. System Performance	09/13/2016
3B. Objective 1	09/10/2016
3B. Objective 2	09/08/2016
3B. Objective 3	09/10/2016
4A. Benefits	09/13/2016
4B. Additional Policies	09/10/2016
4C. Attachments	09/13/2016
Submission Summary	No Input Required

Before Starting the Project Listings for the CoC Priority Listing

The FY 2016 CoC Consolidated Application requires TWO submissions. Both this Project Priority Listing AND the CoC Application MUST be submitted prior to the CoC Program Competition deadline as required by the FY 2016 CoC Program Competition NOFA.

The FY 2016 CoC Priority Listing includes the following:
 - Reallocation forms – must be fully completed if the CoC is reallocating eligible renewal projects to create new permanent housing – permanent supportive housing or rapid rehousing, new HMIS, or new SSO specifically for Coordinated Entry projects.
 - New Project Listing – lists all new project applications created through reallocation and the permanent housing bonus that have been approved and ranked or rejected by the CoC.
 - Renewal Project Listing – lists all eligible renewal project applications that have been approved and ranked or rejected by the CoC.
 - UFA Costs Project Listing – applicable and only visible for Collaborative Applicants that were designated as a Unified Funding Agency (UFA) during the FY 2016 CoC Program Registration process. Only 1 UFA Costs project application is permitted and can only be submitted by the Collaborative Applicant.
 - CoC Planning Project Listing – Only 1 CoC planning project is permitted per CoC and can only be submitted by the Collaborative Applicant.
 - Grant Inventory Worksheet (GIW) – Collaborative Applicants must attach the final HUD-approved GIW.
  - HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.

 Things to Remember:
 - All new and renewal projects must be approved and ranked or rejected on the Project Listings.
 - Collaborative Applicants are responsible for ensuring all project applications are accurately appearing on the Project Listings and there are no project applications missing from one or more Project Listings.
 - Collaborative Applicants are strongly encouraged to list all project applications on the FY 2016 CoC Ranking Tool located on the FY 2016 CoC Program Competition: Funding Availability page on the HUD Exchange as this will greatly simplify and assist Collaborative Applicants while ranking projects in e-snaps by ensuring no rank numbers or duplicated and that all rank numbers are consecutive (e.g., no missing rank numbers).
 - If a project application(s) is rejected by the CoC, the Collaborative Applicant must notify the affected project applicant(s) no later than 15 days before the CoC Program Competition application deadline outside of e-snaps and include the reason for rejection.
 - For each project application rejected by the CoC the Collaborative Applicant must select the reason for the rejection from the dropdown provided.
 - If the Collaborative Applicant needs to amend a project application for any reason after ranking has been completed, the ranking of other projects will not be affected: however, the Collaborative Applicant MUST ensure the amended project is returned to the applicable Project Listing AND re-rank the project application BEFORE submitting the CoC Priority Listing to HUD in e-snaps.

 Additional training resources are available online on the CoC Training page of the HUD Exchange at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Exchange Ask A Question (AAQ) at https://www.hudexchange.info/ask-a-question/.

Collaborative Applicant Name: Pikes Peak United Way

2. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at https://www.hudexchange.info/get-assistance/.

2-1. Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in calendar year 2017 into one or more new projects?   Yes

3. Reallocation - Grant(s) Eliminated

CoCs that are reallocating eligible renewal project funds to create a new project application – as detailed in the FY 2016 CoC Program Competition NOFA – may do so by eliminating one or more expiring eligible renewal projects. CoCs that are eliminating eligible renewal projects entirely must identify those projects on this form.

Amount Available for New Project: (Sum of All Eliminated Projects)				
$57,433				
Eliminated Project Name	**Grant Number Eliminated**	**Component Type**	**Annual Renewal Amount**	**Type of Reallocation**
Homes for All Vet...	CO0111L8T041504	PH	$27,433	Regular
New RRH CoC 2015	CO0141L8T041500	PH	$30,000	Regular

3. Reallocation - Grant(s) Eliminated Details

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at https://www.hudexchange.info/get-assistance/.

* 3-1. Complete each of the fields below for each eligible renewal grant that is being eliminated during the FY 2016 reallocation process. Collaborative Applicants should refer to the final HUD-approved FY 2016 Grant Inventory Worksheet to ensure all information entered on this form is accurate.

Eliminated Project Name: Homes for All Veterans, FY15 RRH

Grant Number of Eliminated Project: CO0111L8T041504

Eliminated Project Component Type: PH

Eliminated Project Annual Renewal Amount: $27,433

3-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 750 characters)

Homeward Pikes Peak volunteered this project for reallocation. It is a small project and a different component (RRH) from all of their other projects (PSH). This makes it inefficient to manage and administer. This move fit with the CoC's desire to ensure sufficient size/capacity to assure program success. Therefore, the funds from this project were merged with another reallocated project (also RRH), to create one larger RRH project focused on victims of domestic violence. This brings a new provider to the table and is our first CoC-funded DV project. HPP was notified on 8/29/2016. Letter is attached.

3. Reallocation - Grant(s) Eliminated Details

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at https://www.hudexchange.info/get-assistance/.

* 3-1. Complete each of the fields below for each eligible renewal grant that is being eliminated during the FY 2016 reallocation process. Collaborative

Applicants should refer to the final HUD-approved FY 2016 Grant Inventory Worksheet to ensure all information entered on this form is accurate.

Eliminated Project Name: New RRH CoC 2015

Grant Number of Eliminated Project: CO0141L8T041500

Eliminated Project Component Type: PH

Eliminated Project Annual Renewal Amount: $30,000

3-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 750 characters)

Catholic Charities indicated a willingness to consider this project for reallocation. They received a grant from the State of Colorado which provides ample funding for the project, so they were willing to see this put to a different use. This move fit with the CoC's desire to ensure sufficient size/capacity to assure program success. Therefore, the funds from this project were merged with another reallocated project (also RRH), to create one larger RRH project focused on victims of domestic violence. This brings a new provider to the table and is our first CoC-funded DV project. CC was notified on 8/29/2016. Letter is attached.

4. Reallocation - Grant(s) Reduced

CoCs that are reallocating eligible renewal project funds to create a new project application – as detailed in the FY 2016 CoC Program Competition NOFA – may do so by reducing one or more expiring eligible renewal projects. CoCs that are reducing eligible renewal projects entirely must identify those projects on this form.

Amount Available for New Project (Sum of All Reduced Projects)					
$0					
Reduced Project Name	**Reduced Grant Number**	**Annual Renewal Amount**	**Amount Retained**	**Amount available for new project**	**Reallocation Type**
This list contains no items					

5. Reallocation - New Project(s)

Collaborative Applicants must complete each field on this form that identifies the new project(s) the CoC created through the reallocation process.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

$57,433				
Current Priority #	**New Project Name**	**Component Type**	**Transferred Amount**	**Reallocation Type**
20	TESSA Rapid ...	RRH	$57,433	Regular

5. Reallocation - New Project(s) Details

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at https://www.hudexchange.info/get-assistance/.

5-1. Complete each of the fields below for each new project created through reallocation in the FY 2016 CoC Program Competition. For list of all eligible types of new projects that may be created through the reallocation process, see the FY 2016 CoC Program Competition NOFA.

FY 2016 Rank (from Project Listing): 20

Proposed New Project Name: TESSA Rapid Re-housing Project

Component Type: RRH

Amount Requested for New Project: $57,433

6. Reallocation: Balance Summary

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at https://www.hudexchange.info/get-assistance/.

6-1. Below is a summary of the information entered on the eliminated and reduced reallocation forms. The last field on this form, "Remaining Reallocation Balance" should equal zero. If there is a positive balance remaining, this means the amount of funds being eliminated or reduced are greater than the amount of funds requested for the new reallocated project(s). If there is a negative balance remaining, this means that more funds are being requested for the new reallocated project(s) than have been reduced or eliminated from other eligible renewal projects, which is not permitted.

Reallocation Chart: Reallocation Balance Summary

Reallocated funds available for new project(s):	$57,433
Amount requested for new project(s):	$57,433
Remaining Reallocation Balance:	$0

Continuum of Care (CoC) New Project Listing

Instructions:

Prior to starting the New Project Listing, Collaborative Applicants should carefully review the FY 2016 CoC Priority Listing Detailed Instructions and the CoC Priority Listing Instructional Guide.

To upload all new project applications that have been submitted to this CoC Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of new projects submitted that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon. The Collaborative Applicant has the sole responsibility for ensuring all amended projects are resubmitted and appear on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

EX1_Project_List_Status_field

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	Comp Type
ATH Permanent Hou...	2016-09-08 17:11:...	1 Year	Ascending to Heal...	$35,000	9	PH
Housing First Dua...	2016-09-09 13:26:...	1 Year	Homeward Pikes Peak	$42,000	22	PH
New PSH 2016	2016-09-09 13:57:...	1 Year	Urban Peak Colora...	$42,313	21	PH
TESSA Rapid Re-ho...	2016-09-09 15:39:...	1 Year	TESSA	$57,433	20	PH

Continuum of Care (CoC) Renewal Project Listing

Instructions:

Prior to starting the New Project Listing, Collaborative Applicants should carefully review the FY 2016 CoC Priority Listing Detailed Instructions and the CoC Priority Listing Instructional Guide.

To upload all renewal project applications that have been submitted to this Renewal Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of renewal projects that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon. The Collaborative Applicant has the sole responsibility for ensuring all amended projects are resubmitted and appear on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing. | X |

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects. | |

EX1_Project_List_Status_field

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	Comp Type
Housing First Vet...	2016-08-09 16:41:...	1 Year	Homeward Pikes Peak	$27,433	X	PH
Housing First Con...	2016-08-30 11:55:...	1 Year	Homeward Pikes Peak	$413,819	4	PH
Housing First Dua...	2016-08-30 12:05:...	1 Year	Homeward Pikes Peak	$46,572	8	PH
Harbor House FY20...	2016-08-30 12:08:...	1 Year	Homeward Pikes Peak	$67,567	19	TH
Housing First Vet...	2016-08-30 12:35:...	1 Year	Homeward Pikes Peak	$180,126	18	PH

Weber & Monument ...	2016-09-01 22:43:...	1 Year	Partners In Housing	$48,912	23	TH
Yampa - 4 Transit...	2016-09-01 23:15:...	1 Year	Partners In Housing	$33,129	12	TH
CoC Family Rapid ...	2016-09-01 23:08:...	1 Year	Partners In Housing	$61,507	11	PH
Union & Whitman -...	2016-09-02 17:52:...	1 Year	Partners In Housing	$51,676	15	TH
Colorado House an...	2016-09-02 17:45:...	1 Year	Partners In Housing	$83,398	16	TH
Myron Stratton - ...	2016-09-02 17:46:...	1 Year	Partners In Housing	$92,051	13	TH
Scattered Site - ...	2016-09-02 17:51:...	1 Year	Partners In Housing	$90,475	14	TH
Dedicated HMIS Pr...	2016-09-07 19:20:...	1 Year	Pikes Peak United...	$200,353	17	HMIS
Colorado Spring P...	2016-09-08 11:36:...	1 Year	Colorado Division...	$160,557	7	PH
RRH Renewal CoC 2016	2016-09-08 15:03:...	1 Year	Catholic Charitie...	$30,000	X	PH
ATH Permanent Hou...	2016-09-08 15:30:...	1 Year	Ascending to Heal...	$37,475	5	PH
2016 PSH - Multi-Y...	2016-09-08 14:14:...	1 Year	Urban Peak Colora...	$113,750	1	PH
CO-504-REN-PH-TRA	2016-09-08 15:10:...	1 Year	Colorado Springs ...	$114,181	2	PH
Colorado Springs ...	2016-09-08 13:49:...	1 Year	Colorado Division...	$440,251	3	PH
PSH 2016 1st Time...	2016-09-08 15:00:...	1 Year	Urban Peak Colora...	$72,492	6	PH
RRH 2016 1st Time...	2016-09-08 16:10:...	1 Year	Urban Peak Colora...	$20,540	10	PH

Continuum of Care (CoC) Planning Project Listing

Instructions:

Prior to starting the New Project Listing, Collaborative Applicants should carefully review the FY 2016 CoC Priority Listing Detailed Instructions and the CoC Priority Listing Instructional Guide.

To upload the CoC planning project application that has been submitted to this CoC Planning Project Listing, click on the "Update List" button. This process may take a few minutes as the project will need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon. The Collaborative Applicant has the sole responsibility for ensuring all amended projects are resubmitted and appear on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

Only one CoC Planning project application can be submitted and it must match the Collaborative Applicant information on the CoC Applicant Profile. Any additional CoC Planning project applications must be rejected.

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Comp Type
CO-504 CoC Planni...	2016-08-16 19:37:...	1 Year	Pikes Peak United...	$71,588	CoC Planning Proj...

Funding Summary

Instructions

For additional information, carefully review the FY 2016 CoC Priority Listing Detailed Instructions and the CoC Priority Listing Instructional Guide.

This page contains the total budget summaries for each of the project listings for which the Collaborative Applicant approved and ranked or rejected project applications. The Collaborative Applicant must review this page to ensure the totals for each of the categories is accurate. The "Total CoC Request" indicates the total funding request amount the Collaborative Applicant will submit to HUD for funding consideration. As stated previously, only 1 UFA Cost project application (for UFA designated Collaborative Applicants only) and only 1 CoC Planning project application can be submitted and only the Collaborative Applicant designated by the CoC is eligible to request these funds.

Title	Total Amount
Renewal Amount	$2,328,831
New Amount	$176,746
CoC Planning Amount	$71,588
Rejected Amount	$57,433
TOTAL CoC REQUEST	$2,577,165

Attachments

Document Type	Required?	Document Description	Date Attached
1. Certification of Consistency with the Consolidated Plan	Yes	2016 CO-504 Certi...	09/11/2016
2. FY 2016 HUD-approved Grant Inventory Worksheet	Yes	2016 CO-504 Grant...	09/11/2016
3. FY 2016 Rank (from Project Listing)	No	2016 CO-504 Proje...	09/11/2016
4. Other	No	2016 CO-504 Email...	09/11/2016
5. Other	No		

Attachment Details

Document Description: 2016 CO-504 Certificates of Consistency with Project List

Attachment Details

Document Description: 2016 CO-504 Grant Inventory Worksheet-HUD Approved

Attachment Details

Document Description: 2016 CO-504 Project Ranking Worksheet

Attachment Details

Document Description: 2016 CO-504 Email Notifications to Reallocated Projects

Attachment Details

Document Description:

Submission Summary

WARNING: The FY2016 CoC Consolidated Application requires 2 submissions. Both this Project Priority Listing AND the CoC Consolidated Application MUST be submitted.

Page	Last Updated
Before Starting	No Input Required
1A. Identification	08/08/2016
2. Reallocation	09/04/2016
3. Grant(s) Eliminated	09/04/2016
4. Grant(s) Reduced	No Input Required
5. New Project(s)	09/10/2016
6. Balance Summary	No Input Required
7A. CoC New Project Listing	09/10/2016
7B. CoC Renewal Project Listing	09/08/2016
7D. CoC Planning Project Listing	09/07/2016

Attachments

09/11/2016

Submission Summary

No Input Required

2016 Continuum of Care: CO-504 Colorado Springs/El Paso County CoC Ranked Project List

| Consolidated Plan Jurisdictions: | City of Colorado Springs (080288) |
| | El Paso County (089041) |

| Links to related documents | Colorado Springs Consolidated Plans, Annual Action Plans, and Performance Reports | https://coloradosprings.gov/community-development/page/plans-reports-and-maps |
| | El Paso County Consolidated Plans, Annual Action Plans, and Performance Reports | http://adm.elpasoco.com/BudgetAdministration/EconomicDevelopment/CDBG/Pages/ImportantPlans.aspx |

Preliminary Pro Rata Need Amount	$2,155,466
Annual Renewal Demand	$2,386,264
Allowable CoC Project Planning Amount (3% of ARD)	$71,588
Permanent Supportive Housing Bonus Grant	$119,313
Allowable Tier 1 (93% of ARD)	$2,219,226
Allowable Tier 2 (7% of ARD + PSH Bonus Grant	$286,351
Total Allowable 2016 Request (Tier 1 + Tier 2)	$2,505,577
Total Allowable 2016 Request (Tier 1 + Tier 2 + Planning Grant)	$2,577,165

2015 CO-504 Certification of Consistency Project List

Project Rank	Applicant Name	Project Name	Grant Term	New / Renew	Project Type	Request Amount	Award Amount	FMR Difference
Tier 1 Project List								
1	Urban Peak Colorado Springs	2016 PSH -Multi-Year Renewal	1 year	Renewal	PH	$113,750		
2	Colorado Springs Housing Authority	CO-504-REN-PH-TRA	1 year	Renewal	PH	$114,181		
3	Colorado Division of Housing	Colorado Springs Shelter Plus Care Application FY2016	1 year	Renewal	PH	$440,251		
4	Homeward Pikes Peak	Housing First Consolidated Dual Diagnosis FY2016 CO0083L8T041608	1 year	Renewal	PH	$413,819		
5	Ascending To Health Respite Care	ATH Permanent Housing - CO0121 - 2016	1 year	Renewal	PH	$37,475		
6	Urban Peak Colorado Springs	PSH 2016 1st Time Renewal CO0143	1 year	1st Renewal	PH	$72,492		
7	Colorado Division of Housing	Colorado Springs PSH Bonus Project FY16	1 year	1st Renewal	PH	$160,557		
8	Homeward Pikes Peak	Housing First Dual Diagnosis Grant FY2016 CO0140L8T041601	1 year	1st Renewal	PH	$46,572		
9	Ascending To Health Respite Care	ATH Permanent Housing - New	1 year	New-Bonus	PH	$35,000		
10	Urban Peak Colorado Springs	RRH 2016 1st Time Renewal CO0142	1 year	1st Renewal	RRH	$20,540		
11	Partners in Housing	CoC Family Rapid ReHousing Project	1 year	1st Renewal	RRH	$61,507		
12	Partners in Housing	Yampa - 4 Transitional Units	1 year	Renewal	TH	$33,129		
13	Partners in Housing	Myron Stratton - 7 Transitional Units	1 year	Renewal	TH	$92,051		
14	Partners in Housing	Scattered Site - 10 Transitional Units	1 year	Renewal	TH	$90,475		
15	Partners in Housing	Union & Whitman - 6 Transitional Units	1 year	Renewal	TH	$51,676		
16	Partners in Housing	Colorado House and Resource Center Transitional Housing Project	1 year	Renewal	TH	$83,398		
17	Pikes Peak United Way	Dedicated HMIS Project 2016	1 year	Renewal	HMIS	$200,353		
18a	Homeward Pikes Peak	Housing First Veteran PSH FY2016 CO0110L8T041605	1 year	Renewal	PH	$152,000		
Tier 1 Total						**$2,219,226**	**$0**	

2015 CO-504 Certification of Consistency Project List

Project Rank	Applicant Name	Project Name	Grant Term	New / Renew	Project Type	Request Amount	Award Amount	FMR Difference
Tier 2 Project List								
18b	Homeward Pikes Peak	Housing First Veteran PSH FY2016 CO0110L8T041605	1 year	Renewal	PH	$28,126		
19	Homeward Pikes Peak	Harbor House FY2016 CO0065L8T041609	1 year	Renewal	TH	$67,567		
20	TESSA	TESSA Rapid Re-housing Project	1 year	New-Realloc	RRH	$57,433		
21	Urban Peak Colorado Springs	New PSH 2016	1 year	New-Bonus	PH	$42,313		
22	Homeward Pikes Peak	Housing First Dual Diagnosis FY2016 Bonus Grant	1 year	New-Bonus	PH	$42,000		
23	Partners in Housing	Weber & Monument - 8 Transitional Units	1 year	Renewal	TH	$48,912		
Tier 2 Total						**$286,351**	**$0**	
Tier 1 + Tier 2 Renewal Projects						**$2,328,831**		
Tier 1 + Tier 2 New Reallocated Projects						$57,433		
Tier 1 + Tier 2 New PSH Bonus Projects						$119,313		
Tier 1 + Tier 2 New Projects						**$176,746**		
Total Tier 1 + Tier 2						**$2,505,577**	**$0**	
24	Pikes Peak United Way	CO-504 CoC Planning Application FY2016	1 year	New-Plng	PLNG	$71,588		
Total Tier 1 + Tier 2 + CoC Planning						**$2,577,165**	**$0**	
Reallocated Projects List								
	Homeward Pikes Peak	Housing First Veteran RRH FY2016 CO0111L8T041504	1 year	Renewal	RRH	$27,433		
	Catholic Charities	RRH Renewal CoC 2016	1 year	1st Renewal	RRH	$30,000		
Total Reallocated						**$57,433**		

Percentages & Amounts by Category		2015		2016		2016 as Amended	
Permanent Housing	(2014 - 59.3%)	64.4%	$1,579,223	65.9%	$1,698,536	$0	#DIV/0!
Rapid Re-Housing	(2014 - 1.2%)	5.7%	$139,480	5.4%	$139,480	$0	#DIV/0!
Transitional Housing	(2014 - 29.4%)	19.1%	$467,208	18.1%	$467,208	$0	#DIV/0!
HMIS	(2014 - 9.0%)	8.2%	$200,353	7.8%	$200,353	$0	#DIV/0!
Planning	(2014 - 1.2%)	2.7%	$66,189	2.8%	$71,588	$0	#DIV/0!
			$2,452,453		$2,577,165	$0	

Pikes Peak Continuum of Care
CoC Competition Ranking & Prioritization Process

Purpose: The Pikes Peak Continuum of Care (CoC) ranking and prioritization protocols are the foundation of a transparent decision-making process for projects submitted through the HUD CoC Notice of Funding Availability (NOFA) competition. The process was designed to promote the submission and competitive ranking of projects that serve both CoC and HUD priorities with the intent of promoting successful housing solutions and leveraging maximum funds available.

The process will focus on HUD CoC NOFA Competition priorities. Additionally, maximizing application of Housing First principles and increasing Rapid Re-Housing and Permanent Supportive Service resources will be considered.

Preparation for Annual CoC Competition:

I.   Review of previous year's process: Following the conclusion of the previous year's CoC NOFA competition, a survey will be sent to all participating agencies asking for feedback on the process. Review of the process with feedback received will be a part of the process for ensuing years.

II. R&P Committee Membership: An open invitation for Ranking & Prioritization (R&P) Committee members will be made in the spring prior to the anticipated release of the current year's CoC NOFA. Goals for committee membership include (1) housing and supportive service experts, (2) non-provider community stakeholders, and (3) non-provider CoC members, including Governing Board members. While service providers/applicants are key to the work of the CoC membership in the R&P Committee restricts service providers to avoid potential conflicts of interests when performing the ranking and prioritization of projects. Non-provider CoC Governing Board members will be tasked with the final review and approval of the R&P Committee project ranking recommendations (see V. Recommendation for CoC Funding/Ranking Approval).

III. Pre-Competition Planning: Prior to the application being posted in *e-SNAPS*, interested R&P Committee members and all service providers will be invited to a meeting to discuss the ranking and prioritization process for the upcoming NOFA release. This first step will be designed to promote collective input into the decision-making process and build the framework to guide the ranking and prioritization. Items covered include but are not limited to:

- Overview of HUD NOFA process and guidance

- Review/revision of CoC Renewal and New Project Evaluation tools

- Creation of CoC NOFA timeline draft

- Discussion of performance factors, weighting, text contributors, and other issues

IV. HUD Competition Training/Preparation: To best prepare for the responsibilities of project submission and ranking, service providers and R&P Committee members, in particular, will be encouraged to familiarize themselves with the HUD process and priorities through a variety of training exposures such as:

- Monthly Governing Board and CHAP Membership meeting updates

- Self-guided training materials routinely posted on HUD Exchange

- Self-guided training materials routinely posted on PPUW website as they become available www.ppunitedway.org

- Project applicants (providers) and R&P Committee members will be invited to attend one or more mandatory meeting(s) scheduled once the application is posted in *e-SNAPS*. The following information will be discussed:
  - o Consolidated Application amounts
  - o Current CoC NOFA Competition documents
  - o Final Timeline and deadlines
  - o Current NOFA Evaluation Tool for Renewal and New Project Applications
  - o Open discussion on actions to support the application

Application Process:

I.   Timeline: Once the HUD CoC NOFA competition opens, a final timeline will be created scheduling the weeks of the competition to incorporate CoC and HUD deadlines for the competition.

II.   New Project Solicitation/Evaluation:

- An updated New Project Evaluation form will be used for New Projects being submitted for the NEW Bonus funding opportunity if Bonus funding is available. The New Project Evaluation form includes the rubric for project scoring/evaluation.

- Letters of Interest (LOI):
  - o Request for LOI's for new projects will be issued
  - o LOI's will be reviewed by the R&P Committee. Applicants with eligible projects will be asked to submit the New Project Evaluation form. New projects will be scored using the New Project Evaluation form rubric. Approved projects and amounts will be included in NOFA ranking and prioritization process.

III. Renewal Project Evaluation:

- An updated NOFA Evaluation Tool for Renewal Project Applications form will be available for all Renewal Projects to submit.

- Projects awarded for the first time in the most recent previous HUD CoC NOFA, that have not been operational for 12 months will not be required to submit a current NOFA Evaluation Tool for Renewal Project Applications form. The New Project Evaluation and New Project Application submitted with the previous years competition will be considered in the final ranking and prioritization of these renewal projects. (See Ranking & Prioritization Committee Process: III Ranking Protocol.) The Evaluation Tool uses base points spread across various categories.

- Feedback will be solicited after the CoC Consolidated Application is submitted for consideration in the evolution of the Evaluation form for the next CoC NOFA Competition

- Completed Renewal Project Evaluations along with the Annual Performance Report (APR) for the common reporting period will be due by deadline in timeline.

- Copies of the completed Evaluation and APR's will be made available to the R&P Committee for consideration, as needed.

- Once the CoC Administrator has reviewed Evaluations and APR's and created preliminary scores, the preliminary scores will be sent to the R&P Committee for review and verification of score. Once verified, individual preliminary scores will be transmitted to all applicants.

IV. <u>Project Entry into HUD *e-SNAPS*</u>:

Applicants will submit their HUD project application in the HUD *e-SNAPS* system by deadline in timeline.

V. <u>Appeals Process</u>:

Applicants who have specific concerns regarding the review and scoring of their evaluation may file an appeal. **NOTE**: *Appeals will only be considered in cases where applicants have concerns specific to the process of reviewing and scoring of their evaluation.*

All notices of appeal must be based on the information submitted by the Evaluation due date. No new, additional, or omitted information will be considered during an appeal.

A notice of appeal must include a written statement specifying in detail each issue of appeal. The appeal must be signed by an individual authorized to act on behalf the agency submitting the appeal (i.e., Executive Director or his/her designated representative) and must highlight/cite the specific section(s) of the evaluation on which the appeal is based. The appealing agency must specify facts and evidence sufficient for the R&P Committee to determine the validity of the appeal. More specifically, the appeal must explain the specific areas of the evaluation being appealed and must clearly explain why the information provided is adequate to gain additional points in project scoring.

<u>Appeals Process Steps</u>:

- After the CoC's preliminary score has been individually transmitted to all NOFA applicants, an agency wishing to appeal must do so in writing to both the CoC Administrator and the chairperson of the R&P Committee **no later than 5 p.m. the day after the preliminary score was transmitted**.

- The R&P Committee will convene and review/evaluate all notices of appeal to determine whether the appeal request meets the criteria for a legitimate appeal (i.e. based on facts and evidence sufficient to determine the validity of the appeal

- If an appeal is considered legitimate, the R&P Committee will adjust the preliminary score accordingly, and proceed to the Ranking and Prioritization Meeting with the post appeals final score of all projects.

Ranking and Prioritization Process:

I.   R&P Committee Meeting: A meeting will be convened to review project submissions and rank/prioritize projects for submission through the HUD NOFA competition. All project applicants will be invited to attend and present on their project.

- At the ranking and prioritization meeting, project applicants will have the opportunity to present a short (5-10 minute) presentation about their project to the R&P Committee. Once all presentations have been heard, applicants will be invited to leave the ranking and prioritization meeting and the R&P Committee will continue the ranking process.

- Ranking and prioritization recommendation of projects will be decided by the R&P Committee at the ranking and prioritization meeting after project applicants have exited.

- Recommendations from the R&P Committee regarding the Final Ranking and Prioritization of projects will be sent to non-provider members of the Governing Board for approval.

II. Materials and Tools: Review of the materials and tools including but not limited to:

- Renewal project list showing our Annual Renewal Demand

- New project list

- Spreadsheet of **renewal** project scores by project category and final total score

- Spreadsheet of **new** project scores by project category and final total score

- Spreadsheet with first pass/baseline ranking based on scoring rubric (non-provider review)

- Copies of both the renewal and new evaluation forms

- Copy of the HUD Consolidated Application scoring

III. Ranking Protocol:

A project ranking list will be generated from the scoring rubric designed by the R&P Committee and approved by the CoC Governing Board. This list will be arranged from highest to lowest score based upon the final <u>total</u> of possible points.

Projects will be arranged in first pass/baseline ranking based upon total score, divided between Tiers I and II based on fund allocations per HUD in each tier.

Renewal Projects which were, newly awarded projects in the most recent NOFA, and had less than one year of results/outcomes, will be placed in the bottom of Tier I in first pass/baseline scoring but integrated throughout Tiers I and II based on alignment with HUD and local CoC priorities (e.g., Housing First, Coordinated Entry, Outreach), populations served, etc.

New Bonus Application projects will be placed in the bottom of Tier II in first pass/baseline scoring but integrated throughout Tiers I and II based on alignment with priorities, populations served, etc.

The CoC HMIS grant aligns with and will be placed in Tier I in first pass/baseline ranking but integrated throughout Tiers I and II based on its foundational support for the effective reporting, evaluation, and support of all HUD activities.

Renewal Projects will be placed based upon total score and divided between Tier I and Tier II based on fund allocations per HUD in each tier in first pass/baseline ranking but integrated throughout Tiers I and II based on alignment with priorities, populations served, etc.

IV.   <u>Reallocation Protocol</u>:

The CoC may use the reallocation process to shift funds in whole or part from existing renewal projects to new project applications without decreasing the CoC's annual renewal demand. HUD encourages CoCs to take advantage of this option.

V.   <u>Ranking and Prioritization Process Steps</u>:

A. Initial project ranking discussion:

- Any appeals will be considered for adjustment to score.

- Review of the scoring spreadsheet with post appeal final scores from the Non-Providers review of scoring.

- All first time renewal projects will be included on the bottom of Tier I in first pass/baseline ranking but integrated throughout Tiers I and II based on alignment with priorities, populations served, etc.

- All New Bonus Projects will be included on the bottom of Tier II and ranked by score in first pass/baseline ranking but integrated throughout Tiers I and II based on alignment with priorities, populations served, etc.

- All Renewal projects will be ranked by score and divided between Tier I and Tier II as preliminary score places them within the Ranking Protocol.

- CoC HMIS grant will be placed in Tier I in first pass/baseline ranking but integrated throughout Tiers I and II based on alignment with priorities, populations served, etc.

- Discussion on which projects might reasonably be put in Tier II from Tier I based on scoring, alignment with ranking priorities, populations served, and capacity of the agency to support the project.

- Discussion on which projects might reasonably be put in Tier I from Tier II based on scoring, alignment with ranking priorities, populations served, and capacity of the agency to support the project.

B. Final project ranking discussion:

- Projects will be divided between Tier 1 and Tier 2 based on:
  - Final project scoring

- o Alignment with HUD priorities, i.e. permanent and rapid re-housing projects
- o CoC capacity to serve a spectrum of vulnerable populations, i.e. veterans and victims of domestic violence
- o Any project rejected will be notified in accordance with HUD deadline.
- C. Final R&P Committee project ranking recommendations
  - o The R&P Committee will forward their final project ranking recommendations to non-provider Governing Board members for review and approval.
  - o Decision-making considerations and project ranking recommendation will be synopsized to guide Governing Board review and approval.

VI. <u>Recommendation for CoC Funding/Ranking Approval</u>:

- All non-provider Governing Board members will be invited to participate in a review of the R&P Committee's recommendations and given the opportunity to participate in the final vote to approve.
- Meaningful discussion on the findings including questions and answers with the R&P Committee will be offered in support of the final approval of ranking recommendation.
- Once a final approval is made, the Final Ranking and Prioritization list for the CoC will be published by deadline.

VII. <u>Annual Ranking and Prioritization Close-out</u>

Following the conclusion of the CoC NOFA competition, a survey will be sent to all participating agencies asking for feedback on the process including the documents and forms used. Review of the feedback received will be a part of the process for ensuing years.
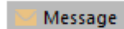
Duarte, Catherine <cduarte@springsgov.com>

2017 Pikes Peak Continuum of Care approved project rankings

To   carol@brucefritz.com; Chris Garvin (Christophergarvin@elpasoco.com); Duarte, Catherine; Jamie Muth; 'Trig Bundgaard'; Kat Lilley; jacque@fcucc.org; Laura Nelson; Jen Polk

Cc   Beth Roalstad; Angie Hackett (Angie.Hackett@urbanpeak.org); Greg Morris; 'Abel Tovar (atovar@partnersinhousing.org)'; 'Audrey Field (audrey.field@urbanpeak.org)'; Chad Wright; Crystal Griffin; Debi Krause-Reinsch; Suzi Arnold; Eva Nunes; Heather Ryan Figueroa (Hryanfigueroa@homewardpikespeak.org); Susan Saksa (Susan@athrc.com); SherryLynn Boyles; Shawna Kemppainen; Stegner, Mary; 'Jeanne Clendenin (jmc@csha.us)'; Megan Nyce - DOLA

| ✉ Message | 📄 Recommendation for RP list 2017.xlsx (18 KB) | 📄 2017 CoC RankingPrioritization Process 9.1.17.pdf (224 KB) |

Dear CoC project applicants:

The majority of the non-applicant members of the CoC Governing Board have approved the Ranking & Prioritization Committee's recommendations. Thank you all for the time and work you put into this process. Attached is the ranking and scoring worksheet (the 8/30 tab).

I've also attached the R&P process that the committee followed. Notify the R&P committee (copied here) by tomorrow if you have any questions or concerns. The next step is to post the final decision by COB 9/13 for the required 2 week period before submittal to HUD on 9/28.

Respectfully,

Catherine Duarte, AICP
Analyst II, Community Development
City of Colorado Springs
(719) 385-6876 office
cduarte@springsgov.com

Pikes Peak Continuum of Care
CoC Competition Ranking & Prioritization Process

Purpose: The Pikes Peak Continuum of Care (CoC) ranking and prioritization protocols are the foundation of a transparent decision-making process for projects submitted through the HUD CoC Notice of Funding Availability (NOFA) competition. The process was designed to promote the submission and competitive ranking of projects that serve both CoC and HUD priorities with the intent of promoting successful housing solutions and leveraging maximum funds available.

The process will focus on HUD CoC NOFA Competition priorities. Additionally, maximizing application of Housing First principles and increasing Rapid Re-Housing and Permanent Supportive Service resources will be considered.

Preparation for Annual CoC Competition:

I. <u>Review of previous year's process</u>: Following the conclusion of the previous year's CoC NOFA competition, a survey will be sent to all participating agencies asking for feedback on the process. Review of the process with feedback received will be a part of the process for ensuing years.

II. <u>R&P Committee Membership</u>: An open invitation for Ranking & Prioritization (R&P) Committee members will be made in the spring prior to the anticipated release of the current year's CoC NOFA. Goals for committee membership include (1) housing and supportive service experts, (2) non-provider community stakeholders, and (3) non-provider CoC members, including Governing Board members. While service providers/applicants are key to the work of the CoC membership in the R&P Committee restricts service providers to avoid potential conflicts of interests when performing the ranking and prioritization of projects. Non-provider CoC Governing Board members will be tasked with the final review and approval of the R&P Committee project ranking recommendations (see V. Recommendation for CoC Funding/Ranking Approval).

III. <u>Pre-Competition Planning</u>: Prior to the application being posted in *e-SNAPS*, interested R&P Committee members and all service providers will be invited to a meeting to discuss the ranking and prioritization process for the upcoming NOFA release. This first step will be designed to promote collective input into the decision-making process and build the framework to guide the ranking and prioritization. Items covered include but are not limited to:

- Overview of HUD NOFA process and guidance

- Review/revision of CoC Renewal and New Project Evaluation tools

- Creation of CoC NOFA timeline draft

- Discussion of performance factors, weighting, text contributors, and other issues

IV. <u>HUD Competition Training/Preparation</u>: To best prepare for the responsibilities of project submission and ranking, service providers and R&P Committee members, in particular, will be encouraged to familiarize themselves with the HUD process and priorities through a variety of training exposures such as:

- Monthly Governing Board and CHAP Membership meeting updates

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- Project applicants (providers) and R&P Committee members will be invited to attend one or more mandatory meeting(s) scheduled once the application is posted in *e-SNAPS*. The following information will be discussed:

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  o Current CoC NOFA Competition documents

  o Final Timeline and deadlines

  o Current NOFA Evaluation Tool for Renewal and New Project Applications

  o Open discussion on actions to support the application

Application Process:

I.   Timeline: Once the HUD CoC NOFA competition opens, a final timeline will be created scheduling the weeks of the competition to incorporate CoC and HUD deadlines for the competition.

II.   New Project Solicitation/Evaluation:

- An updated New Project Evaluation form will be used for New Projects being submitted for the NEW Bonus funding opportunity if Bonus funding is available. The New Project Evaluation form includes the rubric for project scoring/evaluation.

- Letters of Interest (LOI):

  o Request for LOI's for new projects will be issued

  o LOI's will be reviewed by the R&P Committee. Applicants with eligible projects will be asked to submit the New Project Evaluation form. New projects will be scored using the New Project Evaluation form rubric. Approved projects and amounts will be included in NOFA ranking and prioritization process.

III. Renewal Project Evaluation:

- An updated NOFA Evaluation Tool for Renewal Project Applications form will be available for all Renewal Projects to submit.

- Projects awarded for the first time in the most recent previous HUD CoC NOFA, that have not been operational for 12 months will not be required to submit a current NOFA Evaluation Tool for Renewal Project Applications form. The New Project Evaluation and New Project Application submitted with the previous years competition will be considered in the final ranking and prioritization of these renewal projects. (See Ranking & Prioritization Committee Process: III Ranking Protocol.) The Evaluation Tool uses base points spread across various categories.

- Feedback will be solicited after the CoC Consolidated Application is submitted for consideration in the evolution of the Evaluation form for the next CoC NOFA Competition

- Completed Renewal Project Evaluations along with the Annual Performance Report (APR) for the common reporting period will be due by deadline in timeline.

- Copies of the completed Evaluation and APR's will be made available to the R&P Committee for consideration, as needed.

- Once the CoC Administrator has reviewed Evaluations and APR's and created preliminary scores, the preliminary scores will be sent to the R&P Committee for review and verification of score. Once verified, individual preliminary scores will be transmitted to all applicants.

IV. <u>Project Entry into HUD *e-SNAPS*</u>:

Applicants will submit their HUD project application in the HUD *e-SNAPS* system by deadline in timeline.

V. <u>Appeals Process</u>:

Applicants who have specific concerns regarding the review and scoring of their evaluation may file an appeal. **NOTE**: *Appeals will only be considered in cases where applicants have concerns specific to the process of reviewing and scoring of their evaluation.*

All notices of appeal must be based on the information submitted by the Evaluation due date. No new, additional, or omitted information will be considered during an appeal.

A notice of appeal must include a written statement specifying in detail each issue of appeal. The appeal must be signed by an individual authorized to act on behalf the agency submitting the appeal (i.e., Executive Director or his/her designated representative) and must highlight/cite the specific section(s) of the evaluation on which the appeal is based. The appealing agency must specify facts and evidence sufficient for the R&P Committee to determine the validity of the appeal. More specifically, the appeal must explain the specific areas of the evaluation being appealed and must clearly explain why the information provided is adequate to gain additional points in project scoring.

<u>Appeals Process Steps</u>:

- After the CoC's preliminary score has been individually transmitted to all NOFA applicants, an agency wishing to appeal must do so in writing to both the CoC Administrator and the chairperson of the R&P Committee **no later than 5 p.m. the day after the preliminary score was transmitted**.

- The R&P Committee will convene and review/evaluate all notices of appeal to determine whether the appeal request meets the criteria for a legitimate appeal (i.e. based on facts and evidence sufficient to determine the validity of the appeal

- If an appeal is considered legitimate, the R&P Committee will adjust the preliminary score accordingly, and proceed to the Ranking and Prioritization Meeting with the post appeals final score of all projects.

Ranking and Prioritization Process:

I. <u>R&P Committee Meeting</u>: A meeting will be convened to review project submissions and rank/prioritize projects for submission through the HUD NOFA competition. All project applicants will be invited to attend and present on their project.

- At the ranking and prioritization meeting, project applicants will have the opportunity to present a short (5-10 minute) presentation about their project to the R&P Committee. Once all presentations have been heard, applicants will be invited to leave the ranking and prioritization meeting and the R&P Committee will continue the ranking process.

- Ranking and prioritization recommendation of projects will be decided by the R&P Committee at the ranking and prioritization meeting after project applicants have exited.

- Recommendations from the R&P Committee regarding the Final Ranking and Prioritization of projects will be sent to non-provider members of the Governing Board for approval.

II. <u>Materials and Tools</u>: Review of the materials and tools including but not limited to:

- Renewal project list showing our Annual Renewal Demand

- New project list

- Spreadsheet of **renewal** project scores by project category and final total score

- Spreadsheet of **new** project scores by project category and final total score

- Spreadsheet with first pass/baseline ranking based on scoring rubric (non-provider review)

- Copies of both the renewal and new evaluation forms

- Copy of the HUD Consolidated Application scoring

III. <u>Ranking Protocol</u>:

A project ranking list will be generated from the scoring rubric designed by the R&P Committee and approved by the CoC Governing Board. This list will be arranged from highest to lowest score based upon the final <u>total</u> of possible points.

Projects will be arranged in first pass/baseline ranking based upon total score, divided between Tiers I and II based on fund allocations per HUD in each tier.

Renewal Projects which were, newly awarded projects in the most recent NOFA, and had less than one year of results/outcomes, will be placed in the bottom of Tier I in first pass/baseline scoring but integrated throughout Tiers I and II based on alignment with HUD and local CoC priorities (e.g., Housing First, Coordinated Entry, Outreach), populations served, etc.

New Bonus Application projects will be placed in the bottom of Tier II in first pass/baseline scoring but integrated throughout Tiers I and II based on alignment with priorities, populations served, etc.

The CoC HMIS grant aligns with and will be placed in Tier I in first pass/baseline ranking but integrated throughout Tiers I and II based on its foundational support for the effective reporting, evaluation, and support of all HUD activities.

Renewal Projects will be placed based upon total score and divided between Tier I and Tier II based on fund allocations per HUD in each tier in first pass/baseline ranking but integrated throughout Tiers I and II based on alignment with priorities, populations served, etc.

IV.   Reallocation Protocol:

The CoC may use the reallocation process to shift funds in whole or part from existing renewal projects to new project applications without decreasing the CoC's annual renewal demand. HUD encourages CoCs to take advantage of this option.

V.   Ranking and Prioritization Process Steps:

A. Initial project ranking discussion:

- Any appeals will be considered for adjustment to score.

- Review of the scoring spreadsheet with post appeal final scores from the Non-Providers review of scoring.

- All first time renewal projects will be included on the bottom of Tier I in first pass/baseline ranking but integrated throughout Tiers I and II based on alignment with priorities, populations served, etc.

- All New Bonus Projects will be included on the bottom of Tier II and ranked by score in first pass/baseline ranking but integrated throughout Tiers I and II based on alignment with priorities, populations served, etc.

- All Renewal projects will be ranked by score and divided between Tier I and Tier II as preliminary score places them within the Ranking Protocol.

- CoC HMIS grant will be placed in Tier I in first pass/baseline ranking but integrated throughout Tiers I and II based on alignment with priorities, populations served, etc.

- Discussion on which projects might reasonably be put in Tier II from Tier I based on scoring, alignment with ranking priorities, populations served, and capacity of the agency to support the project.

- Discussion on which projects might reasonably be put in Tier I from Tier II based on scoring, alignment with ranking priorities, populations served, and capacity of the agency to support the project.

B. Final project ranking discussion:

- Projects will be divided between Tier 1 and Tier 2 based on:
  - Final project scoring

- o Alignment with HUD priorities, i.e. permanent and rapid re-housing projects

- o CoC capacity to serve a spectrum of vulnerable populations, i.e. veterans and victims of domestic violence

- o Any project rejected will be notified in accordance with HUD deadline.

- C. Final R&P Committee project ranking recommendations

- o The R&P Committee will forward their final project ranking recommendations to non-provider Governing Board members for review and approval.

- o Decision-making considerations and project ranking recommendation will be synopsized to guide Governing Board review and approval.

VI. <u>Recommendation for CoC Funding/Ranking Approval</u>:

- All non-provider Governing Board members will be invited to participate in a review of the R&P Committee's recommendations and given the opportunity to participate in the final vote to approve.

- Meaningful discussion on the findings including questions and answers with the R&P Committee will be offered in support of the final approval of ranking recommendation.

- Once a final approval is made, the Final Ranking and Prioritization list for the CoC will be published by deadline.

VII. <u>Annual Ranking and Prioritization Close-out</u>

Following the conclusion of the CoC NOFA competition, a survey will be sent to all participating agencies asking for feedback on the process including the documents and forms used. Review of the feedback received will be a part of the process for ensuing years.

Tier I	#	note	Renewal Project 2017	Total grant $$	HH	People				Reallocated to	Reallocated from	difference (remainder)	not funded through reallocation
	1		PPUW	$200,353			Pass	HMIS					
	2		Urban Peak PSH1	$113,750	11	11	88.00	PSH					
	3		CSHA	$94,181	18	18	80.00	PH	Appeal +2=80				
	4		ATH	$37,475	3	3	78.00	PSH					
	5		HPP PSH HAV	$180,126	24	55	75.00	PSH					
	6		HPP Consolidated PSH	$413,819	52	61	73.00	PSH					
	7		DOLA-DOH	$440,251	67	89	71.00	PSH					
	8		Urban Peak PSH2 Bonus	$72,492	3	3	61.00	PSH					
	9	renew no data	ATH	$35,000	3	3	27	PSH					
	10	renew no data	DOH	$160,557	14	31	26	PSH	Appeal +1=26				
	11	renew no data	HPP	$46,572	5	5	26	PSH					
	12	renew no data	PIH RRH	$61,507			26	RRH					
	13	renew no data	TESSA	$57,433	4	12	26	RRH					
	14	renew no data	UP	$20,540	2	2	27	RRH					
	15	new	PPUW	$90,000			Pass	SSO		$ (90,000.00)	Myron Stratton $90,000	$ 2,051	
	16	new	ATH	$30,000	3	3	26	PSH		$ (30,000.00)	Yampa $30,000	$ 3,129	
											Harbor House $67, 567, CSHA $20,000, PIH Scattered $4,146, PIH Myron Stratton $2,051, PIH Yampa $3,129, PIH		
	17	new	HPP	$121,752	10	20	26	PSH		$ (108,979.00)	Union/Whitman $12,086		$ 12,773
18a		new	DOH Urban Peak	$54,203	4	4							
			Total Tier I	$2,230,011									

Tier II													
18b		new	DOH/Urban Peak	$75,365	6	6	26	PSH					
	19	new	PPUW	$39,590			Pass	HMIS		$ (39,590.00)	Union/Whitman $39,590	$ 12,086	
	20	renew	PIH ColoradoHouse	$83,398	61	119	68.00	TH					
	21	renewal	PIH ScatteredSite	$86,329	22	83	69.00	TH					
			Total Tier II	$284,682						$ (268,569.00)	Total Reallocated	$ 17,266	

total reallocated

		Reallocated	PIH Yampa	$33,129	8	33	68.00	TH		PIH	$181,002		
		Reallocated	PIH Union/Whitman	$51,676	11	50	66.00	TH		Harbor house	67567		
		Reallocated	PIH MyronStratton	$92,051	13	42	61.00	TH		CSHA	20000		
		Reallocated	HPP Harbor House	$67,567	43	43	48.00	TH			$268,569		
				$244,423	75	168							
			CSHA	$20,000									
			PIH Scattered Site	$4,146									

| | | | Total Reallocated | $268,569 | | | | | | | | | |

Dear Pikes Peak Continuum of Care (PPCoC) Stakeholders:

Once again we have an opportunity to submit requests for new projects in the 2017 Continuum of Care Homeless Programs Notice of Funding Availability (NOFA) competition in order to build our capacity to serve people experiencing homelessness. HUD has set the following guidelines.

Projects can fall into one of the following categories:
- New Permanent Supportive Housing (PSH) projects that meet the requirements of DedicatedPLUS as defined in section III.A.3.d of the 2017 CoC HUD NOFA or new permanent supportive housing projects where 100 percent of the beds are dedicated to chronic homelessness. Populations can include individuals, families with children, or youth.
- New Rapid Re-Housing (RRH) projects that will serve homeless individuals and families, including unaccompanied youth, who meet the following criteria:
    a) residing in a place not meant for human habitation
    b) residing in emergency shelters
    c) persons meeting the criteria of paragraph (4) of the definition of homeless, including persons fleeing or attempting to flee domestic violence situations.
    d) residing in a transitional housing project that was eliminated in the FY2017 CoC Program competition.
    e) Residing in transitional housing funded by a Joint TH and PH-RRH component project (see section III.A.3.h of the 2017 CoC HUD NOFA
    f) Receiving services from a VA-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.
- New Joint TH and PH-RRH component projects as defined in section III.A.3.h of the 2017 CoC HUD NOFA to better serve homeless individuals and families, including individuals or families fleeing or attempting to flee domestic violence.

The maximum project amount is $204,177 (the amount of our allowable Bonus grant).
The minimum project amount is $30,000.

Please be aware that each project is required to provide 25% in matching funds (cash, in-kind, program fees) and is encouraged to leverage other funds as well.

If after reviewing the 2017 Continuum of Care Program Competition NOFA, you are interested

in submitting an application for a new project, you must submit a non-binding Letter of Interest, due by the end of the day Friday July 28, 2017 (see requirements below). If we do not receive your letter by the deadline, you will not be eligible to apply.

Proposed projects will be reviewed and notifications made by Thursday August 3. A meeting will be scheduled for approved new projects, Friday August 4, 2017, and evaluation forms are due by the beginning of the day on Thursday August 10. See the NOFA (Notice of Funds Available – Program Section) for more details, definitions, and requirements: https://www.hudexchange.info/resource/5419/fy-2017-coc-program-nofa/. Review this document carefully to determine eligibility requirements (including qualified applicants and eligible activities). Pay particular attention to section II.A (HUD's Policy Priorities, pages 8-16).

Other materials pertaining to the competition can be found, and will continue to be added, on our local web page: http://www.ppunitedway.org/ciscontinuum.html. You can also follow the links at the bottom of this local web page to access the HUD pages for all related resources.

The letter of interest must include the following information:
1. Name of the organization
2. Name for your proposed project
3. Dollar amount for which you wish to apply
4. Contact person and contact information for the project
5. Description of the project
        a. General description of the project (2,000 words or less)
        b. Type of project: must be 1) Permanent Supportive Housing projects for individuals, families with children, or youth experiencing chronic homelessness; or 2) Rapid Re-Housing projects for individuals, families, or unaccompanied youth who come directly from the streets or emergency shelters, or are fleeing domestic violence
        c. Number of units proposed
        d. Number of households to be served in a year
        e. Populations to be served (must also meet project criteria as noted above)
        f. Strategies to prioritize referrals and serve those with the greatest need
        g. Strategies to follow the principles of housing first (see pages 9 and 10 of the NOFA)
        h. Strategies for helping clients access mainstream resources (e.g. Medicaid, Food Stamps, TANF, SSI/SSDI, VA benefits, etc.)
        i. Proposed partners (non-profit, faith-based, local government agencies, etc.)

Letters of Interest must be submitted by email by the end of the day Friday July 28, 2017 to: Suzi Arnold –
suzi@ppunitedway.org
Questions may also be directed to Suzi

Pikes Peak Continuum of Care
CoC CoC Process for Reallocation

Excerpt from PPCoC Ranking & Prioritization Process, Ranking & Prioritization Committee Process Section

IV. <u>Reallocation Protocol</u>:

The CoC may use the reallocation process to shift funds in whole or part from existing renewal projects to new project applications without decreasing the CoC's annual renewal demand. HUD encourages CoCs to take advantage of this option.

The Colorado Springs/El Paso County Continuum of Care Governance Charter

This governance charter is a living document that serves as our guidepost for informing the way our Continuum of Care (CoC) will operate. This charter will be reviewed and updated annually by the entire CoC to ensure we are consistently attending to our priorities as a community. Every five years, the membership, supported by the CoC governing board, will thoroughly revise the CoC charter, again to ensure the CoC structure and function supports our community's most pressing goals.

The CoC's CHAP (Comprehensive Homeless Assistance Providers) members are invited to serve as the inaugural membership group, and will be "grandfathered" into the CoC Membership. Further the CoC interim governing board will invite members of the community to join the CoC in advance of the first official membership meeting.

At the inaugural CoC Membership meeting on 2 October 2014, the membership adopted this charter and appointed the Governing Board. The balance of this document articulates the purpose, function, and processes for the CoC and is referred to as the Governance Charter.

SECTION ONE: CoC PURPOSE, PRINCIPLES, AND FUNCTION

There are many partners in the Colorado Springs/El Paso County Continuum of Care (CoC), all with different viewpoints about the progress each is trying to make in the fight to end homelessness. Our community has come together to create a roadmap for addressing the persistent challenges we face in taking care of our most vulnerable citizens.

This charter describes our vision for how our CoC system will be governed. Herein we provide the context for the CoC, the guiding principles and assumptions underlying our direction, and specific commentary on the function and impact we expect from our CoC.

Our Long-Term Community Goal

We are dedicated to ensuring our community is healthy and vibrant so that…

> All families and individuals have access to housing and services that allow them to optimize their self-sufficiency

To achieve this broad goal, we are committed to…

> Strengthening our CoC so that we sustain a durable system of care that prevents and ends homelessness and helps individuals achieve long-term stability.

This collaborative system of care depends on…

> Healthy partnerships within and among nonprofit and faith-based organizations, private businesses, governmental entities, philanthropic individuals and organizations, the investment community, and citizens.

We are committed to identifying and meeting our community's needs and satisfying the Department of Housing and Urban Development (HUD)'s definition of the Continuum of Care (CoC), and meeting those requirements.

In meeting HUD's requirements, the Colorado Springs/El Paso County Continuum of Care Program provides funding for efforts by nonprofit providers and State and local governments to quickly re-house homeless individuals and families to minimize trauma and dislocation; promotes access to and effective utilization of mainstream programs; and optimizes self-sufficiency among individuals and families experiencing homelessness.

Guiding Principles

Our CoC is guided by the following principles:

1. **We believe that the issues that may contribute to a household's homelessness can best be addressed once people are housed**. People who are homeless or are on the verge of homelessness should be returned to or stabilized in permanent housing as quickly as possible and connected to the resources they need to sustain housing. As a community, we share HUD's commitment to prevent homelessness, reduce length of stays in emergency shelters, and reduce recidivism as part of our approach to ensuring our community is responsive to housing needs our citizens face.

2. **We believe in a Systematic Local Strategy**. HUD expects our CoC to take a systematic approach to both reaching out to connect with those in need and providing housing and services. This is not simply a requirement, but a best practice we intend to pursue vigorously.

3. **We believe that a Collaborative Umbrella is the best approach**. Homeless initiatives organized under a collaborative system bring together service providers, consumers, businesses, public officials, and citizens to work together to identify, work toward, and achieve common goals that will facilitate the prevention of and recovery from homelessness.

4. **We are committed to meeting and respecting people where they are** as we engage and support them in moving toward a permanent housing solution.

5. The Colorado Springs/El Paso County Continuum of Care **Governance Board (GB) exists to plan and support implementation of strategies** that will support our collaborative community-based system of housing and services for those experiencing homelessness, or those persons at risk of homeless within the City of Colorado Springs and El Paso County.

6. **Our GB uses the Continuum of Care (CoC) model mandated** by the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act) amendment to the McKinney-Vento Homeless Assistance Act as further described and disseminated by the Department of Housing and Urban Development (HUD) CoC Program interim rule (24 CFR Part 578) (the Interim Rule).

CoC Primary Functions

1. Operate the CoC
2. Designate the Administrative Lead
3. Designate the Collaborative Applicant
4. Designate a Lead Agency to operate the Homeless Management Information System (HMIS)
5. Conduct CoC Planning

CoC Priorities

Our CoC has four key priorities, each of which is carried out through a series of more specific and detailed actions:

1. Strategy and Planning
   a) Provide advocacy on homeless concerns to the City and the County

   b) Make long-range planning and policy formation recommendations to the City and the County

   c) Determine how to fill gaps in homeless services and housing to maximize efficiency in service provision and reduce/avoid duplication

   d) Develop a strategic funding model that will support and sustain the CoC system of care

   e) Create a VISION for our community's approach to preventing and ending homelessness and continuously advance toward that vision

2. Community Engagement and Accountability

   a) Promote community-wide commitment to address HUD's goal of preventing and ending homelessness

   b) Establish and maintain an accountable, responsive infrastructure for addressing and eliminating homelessness

   c) Optimize self-sufficiency among individuals and families experiencing homelessness

   d) Encourage and develop public understanding and education on homelessness and housing issues in the City and County

3. Coordination

   a) Provide a forum for coordination among all government entities and local agencies related to homelessness and prevention

   b) Promote coordinated access to mainstream resources

   c) Design process for evaluating the outcomes of homeless housing and services programs, especially those funded through HUD

   d) Facilitate on-going coordination and collaboration among all the components of the homeless services system to deliver services, conduct planning and resource management, fund raising, and policy and program development

   e) Access to funding for local nonprofit providers and governmental entities that implement strategies to rapidly rehouse individuals experiencing homelessness

   f) Collect data through PIT counts and housing inventory

   g) Develop a collaborative process for development, approval and submission of a CoC Homeless Assistance Grants application to HUD

   h) Establish priorities for funding HUD Homeless Assistance Grants projects

4. Quality Assurance

   a) Assess effectiveness, quality, efficiency, access, and availability of homeless services and support including housing through the community

   b) Encourage homeless housing and service providers to adopt, use and refine best and promising practices to define key indicators and outcome-based measurements

c) Ensure effective operation of, and consistent participation by, HUD Homeless Assistance Grants programs in the HMIS

d) Provide oversight to the ongoing implementation, expansion and continued quality improvements for the HMIS program

CoC Responsibilities

1. The CoC has specific duties it is responsible for performing. Items a – d will be fulfilled by the membership as a whole and as supported by the Governing Board. Items e – k will be delegated to the Governing Board, which will administer/oversee the duties and ensure performance per the specifics set forth in this charter.

   a) Hold annual membership meetings, with published agendas, at least semi-annually

   b) Make public invitations for new members to join annually

   c) Adopt and follow a written process to select a board to act on behalf of the CoC. This process will be reviewed, updated, and approved by the CoC at least once every five years

   d) Develop, follow, and update the CoC governance charter annually in consultation with the Collaborative Applicant and the HMIS lead according to subpart B of the Interim Rule. The Charter articulates the CoC function

   e) Establish and monitor performance targets for population and program type with both CoC and ESG recipients and subrecipients. As appropriate, intervene with poor performers

   f) Evaluate and report outcomes for all projects funded under the CoC and ESG; and report to HUD

   g) Establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive housing and services needs assessment for individuals and families in compliance with HUD requirements

   h) Establish and consistently follow written standards for providing CoC assistance for all CoC fund recipients within the City of Colorado Springs and El Paso County (see addendum 2 for specific directives)

   i) Establish a Governing Board to act on behalf of the Continuum and comply with the conflict-of-interest requirements (see Section 5)

   j) Designate and operate an HMIS

   k) Continuum of care planning. The Continuum must develop a plan that includes:

      i) Coordinating the implementation of a housing and service system within its geographic area that meets the needs of the homeless individuals (including unaccompanied youth) and families.

      ii) Plan and conduct, at least biennially, a point-in-time count of homeless persons within the geographic area that meets the following requirements:

         (1) Conduct an annual gaps analysis of the homeless needs and services available within the geographic area;

         (2) Provide information required to complete the Consolidated Plan(s) within the Continuum's geographic area; and

         (3) Consult with State and local government funding program recipients within the Continuum's geographic area on the plan for allocating ESG and other program

funds and reporting on and evaluating the performance of all CoC and ESG grant funded program recipients and subrecipients.

SECTION TWO: COC MEMBERSHIP STRUCTURE

Our CoC is comprised of a diverse and broad representation from across all sectors of the City, County, and State including, but not limited to: nonprofit and for profit homeless service providers inclusive of health, mental health, and substance abuse providers, local, state, and federal government representatives, businesses and corporations, philanthropic organizations and individuals, and persons currently or having formerly experienced homelessness.

The Membership approves the Governing Board at one of its semi-annual meetings.

This chart illustrates the CoC structure
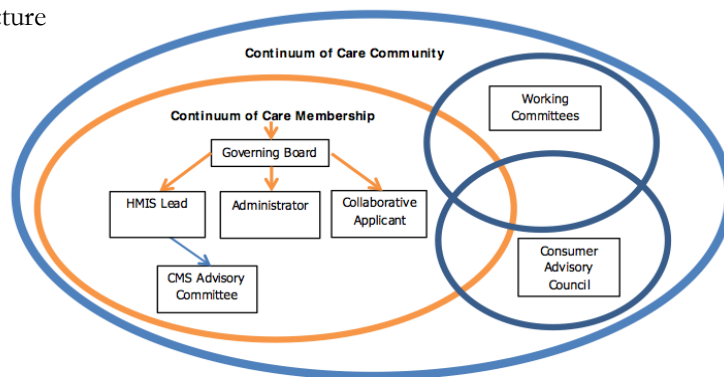
1) Membership Criteria

a) We maintain an open membership policy that supports dynamic diversification of our membership.

b) Members are invited to apply through a simple application process to ensure we are encouraging active participation in the CoC. Members must have expressed interest or knowledge in addressing the issues of homelessness.

c) Invitations to join the CoC membership will be solicited annually.

d) Organizations and individuals joining the CoC will be subject to acceptance by a vote of the existing members.

e) Regular meetings of the Membership will be held at least semi-annually during which the following will occur: new membership appointments, governing board membership confirmed, and recommendations from committees and task forces are considered.

f) Members are encouraged to serve on a subcommittee or task force.

g) Leadership positions are specific to the individual. Eligibility for a leadership position is contingent upon an individual's continued affiliation as a member or with a member organization.

h) As stated earlier, CHAP members will be automatically "grandfathered" into the CoC membership. The CHAP will continue as a working committee of the CoC for the time being.

2) Membership Representation

The CoC seeks to be as inclusive as possible to fully reflect the community's commitment to fighting homelessness. This initial list is robust, but we recognize that it is not an exhaustive list.

Affordable Housing	Health Respite Care
Business/Business Associations	Hospitals/Community Health
City of Colorado Springs	Housing Authority
CoC Administrator	Justice/Corrections
CoC Collaborative Applicant	Library
CoC HMIS Lead	Mental/Behavioral Health
Colorado Division of Housing	Outreach
Currently/Formerly Homeless	Permanent Housing
Consumers	Pikes Peak Workforce Center
Department of Human Services	Seniors
Detox/Addiction Recovery	Social Security Administrations
Education/School Districts	Soup Kitchen/Pantry
El Paso County	State of Colorado
Emergency Services	Transitional Housing
Emergency Shelter	Transportation
Faith-Based	Universities
Family Violence	Veterans
Financial Institutions	Veterans Administration
Funders/Foundation	Youth

The Governing Board is responsible for organizing and conducting all meetings of the membership. Its duties include:

a) Conduct Membership meetings as noted above, at least two times each year. However, this schedule may be amended from time-to-time to address pertinent issues the need to be discussed or voted on prior to the next scheduled meeting.

b) Provide reasonable notice for all meetings related to the CoC including: the Governing board; subcommittees, councils, and ad-hoc committees; and the CoC General Membership. Generally, this will mean 10 days' notice posted on the CoC website or that of the Collaborative Applicant. For the Governing board, meeting notice may be posted with a minimum of 24-hours notice on the CoC website.

c) Each meeting shall have on its agenda the opportunity for members of the public to provide input and comment.

d) The Governing Board Chair/Vice Chair shall preside over CoC Member Meetings and the Governing Board meetings when present or designate an alternate to preside. All subcommittee, GB, and task force meetings shall be presided over by their respective chairs/vice-chairs.

e) Discussion and voting during agenda action items shall be held in accordance with Robert's Rules of Order and as outlined in the next section.

f) Each meeting will include the review and approval of minutes, consideration of recommendations from committees established as may be necessary to conduct the business of the CoC and its planning/monitoring function, as well as HMIS governance.

g) Proceedings of all meetings will be documented as minutes by the designated Secretary/Treasurer and submitted to the CoC for distribution to the Membership.

3)   Voting Procedure for the General Membership

    a)   The membership is responsible for voting on the Governance Charter and the Governing Board each year. The Governing Board will be presented as a slate vetted by the GB's governance committee and the GB.

    b)   Discussion and voting during meetings shall be held in accordance with Robert's Rules of Order.

    c)   Approval of actions requires a simple majority vote of those present at the meeting.

    d)   Recusal by members will be taken into account and will not adversely affect the ability of the GB to declare a quorum.

4)   Subcommittees, Councils, and Ad-Hoc Committees

Members will be encouraged to volunteer to serve on a committee of their choosing. Members are subject to appointment by the Chair of the specific committee. Regular attendance and participation is expected. At the outset, the CoC will establish a small group of committees to advance the CoC on an annual basis and define that function within this charter. These committees are listed below. In addition, the CoC is also committed to receiving input from any and all CoC members for both review and revision of the CoC charter on an annual basis.

    a)   CoC Structure and Governance Committee: This committee is responsible for reviewing best practices and understanding requirements. At least annually, in consultation with the HMIS lead and collaborative applicant, it reviews and recommends to the Governing Board revisions to the Governance Charter, including the structure, processes, and documentation needed to meet community purposes as well as HUD HEARTH or other City, State, and Federal requirements. Any and all changes must be approved by the membership at one of its regularly scheduled meetings. It ensures implementation of approved, modified or new processes. During its first year, the committee will meet monthly; after that it will meet as needed to carry out the tasks.

    b)   CoC Membership: The committee is responsible for developing the membership application, monitoring membership application submissions, monitoring meeting participation, and ensuring compliance with Robert's Rules of Order for voting purposes. This committee will meet in on an as-needed basis.

    c)   CoC Monitoring, Review, Ranking and Prioritization Committee: This committee creates policies, procedures, forms and documents for monitoring, reviewing, ranking and prioritizing HUD-funded CoC projects. It reviews and monitors project performance (APR's, data quality and completeness, capacity utilization, outcomes, and other metrics defined by the Governing Board). It ranks and prioritizes projects during the CoC Program competition phase, and makes recommendations to the Governing Board. It identifies low performing projects needing attention and makes recommendations to the Governing Board. This committee meets at least monthly.

    d)   CMS Advisory Committee: This committee establishes and maintains policies, procedures, and minimum data requirements for the Client Management System (our local HMIS). It monitors data quality and completeness at the project level. It reviews and approves baseline forms and documents. It reviews system updates; recommends upgrade and development priorities; provides general oversight of HMIS function and usage in the CoC; and, ensures implementation and meeting of standards and requirements. Members of this committee participate in and provide inputs on needs and priorities to the Colorado CIS, which is an

effort to address data and process needs at a state level. Members also participate in the development and deployment of the coordinated intake and assessment process, rapid entry process, and other new capabilities. This committee meets at least monthly.

e) Consumer Advisory Council: This committee is comprised of currently or formerly homeless consumers. While providers identify many members, the committee is open to consumers not affiliated with specific providers. The committee will identify consumer priorities, review matters requested by the Governing Board, provide inputs to processes and program requirements, assist in identification of barriers and potential solutions, and generally provide consumer-oriented recommendations to the Governing Board. The committee meets at least monthly.

f) Voting Procedure:
   i) Discussion and voting during meetings shall be held in accordance with Robert's Rules of Order:

   ii) Approval of actions requires a simple majority vote of those present at the meeting. Votes are limited to one per agency:

   iii) Recusal by members will be taken into account and will not adversely affect the ability of the committee leadership to declare a quorum:

   iv) Consensus will govern all meetings and votes are limited to one vote per committee member. All actions will be determined by majority vote:

g) Reporting: Committees will provide a quarterly report/update to the Governing Board. More frequent reports are welcome should the topic demand a decision or input.

SECTION THREE: CONTINUUM OF CARE GOVERNING BOARD

The general membership of the CoC is responsible for forming the Governing Board, which is authorized by the Membership to make decisions on behalf of the CoC.

1) Board Function

a) The GB acts as the Executive Committee of the Membership

b) The GB shall convene monthly to conduct its governing business

c) This schedule may be amended from time to time to address pertinent issues and to accommodate members

d) The GB shall establish and populate working committees, advisory councils, and ad-hoc subcommittees as needed to advance the CoC

e) The GB shall conduct the business of the CoC planning and operations and HMIS governance vis-à-vis an active committee structure whose responsibility it is to provide recommendations to the GB

f) Schedule and hold regular meetings of the full membership at least twice per year

g) Invite and solicit new membership at least annually from within the CoC boundaries

h) Create, adopt, and follow a written process to select the Governing Board

i) Review, update, and approve the GB selection process at least once every five years

j) As defined in (Section 1) the GB is responsible for ensuring development and implementation of the strategic plan and quality assurance activities are conducted

k) Ensuring adequate opportunities for public input into the CoC

l) Defining and maintaining policies, procedures, and required plans for the following areas:

    i) Coordinated Access Planning

    ii) Discharge Planning

    iii) Performance Measuring and Monitoring

    iv) PIT/HIC Policies and Procedures

    v) CoC Homeless Assistance Program Competition

2) Governing Board Meetings

The GB shall:

a) Provide notice of all meetings in a timely fashion, with at least 24 hours' notice posted on the CoC website or that of the Administrator

b) Review and approve the minutes

c) Consider committee recommendations

d) The Chair/Vice Chair shall preside over all meetings or, if not present, designate a leader in his/her absence to ensure meeting integrity

e) Provide meeting proceedings as recorded by the designated GB Secretary, and provided as minutes to the membership

f) Regular Board meetings shall include:

    i) Strategy check points for the CoC plan to prevent and end homelessness

    ii) Program reports from HMIS, CoC, City of Colorado Springs, El Paso County

    iii) Working and ad-hoc committee reports

    iv) Legislative update

    v) Subject-matter specific reports

3) Voting Procedure for Governing Board

a) Discussion and voting during meetings shall be held in accordance with Robert's Rules of Order

b) A quorum will be considered met when a simple majority of the GB membership is present

c) When a quorum does not exist, the business of the voting entity can still be conducted subject to formal approval by use of telephonic, faxed, mailed, or emailed votes in accordance with Colorado law[1]

d) Proxy voting is not permitted

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[1] CRS § 7-127-107

e) Recusal by members will be taken into account and will not adversely affect the ability of the GB to declare a quorum

f) Robert's Rules of Order shall guide the procedures for discussion and voting during agenda action items

4) Governing Board Composition and Officers

a) The Governing Board shall be comprised of representatives of the relevant organizations and projects serving homeless subpopulations; and include at least one homeless or formerly homeless individual; all GB members must be active members of the CoC.

b) The GB will range in size from 13-21 members.

c) At a minimum, the CoC Governing board officers, and thus the CoC, shall be a Chair (person), a Vice-Chair (person), and a secretary/treasurer.

d) The GB shall elect the Chair, Vice-Chair, and Secretary/Treasurer.

e) The City of Colorado Springs, El Paso County, and the Colorado Springs Housing Authority will identify representatives who serve on the GB in ex-officio capacity.

5) Governing Board Member Expectations

a) Attend all regularly scheduled board meetings

b) Participate fully in meetings by being prepared, arriving on time, and allocating adequate time to prepare for and attend each meeting to completion (up to six hours per month)

c) Adhere to the three duties of loyalty, obedience, and care[2]

d) Participate as requested in field work (up to 10 hours per year)

e) Terms: Governing Board members may serve up to two three-year terms. The inaugural board terms will be staggered as follows: 30% of members will have a one-year renewable term; 30% will have a two year renewable term; and the balance will have a three-year renewable term. Members are expected to participate in every meeting and function. Should a member miss three or more subsequent meetings, a member of the Executive Committee will address the director and determine a course of action suitable to ensuring the CoC is healthy and functioning

SECTION FOUR: COC GOVERNING BOARD ADMINISTRATIVE FUNCTIONS

The CoC, governed by the Governing Board, develops and follows this governance charter that encompasses the policies and procedures required by HUD's Interim Rule and HUD's HMIS mandates and will designate the organizations to fulfill the key roles necessary for a healthy CoC: the Collaborative Applicant, the HMIS Lead, and Administrative Lead.

At a minimum, our CoC will:

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[2] CRS § 7-128-401

a) Ensure conduction of the Point-In-Time Study (PIT) of the homeless population consistent with HUD's requirements. The CoC will review and approve the PIT Study Plan annually;

b) Review, revise, and approve a privacy plan, security plan, and data quality plan for HMIS;

c) Review and update the governance charter and present it for approval by the full membership at least annually;

d) Establish a set of CoC system performance targets to measure, monitor, and evaluate performance, and as appropriate, intervenes with poor performers;

e) Establish and approve standards for all HUD funded programs;

f) Ensure that a Code of Conduct with a recusal process is written, followed, and updated as needed;

g) Establish a recusal process for GB members and the CoC membership;

h) Meet annually to review and act on the annual funding requests and scoring of applications in response to the timing requirements of the HUD CoC Program Notice of Funding Availability (NOFA);

i) Designate a Collaborative Applicant annually to manage HUD's CoC application process and obtain approval for the CoC;

j) Coordinate oversight of the HMIS program with the Collaborative Applicant and the membership.

1) Collaborative Applicant

Once the GB has approved the CoC selection of a Collaborative Applicant, the Collaborative Applicant will be charged with the following duties:
a) Managing the HUD CoC application process;

b) Consult with grant recipients regarding performance targets, evaluation of outcomes, and general performance expectations;

c) Submit CoC grant application on behalf of the CoC;

d) Participate in GB meetings.

2) HMIS Lead

Once the GB has approved the CoC selection of the HMIS Lead, the HMIS Lead is charged with the following duties:
a) Provide project management and coordination for the HMIS implementation for the CoC;

b) Ensure compliance with all HMIS data standards;

c) Ensure data security and confidentiality;

d) Monitor and report data completeness and accuracy among user agencies;

e) Work cooperatively with the Metro Denver Homeless Initiative and Balance of State CoC's to ensure statewide consistency to the extent possible;

f) Provide data management services for agencies participating in HMIS, including data for the consolidated application in the CoC competition, and the Point-in-Time Survey;

g) Monitor and review the site annually; revise as needed;

h) Participate in GB meetings.

3) Administrative Lead

Once the GB has approved the CoC selection of the Administrative Lead, the Administrative Lead (or Agent) is charged with the following duties and responsibilities. The Administrative Lead reports to the governing board and provides administrative support to the CoC as needed and requested.

a) Consult with State and Local government ESG grant recipients to establish and operate a coordinated housing needs assessment system

b) Create and enforce a set of policies and procedures in conjunction with the Governing Board to guide consistent operation of this system

c) Evaluate the CoC grant programs' outcomes

d) Partner with CoC program recipients to establish and enforce written policies and procedures for housing assistance eligibility; levels of assistance based on eligibility and qualification (i.e., transitional, Rapid Rehousing, or Permanent Supportive Housing) including the percentage or amount of rent support

e) Monitor and evaluate member agency compliance with HUD's requirements for performance targets, provider performance and outcomes defined for ESG and CoC funded programs

f) Identify underperforming agencies or programs to the governing board Conduct the annual PIT count in conjunction with the HMIS lead

g) Conduct an annual gap analysis of homeless needs, services, and housing inventory

h) Provide relevant information as requested to complete the CoC's Strategic Plan to End Homelessness (planning to be conducted Fall 2014 – Spring 2015)

i) Participate in GB as staff in meetings with a non-voting role

SECTION FIVE: CONFLICT OF INTEREST AND CODE OF CONDUCT

1) Procurement

a) For the procurement of property (goods, supplies, or equipment) and services, the recipient and its subrecipients must comply with the codes of conduct and conflict of interest requirements under 24 CFR 85.36 (for governments) and 24 CFR 84.42 (for private nonprofit organizations)

2) Continuum of Care Governing Board members

a) No Continuum of Care board member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents. Thus, GB members from agencies seeking funding from the CoC Program will recuse themselves from discussions and votes on the CoC NOFA priority list and submission of a rank order to HUD

b) Governing Board members must also adhere to the conflict-of-interest requirements defined by the State of Colorado[3]

3) Organizational conflict

a) An organizational conflict of interest arises when, because of activities or relationships with other persons or organizations, the recipient or subrecipient is unable or potentially unable to render impartial assistance in the provision of any type or amount of assistance under this part, or when a covered person's, as in paragraph (4)(a) of this section, objectivity in performing work with respect to any activity assisted under this part is or might be otherwise impaired. Such an organizational conflict would arise when a board member of an applicant participates in decision of the applicant concerning the award of a grant, or provision of other financial benefits, to the organization that such member represents. It would also arise when an employee of a recipient or subrecipient participates in making rent reasonableness determinations under § 578.49(b)(2) and § 578.51(g) and housing quality inspections of property under § 578.75(b) that the recipient, subrecipient, or related entity owns.

4) Other conflicts

For all other transactions and activities, the following restrictions apply:

a) No covered person, meaning a person who is an employee, agent, consultant, officer, or elected or appointed official of the recipient or its subrecipients and who exercises or has exercised any functions or responsibilities with respect to activities assisted under this part, or who is in a position to participate in a decision making process or gain inside information with regard to activities assisted under this part, may obtain a financial interest or benefit from an assisted activity, have a financial interest in any contract, subcontract, or agreement with respect to an assisted activity, or have a financial interest in the proceeds derived from an assisted activity, either for him or herself or for those with whom he or she has immediate family or business ties, during his or her tenure or during the one year period following his or her tenure.

b) Exceptions

Upon the written request of the recipient, HUD may grant an exception to the provisions of this section on a case-by-case basis, taking into account the cumulative effects of the criteria in paragraph (4)(b)(ii) of this section, provided that the recipient has satisfactorily met the threshold requirements of paragraph (4)(b)(ii) of this section.

i) Threshold requirements

HUD will consider an exception only after the recipient has provided the following documentation:

(1) Disclosure of the nature of the conflict, accompanied by a written assurance, if the recipient is a government, that there has been public disclosure of the conflict and a description of how the public disclosure was made; and if the recipient is a private nonprofit organization, that the conflict has been disclosed in accordance with their written code of conduct or other conflict-of-interest policy; and

(2) An opinion of the recipient's attorney that the interest for which the exception is sought would not violate Colorado law or the laws governing the City of Colorado

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[3] CRS § 7-128-401

Springs and/or El Paso County, or if the subrecipient is a private nonprofit organization, the exception would not violate the organization's internal policies.

ii) Factors to be considered for exceptions. In determining whether to grant a requested exception after the recipient has satisfactorily met the threshold requirements under paragraph (b)(ii) of this section, HUD must conclude that the exception will serve to further the purposes of the Continuum of Care program and the effective and efficient administration of the recipient's or subrecipient's project, taking into account the cumulative effect of the following factors, as applicable:

(a) Whether the exception would provide a significant cost benefit or an essential degree of expertise to the program or project that would otherwise not be available;

(b) Whether an opportunity was provided for open competitive bidding or negotiation;

(c) Whether the affected person has withdrawn from his or her functions, responsibilities, or the decision-making process with respect to the specific activity in question;

(d) Whether the interest or benefit was present before the affected person was in the position described in paragraph (c)(1) of this section;

(e) Whether undue hardship will result to the recipient, the subrecipient, or the person affected, when weighed against the public interest served by avoiding the prohibited conflict;

(f) Whether the person affected is a member of a group or class of persons intended to be the beneficiaries of the assisted activity, and the exception will permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class; and

(g) Any other relevant consideration.

5) Non Discrimination

a) The CoC does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors, and clients.

b) The CoC is an equal opportunity employer. We will not discriminate and will take affirmative action measures to ensure against discrimination in employment, recruitment, advertisements for employment, compensation, termination, upgrading, promotions, and other conditions of employment against any employee or job applicant on the bases of race, color, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression.

SECTION SIX: ORGANIZATIONAL STRUCTURE

1) Corporate Structure

   a) The CoC is organized exclusively for charitable, religious, educational or scientific purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

   b) Upon dissolution of the CoC, the assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

Client Management System

(CMS)

- Policies & Procedures Manual -

Written for the Pikes Peak Continuum of Care

Revised: July 1, 2016

Table of Contents

I.   CMS Historical Background

1.1   Definition of Client Management System

The definition of a Client Management System (CMS) is as follows: A computerized data collection tool used by communities to collect ongoing data on persons who are homeless or receive assistance from the community. This longitudinal data can be used to accurately calculate the size and needs of these populations. The CMS meets the requirements of a Homeless Management Information System (HMIS) and serves in that capacity for our community.

1.2   HUD - CMS Requirement

In July 2003, the Department of Housing and Urban Development (HUD) published a draft notice of a CMS. By July 2004, HUD finalized the requirements for CMS. Both notices prompted communities around the nation to set up a CMS program to capture the requested information. The notices specified what pieces of data to collect and established a minimum baseline policies and procedures that communities must follow when operating their CMS. An Annual Homeless Assessment Report (AHAR) report was requested of each continuum starting in 2005. Our Pikes Peak Continuation of Care (PPCoC) has participated since that time. Additionally, the SuperNOFA grant application rates each continuum's progress in its CMS implementation. Therefore, as more agencies and programs participate in CMS, the more substantial our community's justification in contributing to the SuperNOFA application for the available funds becomes. For all data gathering and reporting purposes, the PPCoC is utilizing the most current HUD Data Standards Notice (current version July 2015).

1.3   Vision for CMS

Different versions of CMS existed in Colorado many years before HUD required CMS implementation. The goals and overall vision for CMS within our state exceeds HUD's reporting requirements. Clients, agencies, and the community benefit from CMS participation. Clients will experience a streamlined process of referrals, intake, and assessment across the entire service delivery experience.   With clients' confidentiality agreement, they can receive coordinated case management across different agencies, programs, and services such that they have one coordinated plan to fulfill. Agencies will be able to track and measure outcomes of their programs. They will be able to coordinate services better internally as well as externally. Agencies will have more information to share with funders, boards, and other stakeholders. Our community benefits as well by understanding, at a higher level, the problems and where needs are most concentrated. Policies can be developed or modified to reduce identified service gaps. The functionality contained within CMS will enable all of these things to happen, as CMS evolves for our community.

II.   Colorado's CMS Structure

2.1   Continuums of Care

The State of Colorado is organized into three geographically-based Continuums of Care (CoC). Each CoC is responsible for working with homeless assistance agencies in their geographic area to coordinate the delivery of housing and services to homeless families, individuals, youth, and persons with disabilities.

Additionally, the CoCs are responsible for implementing and managing the CMS within their community. The three CoCs in Colorado are:

- Metropolitan Denver Homeless Initiative (MDHI) – seven county area in and around Denver (Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Jefferson)
- Pikes Peak Continuum of Care (PPCoC) – Colorado Springs/El Paso County
- Balance of State (BoS) – remainder of Colorado not included in the other CoCs above

All three CoCs from Colorado have joined together to utilize the same CMS solution, policies and procedures such that CMS operations can be standardized throughout Colorado.

2.2 CMS Solution

The vendor supplying the CMS solution for all of Colorado is Adsystech, Inc. Adsystech is the developer, provider, and host of the AES Enginuity Adaptive Enterprise Solutions software. Principally located in the Washington, DC, Silver Spring, Maryland, and Long Beach, California areas, Adsystech provides database management and information technology solutions nationally. Adsystech is responsible for:

- Providing Colorado's CoCs with Internet-based CMS
- CMS software upgrades
- Hosting (maintaining, securing, performing database system backups, and ensuring availability) of Colorado's CMS
- Providing training and technical support to CMS System Administrators. More information about Adsystech can be found at *http://www.adsystech.com*

2.3 Colorado Coalition for the Homeless

On behalf of the three CoCs in the state, the Colorado Coalition for the Homeless (CCH) has entered into a contract with Adsystech for use of AES Enginuity. Under this agreement, CCH is licensed to use this HMIS. They also have the right to further sub-license this software to make the system available to its agency partners and the service providers they represent. User sub-licenses for Colorado's CMS are available at no charge to agencies within the CoCs in Colorado.

2.4 HMIS Lead Agencies

CCH and Pikes Peak United Way (PPUW) are the HMIS leads providing the CMS implementation and program management on behalf of CCH. Metro Denver Homeless Initiative (MDHI) works with various committees to coordinate the overall CMS effort for the seven-county, metro Denver area. As the CMS Administrators, PPUW and CCH are responsible for many activities including:

- Managing the contract with the vendor, ensuring payment, and complying with the terms of the contract.
- Ensuring the joint CMS solution, policies and procedures, and system administration are agreeable for all CMS partners in Colorado.
- Chairing the CMS Users Group
- Preparing agencies within the CoC for implementing AES Enginuity

- Defining policies and procedures within the federal guidelines and best practices
- Advocating CMS software enhancements on behalf of partner agencies
- Initial and on-going training for CMS
- Providing quality assurance for the CMS program
- Fulfilling CoC reporting requirements

2.4.1 Participating Agencies

Under the CMS license for AES Enginuity, any agency may participate in CMS if they have signed the Agency Partnership Agreement and agree to abide by the policies and procedures outlined in this document. Each participating agency owns and is responsible for its clients' data. All types of agencies that provide services to persons in need are eligible.

2.4.2 Users

Users are authorized by their agency's Executive Director or other persons within the agency having the appropriate authority. Users are allowed to use CMS after signing a User Agreement with their agency, and completing the necessary training. Users are responsible for following the policies and procedures outlined in this document, and are ultimately responsible for collecting and entering client data. A CMS Users Group has been established to bring together participating agencies' CMS users to share information and make recommendations on a number of factors regarding CMS. It is a forum for sharing best practices among agencies, as well as a way to suggestion improvements in policies and procedures. Future enhancements to CMS will also be discussed during these meetings. It is expected that participating agencies send at least one person to every CMS Users Group meeting.

2.4.3 Clients

Clients choose to participate in CMS with written authorization to allow an agency's users to collect and enter their personal information into CMS. It is extremely important in the use of CMS that client confidentiality, privacy, and security are maintained at a very high level. The policies and procedures written in this document fulfill basic HUD CMS requirements, utilize best practices for the industry, and are further enhanced for our community.

III. Implementing CMS

3.1   Agency Partnership Agreement

Policy: To participate in CMS, an agency must sign and agree to abide by the terms of the Client Management System Agency Partnership Agreement.

Effective Date: *January 21, 2014*

Description:

The Client Management System Agency Partnership Agreement is a contract between the agency and the HMIS Administrators regarding participation in CMS using the AES Enginuity software. The agreement outlines specific requirements on confidentiality, data entry, responsibilities, security, reporting, and other items deemed necessary for proper CMS operation. Note: The agreement is between the CoC's HMIS leadership and the participating agency.

Procedures:

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

   > Income and Housing Stability
   >
   > Pikes Peak United Way
   >
   > 518 N. Nevada Ave. Colorado Springs, CO 80903

2. Upon receipt of the signed agreement, it will be signed by the representative of I & HS. One copy will be filed at I & HS; the other copy will be mailed back to the agency.

3. Any questions regarding the terms of the Agency Partnership Agreement should be directed to the CMS System Administrators.

3.2   *Designate Agency Administrator*

Policy: The agency's Executive Director or other empowered officer must designate an individual to act as the Agency Administrator.

Effective Date: *January 21, 2014*

Description:

The Agency Administrator role at an agency possesses different responsibilities than a typical User. The Agency Administrator is accountable for the following items:

- Maintain the agency, programs, and services information with the help of CMS System Administrators
- Communicate personnel/security changes for CMS users
- Act as the first tier of support for CMS users
- Act as the main point of contact to/from the CoC's CMS System Administrators
- Ensure client privacy, confidentiality, and security
- Maintain compliance with technical requirements for participation

- Store and enforce User Agreements
- Post Privacy and Disclosure Notices
- Enforce data collection, entry, and quality standards
- Assist CMS System Administrators with On-Site Technical Assistance/Audits
- Attend the CMS User Group meetings

Procedures:

1. The Agency Partnership Agreement must be signed and returned.
2. The Executive Director or other empowered officer will contact the CMS System Administrators to notify them which person will act as the Agency Administrator.
3. This individual must sign the User Agreement with the agency, stating that they understand what is required of them for CMS.

Best Practices:

1. Depending upon your agency's size and organizational structure, consider designating a second Agency Administrator to act as a backup.
2. If your organization would like to designate multiple Agency Administrators, please inform the CMS System Administrators.

3.3 Technological Requirements for Participation

Policy: All computers authorized to access CMS must meet the minimum requirements as established by the vendor.

Effective Date: *January 21, 2014*

Procedures:

All computers that will access AES Enginuity on behalf of the agency must meet a minimum set of requirements. This includes agency's on-site desktops, laptops, as well as home computers. Accessing CMS from home is allowed, though with this practice it is critical that the individual users understand the security concerns. From an agency's viewpoint, it is difficult to ensure that a computer in the home meets the technical standards and that users are abiding by the same privacy, confidentiality, and security procedures as they would in the office. Unauthorized individuals (spouses, children, relatives, etc.) could gain access to CMS in a home environment more easily than in an office environment. The following attributes are recommended. Agency Administrators should verify that their computers meet the following standards:

1. Any computer that will be used for CMS must be able to connect to the Internet to communicate with the CMS software.
2. Any computer that will be used for CMS must have the URL for Adsystech's website. If the latest Version 5.5 is to be used, the login access is through the following browsers: Microsoft Internet Explorer (Version 8 or later), and/or Firefox.
3. Internet browser software must be capable of 128-bit encryption.

4. Internet connection speed should be sufficient to support modern-day browser usage.

5. Screen resolution: Screen resolution should be at least 1024 x 768.

6. Firewall: For your computer or network, an active firewall must be present either on that PC or as a part of the network.

7. Virus protection: For your computer or network, virus protection software should be present and active, with current virus definitions maintained by regular updates.

8. Screen-saver password: Each computer must activate a screen-saver password which is set to turn on when the computer is unattended or has not been in use for a reasonable amount of time (10 minutes is recommended).

Best Practices:

Agencies should also include these recommendations in preparation for fully utilizing all the capabilities within CMS, as well as incorporating standard industry practices:

1. Operating system version: Each computer should be on a currently supported version of an operating system (e.g. Windows). With the obsolescence of the Microsoft XP operating system, it is recommended that the baseline operating system for computers running the Adsystech software be Microsoft Windows 7.
2. Operating system updates: Each computer accessing CMS should be current in applying all of the available critical security patches for that operating system. Patches should be installed within 24 hours of notification of availability.
3. Anti-Spyware software: For your computer or network, anti-spyware software should be present, active, and updated with current definitions.
4. Browser software version: Each computer should be on a current version of the browser. Internet Explorer is the preferred browser. Mozilla Firefox is also recommended.
5. Each computer should have access to a DSL/Broadband high-speed data transfer mechanism.
6. Standard office software: In order to use downloaded data from CMS, you should have software that can interpret comma-delimited files, such as spreadsheet, word processing, or database software (For example, Microsoft's Office productivity suite that includes Excel, Word and Access). There are a number of options here. It is not a requirement that you have this software since it is not required that you download CMS data. There are additional options beyond the Microsoft Office software.
7. Compressed file expander: For computers that will download data files from CMS, you may need a compressed file expander to unzip these files. WinZip and Aladdin Expander are examples of this software. It is not a requirement that you have this software unless you intend to download data.

3.4 Complete Agency Information in CMS

Policy: Agencies are restricted from entering client data into CMS until their set of information has been completed in CMS and approved by CMS System Administrators.

Effective Date: *January 21, 2014*

Description:

Within CMS, a group of information profiles that define the programs and services the agency offers must be established. CMS System Administrators are trained in creating, updating, and maintaining the CMS information profiles.

Procedures:

1. The Agency Administrator will complete the Profile Worksheet to assist in the organization of how an agency's system set up will work in AES Enginuity, before updating profiles in AES Enginuity.

2. The Agency Administrator will contact the CMS System Administrators for the purpose of reviewing the Agency Information Request.

3. The CMS System Administrators will work with the Agency Administrator to ensure that the system set up is organized in a way that is useful for the agency, consistent with standard practices, and meets reporting needs.

4. The CMS System Administrators will complete the agency profile set up in AES Enginuity based on the final Agency Information Request.

5. The Agency Administrator will review any necessary changes to system set up with the CMS System Administrators.

3.5   Data Conversion/Data Integration

Policy: Agencies utilizing systems other than the CMS are responsible for converting or re-entering any data that they wish to carry-over into CMS.

Effective Date: *January 21, 2014*

Description:

Agencies may already collect client data in another system, whether it is packaged software or homegrown. There may be a desire to carry over information from that system into CMS. There are two general ways to accomplish this:

1. The agency can manually enter data into both systems.
2. There is the possibility of an automatic data transfer being set up by building a bridge between the two systems. This is an additional cost for the agency and it will involve data mapping meetings.

Data Conversion Requirements:

1. CMS Shared Client Release Authorization must be collected for records that will be converted from one system to the next. Records will not be converted for clients where there is no signed Shared Client Release Authorization, because the client will not have agreed to allow their information to be entered into CMS.
2. Non-HUD funded Agencies are required to pay for the cost of data conversion.

Data Integration Requirements:

1. The system that will primarily be used for client-level data must be in full compliance with HUD data standards as directed in the Federal Register.
2. Agencies must still follow the same policies and procedures as other agencies. These policies and procedures protect client privacy, confidentiality, and security.
3. There may be additional costs to the agency to set up data integration into CMS, as well as on-going costs.
4. Non-HUD funded agencies must be aware that if this conversion/integration option is not chosen, they will not have access to the benefits of using CMS. As a result, their clients will not be able to:
   - Have their record electronically shared with other agencies to provide them with easier intakes, and faster service delivery
   - Participate in a rapid entry, client ID with bar code solution
   - Receive coordinated case management service across multiple agencies
   - Benefit from a community-wide collaboration effort to make service delivery better

3.6 Designating CMS Users

Policy: Any individual working on behalf of the agency (employee, contractor, and volunteer) that will collect information for CMS purposes must be designated a CMS user and therefore is subject to these policies and procedures.

Effective Date: *January 21, 2014*

Description:

Anybody who collects any CMS data (electronic or paper) or creates reports from the system must be designated as a CMS user. The reason is that there are client privacy, confidentiality, and security procedures that everyone in those positions must be aware of and follow. Individuals who have not had the proper training will not be equipped to respond to clients' questions on CMS informed consent, revocation, intake forms, and other aspects. Individuals responsible for working with the CMS software must attend training on the CMS software and review the client confidentiality aspects of working with the CMS.

Procedures:

1. After an individual is identified as a CMS user, the Agency Administrator must follow the User Administration procedures in this document for adding authorized users.

2. This individual is required to complete the appropriate user training, as outlined in the Training procedures stated in this document.

Best Practices:

1. It is in the best interest of agencies to designate appropriately qualified CMS users. These people will be able to help answer client's questions and/or concerns.

2. Agencies will benefit by sending CMS users to training, as a way of reinforcing current agency policies regarding informed consent, confidentiality, security, etc.

IV. User Administration

4.1 Authorizing Personnel for CMS

Policy: Only authorized individuals that have successfully completed the necessary steps may be allowed to access CMS on behalf of an agency.

Effective Date: *January 21, 2014*

Procedures:

1. The Agency Administrator will update the agency's Approved Users List spreadsheet to reflect the newly authorized individual, assign the security level, and will submit it to CMS System Administrators.
2. This individual must abide by this CMS Policies & Procedures Manual.
3. If this individual needs access to the software, they must also complete the appropriate CMS User Training class.
4. This individual must sign the User Agreement with the agency, stating that they understand what is required of them for CMS.

4.2 User Agreements

Policy: A CMS User Agreement must be signed and kept for all agency personnel or volunteers that will collect or use CMS data on behalf of the agency.

Effective Date: *January 21, 2014*

Description:

The User Agreement is a document between a participating agency and its employees, contractors, or volunteers who are authorized to collect CMS data and/or record that data into the system. The User Agreement outlines the specific rules CMS users must abide by.

Procedures:

1. Before an authorized agency personnel begins collecting data on behalf of CMS, the individual must sign a current CMS User Agreement form.

2. An agency must store the signed CMS User Agreement for each individual that will collect data for CMS or will operate the CMS software.

3. A copy of the User Agreement must be provided to PPUW CMS system administrators before the individual can be scheduled for training.

An agency must never dispose of a signed CMS User Agreement upon revoking an individual's authorization or in terminating an individual's employment.

Best Practices:

An agency could choose to store all of the CMS User Agreements in one central location with one person (e.g. the Agency Administrator) as opposed to storing the document in the employee file. With standard business practice, terminated employees' files tend to get purged after a period of time. Therefore with the need to keep user agreements indefinitely, it may be easier for an agency to separate this from an individual's files.

For new hires, if their position is authorized to collect CMS data or utilize the CMS software, the User Agreement form can be included in their agency orientation procedures.

4.3   Assigning Security Levels/Roles

Policy: Agencies will assign users an appropriate security level such that the user only has access to CMS functionality or information required to successfully fulfill their role.

Effective Date: *January 21, 2014*

Description:

Within CMS, each user is assigned a role based on the functionality they are required to utilize to fulfill that role. This security allows the user to gain access to certain forms of the CMS application. This security feature is utilized to ensure that individuals only access the type of client information they need to do their job within the agency. An example would be that an intake specialist would be assigned a role to access the Central Intake portion of the application but not be involved with providing services or case notes as would a case manager.

Procedures:

To assign the appropriate security role, the Agency Administrator will alert CMS System Administrators prior to new users training, and update the Approved Users List as needed and at annual site review, and submit that to the CMS System Administrators.

4.4   Changing Personnel Security Levels/Roles

Policy: Agencies request a security role change for an individual by notifying the CMS System Administrators.

Effective Date: *January 21, 2014*

Procedures:

1. The Agency Administrator will update the agency's Approved Users List spreadsheet to reflect the newly authorized individual, and will submit it to the CMS System Administrators

2. Changes to security level/role are dependent on completion of appropriate training before the CMS System Administrators will change the security level/role.

3. For other requests, the CMS System Administrators will respond within 1 business day to the request.

4.5 Removing Authorized Personnel

Policy: The CMS System Administrators must be notified within 1 business day when an individual is no longer authorized to access CMS on the agency's behalf.

Effective Date: *January 21, 2014*

Procedures:

1. Within 1 business day of revoking an individual's authorization for CMS access, the agency Administrator will contact the CMS System Administrator via email.

2. The agency Administrator will update their Approved Users List spreadsheet to reflect the change, and if they have not already done so, submit it to the CMS System Administrators

3. Upon receipt of the request, the CMS System Administrator will immediately deactivate the individuals' CMS user account.

V. Training

5.1 CMS User Training

Policy: Individuals who need to enter data in the CMS software are required to complete a three-hour (half–day) CMS User training before being granted access to the software.

Effective Date: *January 21, 2014*

Description:

The CMS User training will cover several topics related to the CMS program operations. Topics may include:

- CMS Policies and Procedures
- HUD Data Standards
- Consent Levels
- AES Enginuity (CMS) Basics
- AES Enginuity Data Entry
- AES Enginuity Reporting

Procedures:

1. There are several prerequisites for attending the CMS User training:
   - The agency and the PPUW I & HS team must have signed and returned the Agency Partnership Agreement before any individual can attend CMS User training.
   - The agency must have a designated Agency Administrator.
   - The agency's system set up must be completed.
   - The individual must be authorized on the agency's Authorized Users Lists.
   - The CMS System Administrator must have a copy of the signed User Agreement.
2. This individual can contact the CMS System Administrators to see when the next training day is being offered. Training spots are allocated on a first-come first-serve basis. Class sizes depend on availability of conference room space at the training site.

3. Once the individual completes their training successfully, they will be assigned the appropriate security level/role.

5.2   CMS Software Upgrade Training

Policy: When new CMS software functionality is available, additional trainings regarding the upgrade may be offered.

Effective Date: *January 21, 2014*

Description:

CMS will evolve over time to include additional capabilities that agencies and the community have requested. While documentation will be sent out for each upgrade, there may be occasions where supplemental training would be the best way for individuals to learn how to use the new capability. The upgrade training will typically be conducted remotely through web or audio conferencing, and would be short.

Procedures:

1. After a new version of CMS is available, CMS System Administrators will send a notice to all users with any additional, appropriate documentation.
2. If it is determined that supplemental training would be beneficial, the upgrade training schedule would be announced at that time, too.
3. To register, individuals will RSVP as stated in the directions. Spots are allocated on a first-come first-serve basis.

Best Practice:

1. The Agency Administrator should attend the upgrade training in order to keep up with all the possibilities in applying all the CMS functionality at their agency.
2. Agencies should strongly encourage all users to attend, as new functionality may be introduced to make their jobs easier or allow them to do more with what is available.

5.3   Special Topic-Based Training

Policy: Special topic-based training will be offered by the CMS System Administrators on an as needed basis.

Effective Date: *January 21, 2014*

Description:

As CMS evolves, many agencies will find that they are looking for the same type of information or best practices. As this need is recognized, CMS Administrators will organize trainings to discuss these special topics.

Procedures:

1. When a special topic seminar is requested or a need is discovered, CMS Administrators will send a notice to all users.
2. To register, individuals will RSVP as stated in the directions. Spots are allocated on a first-come first-serve basis.

Best Practice:

Agencies are strongly encouraged to nominate topics that they feel other agencies would benefit from too. This is especially true if an agency would like to share a best practice.

VI. Data Collection Processes

6.1 Data Collection Requirement - For Whom to Collect Data

Policy: At a minimum, agencies are required to attempt data collection on individuals who are homeless and are receiving services from the agency.

Effective Date: *January 21, 2014*

Procedures:

1. For CMS purposes, HUD's minimum standards require that individuals who are homeless and receive services from an agency must be included in CMS data collection. Therefore, during the intake process it is important to identify those persons.
2. Once these persons are identified, they would go through the informed consent process.
3. Information must be collected separately for each family member, rather than collecting data for the family as a whole.

Best Practices:

1. Agencies should collect data for CMS on individuals or families who are not homeless and are receiving services from the agency. One of the greatest benefits of CMS to an agency is the ability to create reports describing its clients' characteristics, outcomes of the services they receive, and general agency operating information. Entering only CMS data for homeless persons will give the agency only a partial picture. By including homeless and non-homeless persons in CMS, agencies will be able to generate reports that wholly describe their operations.

2. Agencies should collect data for CMS on individuals or families that make contact with the agency, but are not able to receive services from the agency. CMS possesses the ability to count the persons that attempt to enroll in an agency's programs/services, even though they may not actually end up receiving those services. The agency will be able to create reports about the characteristics of these individuals, and use this information for a number of reasons. The agency could use this data to

determine if they are being improperly referred to, or to quantify the additional need to funders.

6.2   Prioritization of Chronically Homeless Clients and Recordkeeping

Policy: Agencies abide by the HUD *Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status*. This applies to both the prioritization of clients by vulnerability and the recordkeeping requirements.

Effective Date: *September 24, 2014*

Description:

Our Pikes Peak Continuum of Care (PPCoC) is dedicated to and prioritizes Permanent Supportive Housing (PSH) opportunities for Chronically Homeless persons. We use Coordinated Assessment and a Standardized Assessment Tool (VI-SPDAT, F-VI-SPDAT and TAY-VI-SPDAT) to determine eligibility and to establish a prioritized waiting list. Records are kept in our HMIS system.

Procedures:

1. Use the VI-SPDAT, F-VI-SPDAT and TAY-VI-SPDAT Standardized Assessment Tools for Coordinated Assessment to determine eligibility and establish a prioritized waiting list for housing opportunities.
2. Follow the Housing First approach with rapid placement and stabilization of Chronically Homeless persons as the primary goal
3. Increase the number of PPCoC-funded PSH beds dedicated to Chronically Homeless persons.
4. Prioritize Chronically Homeless Individuals and Families with the longest history of homelessness and with the most severe service needs.
5. Recordkeeping includes written intake procedures, documentation of Chronically Homeless status, and client tracking in the HMIS system.

6.3   Privacy Notice

Policy: The CMS Privacy Notice must be appropriately posted within an agency.

Effective Date: *January 21, 2014*

Description:

The Privacy Notice is a brief document which describes a consumer's data rights in relation to CMS.

Procedures:

1. Add the Agency Name into the Privacy Notice before printing and posting it.

C:\Users\CHRIST~1\AppData\Local\Temp\CMS Policies and Procedures Manual-V5.docx

2. Each workstation, desk, or area that is used during CMS data collection must post the CMS Privacy Notice.

3. If an agency serves Spanish-speaking clients, the agency must also provide the translated Spanish version of the CMS Privacy Notice.

4. If an agency has a website, the CMS Privacy Notice can be posted on that website.

Best Practice:

An agency could also post the CMS Privacy Notice in a waiting room, an intake line, or another area where clients congregate before intake occurs. This will give clients another opportunity to read the notice before receiving services.

6.4   Informed Consent and CMS Participation

Policy: Agencies must decide by program to obtain informed consent through one of these methods: inferred, verbal, or written.

Effective Date: *January 21, 2014*

Description:

The Final HUD CMS Data and Technical Standards allow agencies to collect data through implied consent given the circumstances of collection. Additional privacy protections for express consent such as verbal and/or written consent are optional.

Implied consent	CMS data collection is explained and the client gives their information freely, without directly being asked to participate.
Verbal consent	The client verbally agrees/disagrees to participate in CMS data collection.
Written consent	The client signs a form to agree/disagree to participate in CMS data collection.

Agencies can decide by program how to obtain informed consent based on what is the most practical method for that program (e.g. verbal consent for call-based referrals vs. written consent for housing programs). That decision must be consistent for that program, meaning a program should not switch between consent methods.

Procedures:

1. Agencies must formally decide by program which consent method will be used to obtain the consent of clients.
2. The program must consistently use the same method for obtaining consent.
3. Agencies will follow the minimum guidelines for achieving implied consent, and subsequently can utilize the Best Practices Section for verbal and written consent.

Policy: When using informed consent for a program, the agency must obtain informed consent fairly, and in good faith when collecting CMS data.

Effective Date: *January 21, 2014*

Procedures:
1. Only an authorized CMS user who has completed the CMS user training may obtain consent from clients.
2. A CMS user must obtain consent from clients in respect, fairness, and in good faith for both the client and CMS (meaning the explanation of CMS, data collection, client rights, etc. in an objective manner).
3. The CMS user must adhere to the agency's decision for that program regarding the method of obtaining consent.

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

Effective Date: *January 21, 2014*

Procedures:
1. If an unaccompanied youth is obtaining services from the agency and they are at least 15 years old, you can get consent of the youth to participate in CMS.
2. Any youth under the age of 15, is not allowed to give individual consent. You must get parental/guardian consent to allow them to participate in CMS.
3. Parental/guardian consent for a youth can override a youth's decision to participate. In the case where a youth has consented, and a parent/guardian does not consent, follow the revocation procedures.

Policy: Each program within an agency should strive to collect consent/information on adults that are present, and when necessary to operate their program, are allowed to collect consent/information on adults that are not present.

Effective Date: *January 21, 2014*

Description:

Within agencies, it is sometimes required to collect information on adults that are not present in order to fulfill funder reporting requirements. The agencies must know who comprises the household and some of their basic information, including adults that may not be present. Emergency service programs often are the types of programs that must meet these standards. Agencies within longer term programs (like transitional housing, permanent supportive housing) are more likely to meet with all household members. Therefore, there is a greater possibility of obtaining consent and information from each adult directly.

Procedures:
1. Each program within an agency will need to determine if they will allow the collection of consent/information on non-present adults within the household.
2. When this situation presents itself, the agency and its users will continue to keep in mind the confidentiality and client rights of the non-present adult(s).
3. Whatever decisions the presenting adult makes regarding participation, will also apply to the absent adults in the household.

Best Practice:

When this situation presents itself, and it is necessary to collect information on an adult who is not present, give a copy of the Privacy Notice to the presenting adult to share with the other household members. This will inform the clients of their rights in case they wish to revoke their participation.

Policy:

To obtain implied consent, agencies must have the Privacy Notice posted at each place that collects client data to satisfy this requirement.

Effective Date: *January 21, 2014*

Best Practice:

Agencies could use the following language with their clients before collecting their information:

> "We collect personal information directly from you for reasons that are discussed in our privacy statement. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services for homeless and at-risk persons, and to better understand the needs of homeless and at-risk persons. We only collect information that we consider to be appropriate."

Policy: Agencies should strive to communicate informed consent in a language the client understands.

Effective Date: *January 21, 2014*

Procedures:

If an individual or family does not speak English, the agency should attempt to obtain consent to the best of their abilities in a language the client understands. Written materials are currently available in English and Spanish.

Best Practice:

If your agency currently works with a translator and they can translate the Privacy Notice and Shared Client Release Authorization documents, please share them with the CMS System Administrators. They can post and share the materials to help the entire community.

Policy: Agencies cannot deny services to an individual solely on the basis of the individual deciding not to participate in CMS, for a reason such as witness protection or potentially domestic violence.

Effective Date: *January 21, 2014*

Procedures:

When an individual decides not to participate in CMS, an agency cannot deny them services solely for that reason. However, agencies may need information from the client in order to provide services (for example,

social security number needed to secure TANF benefits). In examples like this, agencies are not required to guarantee services.

Best Practice:

Agencies should determine if an individual will or will not receive services before the individual goes through the informed consent process. This will eliminate a perceived relationship between CMS participation and service delivery.

6.5 Best Practices: Expressed Consent

For those agencies that decide that their program will collect expressed consent (verbal or written), the following best practices have been assembled. These best practices focus on situations that are applicable to either type of consent.

Presumption of Competency: Clients are presumed to be competent, unless there is a known court order claiming their incompetence.

Effective Date: *January 21, 2014*

Recommendations:

1. An industry-wide best practice is to presume that all clients are capable of competency, unless there is a known court ordering stating otherwise.

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

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

4. Often individuals may be temporarily incompetent because they are under the influence of a particular substance, which affects their ability to make a decision. If it is possible, delay the informed consent and CMS data collection, until they are no longer under the influence and are able to make decisions.

Physical Copy: Agencies may give the clients a copy of the Privacy Notice/Shared Client Release Authorization/Client Information Disclosure, which notifies the client of their rights.

Effective Date: *January 21, 2014*

Recommendations:

After a client consents to participating in CMS/data collection, the agency may give the client a physical copy of the privacy notice, Client Information Disclosure, or other document which notifies the client of their information rights.

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

Participation Options: The agency should verbally explain the choices available to the client for CMS participation.

Effective Date: *January 21, 2014*

Recommendations:

Below are the possible explanations for each one of two possible choices that could be offered to a client:

1. "Agree to let this Agency enter my information into CMS": This means that their information is entered into the system, with personal identifying information shown (but secured through software and application security). They do have the right to refuse any specific question that is asked.
2. Personal identifying information (e.g. Social Security Number) will be encrypted immediately upon entry, effectively hiding the information. "

6.6 Best Practices: Verbal Consent

For those agencies that decide that their program will collect verbal consent, the following best practices have been assembled.

Script: Agencies should develop a standard script in order to collect client's verbal consent.

Effective Date: *January 21, 2014*

Recommendation:

"We would like to ask your permission to collect information about you. By law, we must protect your privacy, tell you about your rights, and tell you how we keep your information private. We may use and disclose your information in the following ways: providing or coordinating services for you, operating our programs, reporting without identifying your specific information to organizations who give us money to run our programs as well as for research purposes, and when required by law – such as a life-threatening situation to you or others, and/or suspicion of child abuse or neglect. Any other use of your information is not allowed without your approval. Your information will be kept seven years after you stop getting services. You have the right to access the data you provide, and can change it if it isn't correct. If you ever feel that your privacy rights were violated, you have the right to file a complaint. You have the right to cancel your consent at any time, however, information that has already been collected remains in the

system. Personally identifying data is hidden. You have the right to receive services when available, even if you choose not to participate in CMS. There are a number of technical and procedural security protections in place to keep information about you safe. Additionally, only authorized individuals from this agency, and administrators of the system, have access to your data. You have the following choices:

a) Agree to let us enter your information

b) Not participate at all.

Which of those options would you choose?"

6.7   Best Practices: Written Consent

For those agencies that decide that their program will collect written consent, the following best practices have been assembled.

Verbal Explanation: Even if your agency is collecting written consent, you should verbally explain the Shared Client Release Authorization form <u>before</u> the client signs it.

Effective Date: *January 21, 2014*

Recommendations:

1. Agencies can still use a verbal script, like the one provided in the best practices, to explain the nature of collecting client data and their rights.
2. Verbally explaining the written consent before the client receives the form will help ensure participation.
3. Clients will have the opportunity to ask questions at this time to clarify anything that they may not have understood based on the form.

Consent Form Review: Agencies should review the consent form with the client to ensure that it was filled out appropriately, and then sign as a witness.

Effective Date: *January 21, 2014*

Recommendation:

Serving as a witness to the signing of the Shared Client Release Authorization form is a good way to ensure quality control for informed consent (that it was filled out in-line with agency policies). Witnessing the signing, also allows agencies to go back to the individual(s) involved if any questions arose about the form.

Storing Informed Consent: Shared Client Release Authorization forms should be stored securely for a minimum of seven years from the time the client last received services from the agency.

Effective Date: *January 21, 2014*

Recommendations:

1. The Shared Client Release Authorization form is valid for seven years after the client last received services from the agency for the purpose of determining valid participation choices and for auditing purposes.
2. Shared Client Release Authorization forms must be kept securely in accordance with standard confidentiality and privacy practices (i.e. not accessible without authorization).
3. It is recommended that agencies keep the Shared Client Release Authorization form in their current client file with the other information being collected and maintained. It will be easier to locate their information in this manner, rather than creating a separate file just for CMS, unless client files are purged prior to seven years after the client last receives services.
4. If an agency does not currently keep client files, a file system to keep track of the forms should be established.

6.8   Using Paper-Based Data Collection Forms

Policy: Agencies may choose to initially collect client data on paper and enter it into the CMS software later, rather than entering it directly in the system.

Effective Date: *January 21, 2014*

Description:

Each agency will incorporate CMS into its own operating processes. Some agencies will prefer to interview clients and simultaneously enter their information directly into the computer. Other agencies will find it easier to collect information on paper first, and then have someone enter the data later. CMS paper-based forms that enable collection of the Universal, Community, and Program-Specific standards are available.

Procedures:

1. Agencies may utilize the CMS paper-based forms for initial data collection.
2. CMS Users will have five business days from the point of the event (intake, service delivery, or discharge) to record the information into the CMS software.
3. Community based data collection forms for Entry, Exit, and Interim Assessment, have been created for adults and children for agency use.

Best Practices:

1. Agencies that wish to customize the forms to include their own required fields should contact the CMS System Administrators to coordinate that effort, and ensure they meet the minimum standards.

6.9 Collecting Client Disabling Condition Information

Policy: Agencies must collect client disabling condition information during the program enrollment process.

Effective Date: *January 21, 2014*

Description:

As a part of the HUD Data Standards Notice (current version July 2015), agencies are requested to ask clients questions about disabling conditions. To comply with other federal laws and regulations, these client questions must be asked at a certain point in time to avoid any legal issues.

HUD defines 'disabling condition' as: "(1) a disability as defined in Section 223 of the Social Security Act; (2) a physical, mental, or emotional impairment which is (a) expected to be of long-continued and indefinite duration, (b) substantially impedes and individual's ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions; (3) a developmental disability as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act; (4) the disease of acquired immunodeficiency syndrome or any conditions arising from the etiological agency for acquired immunodeficiency syndrome; or (5) a diagnosable substance abuse disorder."

Procedures:

1. If the agency's program requires the individual to be disabled, then the agency may ask the client the disabling conditions questions before program entry or after program entry (e.g., like a Shelter Plus Care program).

2. If the agency's program does not require the individual to be disabled, then the agency must ask the client the disabling conditions questions during program entry.

6.10 Leveraging Central Intake

Policy: Central Intake records are leveraged across the CMS implementation, which encompasses clients being served by any of the three Colorado CoC's.

Effective Date: June 12, 2015

Procedures:

1.   Clients must be provided a Client Information Disclosure document describing how their information is being accessed and used, and who can access their information.

6.11 CMS Data Standards

Policy: All agencies and CMS users are required to collect HUD's Universal Data Standards fields and community reporting fields, as stated in the Agency Agreement and User Agreement.

Effective Date: *January 21, 2014*

Description:

HUD requires all agencies participating in CMS to collect a standard set of client information, known as the Universal Data Standards. Examples of the Universal Data fields includes: name, social security number, birth date, ethnicity, and race. Within our community, there are additional fields that are also required in order to produce the necessary aggregate reports.

Procedures:

1. Agencies and CMS Users will collect all of the Universal Data fields for its clients that choose to participate in CMS.

2. Agencies and CMS Users will collect all of the Community required fields for its clients that choose to participate in CMS.

Best Practices:

Agencies may request to add more fields to its required data collection that may be incorporated into its own CMS policies. This is particularly beneficial when CMS is capable of collecting all of an agency's information needs, but the fields are not incorporated into the Universal or Community Data Standards.

Policy: CMS users are required to collect HUD's Program-Specific Data Standards fields, if the client is receiving services funded through federal homeless assistance grants, as stated in the Agency Agreement and User Agreement.

Effective Date: *January 21, 2014*

Description:

HUD requires agencies who receive federal homeless assistance grants to complete the Program-Specific Data Standards. Examples of the Program-Specific fields includes: income, education, employment, military service details, and health information.

Procedures:

Agencies and CMS Users will collect all of the Program-Specific fields for its clients that choose to participate in CMS, if the clients are receiving services through federally-funded homeless assistance grants.

Best Practices:

Agencies that are not required to complete the Program-Specific data fields are strongly recommended to collect these pieces of information, depending upon the type of programs and services the agency offers. The additional data points on the client will prove extremely helpful for the agency when reporting on client outcome measurement/progress, internal accounting for services delivered, and external reporting to funders.

Policy: CMS users are required to ensure data quality of the information that they collect for CMS, as stated in the User Agreement.

Effective Date: *January 21, 2014*

Description:

There are a number of reasons why data quality is important to everyone, from client to user to agency to community perspectives. If information is not collected accurately, clients may experience issues trying to coordinate multiple services, receiving appropriate referrals, and eligibility determination for services. Reports generated from CMS used for grant proposals are only as good as the information entered into CMS. Without high quality data, the information contained within the reports may not be appropriately representative.

Procedures:

1. CMS Users will collect data and ensure the quality of the information by reviewing the information that the client gives for CMS.
2. CMS Users will attempt to correct any identified data quality issues that are shown during the Data Quality Audit performed by CMS System Administrators.

Best Practices:

CMS Users should review all data the client gives for CMS purpose to ensure its quality and consistency, as the information is being turned in or collected. If possible, CMS Users could walk through the data collection process with the client catching potential issues along the way.

6.12 Sharing Client Data

Policy: CMS client program-specific data may not be shared unless explicitly authorized by the client.

Effective Date: *January 21, 2014*

Description:

Agencies tend to work with a number of other service providing agencies while coordinating services for a client. While coordinating services, it is important to keep the client's identity confidential, unless the client expressly permits their information to be shared.

Procedures:

1. CMS Users will keep client data confidential at all times, and will obtain client permission to disclose personally identifying information only when necessary.

2. In the future, electronic data sharing between agencies will be enabled with agency and client consent regarding what agencies have access to their information, and what information they would like to share.

6.13 Client Access to Their Information

Policy: Clients have the right to a copy of their Universal, Community, and Program-Specific data contained within CMS.

Effective Date: *January 21, 2014*

Procedures:
1. Clients will request a copy of their information contained within CMS.
2. Agencies are required to provide them a print out from CMS of the Universal, Community, and Program-Specific data elements.
3. Agencies are not required to print out additional information, although it is allowed.

Best Practices:
1. Case management notes are typically not shared with the client. However, consider providing the client related information such as their Goals, Outcomes, Referrals, and Services Provided.
2. If utilizing paper forms with data entry into CMS occurring later, consider making a photocopy of the paper forms for the client if they request a copy.
3. If entering data directly into CMS without utilizing paper forms, consider automatically printing a copy of the information for the client.

6.14 Filing a Grievance

Policy: Clients have the right to file a grievance regarding potential violations of their privacy rights involving CMS participation.

Effective Date: *January 21, 2014*

Procedures:
1. A client must request and complete the grievance form from the agency.
2. The client must turn the form into an agency manager or another person of authority not related to the grievance OR may mail the form to the CMS System Administrators directly.
3. If the agency receives a completed grievance form, they must submit it to the CMS System Administrators promptly.
4. The CMS System Administrators will review the grievance, research the nature of the complaint, and will respond within 30 days.

Policy: No action or punishment will be taken against a client if they choose to file a grievance.

Effective Date: *January 21, 2014*

Procedures:

1. The agency named in the grievance, the CMS System Administrators, and other participating CMS agencies will not refuse or reduce services to the client because of filing a grievance.
2. A thorough investigation will occur if a client reports retaliation due to filing a grievance.

6.15 Revoking Authorization for CMS Data Collection and Sharing

Policy: Clients who initially agree to participate in CMS have the right to cancel their permission for future data collection and sharing.

Effective Date: *January 21, 2014*

Procedures:

1. Clients must request and complete a new Client Management System Shared Client Release Authorization form from the agency.
2. The agency will file the new Client Management System Shared Client Release Authorization form. Ideally this would reside with the client's previously signed Client Management System Shared Client Release Authorization form if collecting written consent.
3. Past information and reporting will still remain as-is in the system.
4. The client will be assured that their specific personal information, whether demographic or program-service based, is only to be used in aggregated federal reporting. Nothing specific about the client's program consideration or enrollment could be shared.

VII. CMS Data Quality and Requirements

7.1 Reduce Duplicates in CMS for your Agency

Policy: In order to reduce the duplication of client records, CMS Users should always search for the client in CMS before creating a new client record.

Effective Date: *January 21, 2014*

Description:

When client records are duplicated, it is very difficult for other CMS users to work with that individual's records as they attempt to put in case management notes, goal planning, and other information. Agencies' reports can be corrupted with inaccurate information.

Procedures:

1. When A CMS User is collecting data from an individual or family, the CMS User will run a search within CMS to determine if this individual already exists in the system.
2. Since abbreviated names (such as Ken instead of Kenneth) are sometimes used, or misspellings are made, Users must search using the first two letters of the client's first name and last name.
3. If this person does not exist, then the CMS User should create a new client record.
4. If duplicated records are founds, alert CMS Systems Administrators for record merging. Email client IDs only – no personal identifying information.

Best Practices:

1. Perform a Client Search when attempting to find an existing record. Clients often don't use the exact same name that was previously entered.

2. When agencies are checking if a client is already enrolled or blank, in their program, use a program client search removing Active "Yes/No."

7.2   Client Intake -Completing Required Fields in CMS

Policy: During client intake, CMS Users must complete the Universal and Community required fields for all clients, and the Program-Specific fields if required.

Effective Date: *January 21, 2014*

Description:

All agencies are required to complete the Universal and Community fields, regardless of funding sources. Agencies that receive homeless assistance grant funds are required to complete the Program-Specific fields. Agencies not required to complete the Program-Specific fields, may choose to implement this standard for their agency anyway. CMS Users are required to abide by the data collection rules already set forth. This is a data quality requirement.

Procedures:

1. To complete the Universal and Community required fields for intake, CMS Users must go to the Central Intake library and complete required fields.
2. To complete the Program-Specific required fields, CMS Users must also go to the Program Entry form and respond to the required questions and fields.

Best Practice:

CMS Users should be aware of their agency's data requirements and internal standards. Agencies may decide to collect additional pieces of information outside of the Universal, Community, and Program-Specific fields that are needed for its own operations and funding sources. This guide merely establishes the minimum or baseline level of required data.

7.3   Service Delivery Tracking Requirements

Policy: CMS Users within agencies that are required to complete the Program-Specific fields, must record each service delivered to the client.

Effective Date: *January 21, 2014*

Description:

All agencies have the ability in CMS to track what services they have provided to clients, however some agencies are required to collect this information. This information is used for reporting purposes (APR, AHAR, etc.). This information can be used to help agencies with operations, decision-making, and reports to funders.

Procedures:

1. When required by either HUD or Agency standards, CMS Users will record into CMS the dates and services provided to each client in the system.
2. CMS Users will utilize the Services form to complete the required fields.

7.4   Annual Assessment

Policy: An annual assessment is required for all persons residing in a project for one year or more. Updates to income, non-cash, health insurance, and disabling conditions are to be recorded at this time if there is a change (or a change at any time during stay).

Effective Date: *July 2015*

Procedures:

1. Users must complete the community CIS Client Assessment Form for all clients having been in the program for one year or more.
2. The information collected must be entered into AES using the Additional Client Assessment page.

7.5   Client Discharge – Completing Required Fields for CMS

Policy: During discharge or program exit, CMS Users must complete the Universal and Community required fields and questions for all clients.

Effective Date: *January 21, 2014*

Description:

During client discharge from a program, there are additional data collection requirements. Again, all agencies must complete the Universal and Community fields as well as the Program-Specific information. This is a data quality requirement.

Procedures:

1. To complete the Universal and Community required fields for discharge, CMS Users must go to the AES Client Intake page and enter the last income, if known.
2. To complete the Program-Specific required fields and questions, CMS Users must also go to the AES Exit from Program page and respond to the fields and questions there.
3. Upon completion of the Program Exit questions, the CMS User will press the [Exit Client out of Program] button. This will allow the system to validate that all entry and exit information is current for this client (and members of the household that are also being exited at that time).

7.6   Timeliness of Client Data Entry

Policy: Agencies will strive to enter client information and program-related case details as quickly as possible to allow PPCoC reports to display accurate information at all times.

Effective Date: *January 21, 2014*

Best Practice:

CMS Users should enter/update client information on a consistent basis within five days of any client information changes. All updates should be available by the 5th of the following month as dictated for deadlines for all community reports (e.g. AHAR, CAPER, SSVF uploads, etc.).

VIII.   CMS Quality Assurance

8.1   Data Quality and Correction

Policy: Agency Administrators are required to fix data quality issues within five business days of receiving the monthly data quality report.

Effective Date: *January 21, 2014*

Description:

To produce high quality, reliable reports it is imperative to possess high quality data. CMS System Administrators will help assure stakeholders that the data contained within CMS is of high quality. Details of the data quality report can be found in the CMS Data Quality Plan.

Procedures:

1. At the end of each month, CMS System Administrators will review the quality of each agency's data by running reports out of CMS.

2. CMS System Administrators will then distribute to each agency's Executive Director and Agency Administrator a scorecard of the results based on their agency's data.
3. Agency Administrators are required to work with the CMS System Administrators to rectify any shortfalls on data quality, and fix issues within five days.

8.2   Security Auditing

Policy: Agency Administrators are required to immediately resolve any issues discovered during a CMS site and security audit.

Effective Date: *January 21, 2014*

Description:

In order to maintain the high level of security, client privacy and confidentiality practices set up in this policies and procedures document, security audits will be conducted by CMS System Administrators on a regular basis. Agency Administrators will work with the CMS System Administrators to schedule an audit, and to assist CMS System Administrators in performing the audit. The audit will cover many topics, including: agency user audit, Shared Client Release forms, Privacy Notices, technology security, data quality and data entry practices. Forms for the Audit will be provided to the Agency Administrators prior to the scheduled date.

Procedures:

1. CMS System Administrators will notify the agency's Executive Director and Agency Administrator of an upcoming audit. The audit will be scheduled ahead of time, as there will be no surprise audits.
2. CMS System Administrators will perform the audit and create a results report. This report will be submitted to the agency's Executive Director and Agency Administrator.
3. Any deficiencies in practices or security must be resolved immediately. If necessary, a follow-up audit will be conducted to ensure that the changes have taken affect.

IX.   CoC System Administration Procedures

9.1   Contact Your Agency Administrator First

Policy: CMS Users should attempt to contact their Agency Administrator first before contacting the CMS System Support.

Effective Date: *January 21, 2014*

Description:

Agency Administrators will be the best resource for finding out specific information regarding its agency's policies and procedures as they relate to CMS. They are also going to be the most knowledgeable and accessible person regarding software and its capabilities.

Procedures:

1. CMS Users should first try to contact their Agency Administrator to resolve their issue.
2. If the Agency Administrator is unavailable or is not able to resolve the issue, CMS Users should feel free to contact the CMS System Support.

9.2   *Ways to Contact CMS System Support*

Policy: CMS Users should call or email to the CMS System Administrators with their issues.

Effective Date: *January 21, 2014*

Procedures:

1. CMS users can call to directly speak to a System Administrator.
2. CMS users can email system Administrators regarding system related issues or HUD requirement questions. If the question is related to a specific question, only the Client ID should be sent through email to ensure client confidentiality – no personal identifying information.

9.3   *Response Times for Issues*

Policy: The CMS System Support team will attempt to resolve issues within the shortest period of time possible, but will be subject to software response times at AES Enginuity for some issues.

Effective Date: *January 21, 2014*

Description:

The CMS System Support is generally available between the hours of 8 a.m. To 5 p.m. Monday through Friday. While the CMS System Support can answer most questions and concerns regarding CMS, when there is a direct issue with the system the CMS System Support is subject to AES Enginuity's response times.

Procedures:

1. After receiving an issue, the CMS System Support team will respond in the order they were received. If the issue cannot be resolve by the CMS System Support team, AES Enginuity support personnel will be notified. The CMS System Support team will update the CMS User with expected outcome and timeframe.
2. During normal business hours, CMS System Administrators and AES Enginuity's response times are typically as follows:

Severity Level	Description	Response Time
Critical	Major system or component is inoperable which is critical to the Partner Agency's business.	Contact AES Enginuity within 1 hour and notify Partner agency of action plan of resolution within 2 hours
High	Partner Agency is impacted by service delay but is still able to maintain business function.	During normal business hours, initiate problem resolution within 4 hours and notify Partner Agency of action plan of resolution within 6 business hours.
Medium	The problem has a reasonable circumvention and the Partner Agency can continue with little impact to efficiency.	During normal business hours, initiate problem resolution within 8 hours and notify Partner Agency of action plan of resolution within 12 business hours.
Low	The call requires minor action or is for informational purposes only.	Response time within 24 business hours.

X. CMS Software Security Procedures

10.1 CMS Software System-Level Security

The CMS software is secured physically through a number of best practices, and results in high-level security at the most basic level. Several of these system level security features include:

- Separation of the database and application on different servers
- Multiple layers of firewalls between database, application, and users
- Encryption of the data on the database
- Undisclosed location of the physical servers
- Physical servers are locked down in secured fire-safe rooms
- See AES security policies on PPUW/CMS website and PPUW security policies.

10.2 CMS Software Application-Level Security

Within the CMS software itself, there are additional layers of security built into the system. This results in making the system harder to access without appropriate permissions. These security features include:

1. 128-bit encryption of the connection between a CMS User's computer and the CMS application
2. Users are organized into security groups or roles. These roles are given specific permissions to what they can access in CMS
3. Passwords are initially administration generated and assigned. The password revision mechanism

is based on "Strong" password creation.

- must be at 8 – 16 characters in length
- must contain at least one Upper Case letter
- must contain at least one Lower Case letter
- must contain at least one Numeric character
- Contain at least one special character (i.e. *, &, %, #,!, @, etc.)

4. A CMS User's connection to the application will automatically close down after a period of time of inactivity in the CMS software.
5. There are logging and audit systems in the background recording each user's activities in adding, viewing, and editing information.
6. CMS Users are authorized to see their own agency's program data unless their role in the agency is intake-only.

10.3 Workstation and Mobile Device Security Procedures

Statistically, most security breaches are due to human error rather than systematic issues. In order to keep the application and data secure, CMS Users must also implement some additional security measures. Each agency using the CMS must have its own security policy and procedures. These are reviewed during site reviews.

Policy: CMS User's computer screens should be placed in a manner where it is difficult for others in the room to see the contents of the screen.

Effective Date: *January 21, 2014*

Description:

The placement of one's monitor plays a role in establishing security at an agency. CMS Users should consider placing the monitor in a way that it is difficult for others to see the screen without the user knowing it. One suggestion for good placement is to expose only the back of the monitor when someone walks into the room with a computer. The monitor should not face a window.

Policy: Password protect mobile devices.

Description: If laptops or other mobile devices are being used to access client information those devices should be password protected and the same caution practiced as when using a work station computer.

Policy: Do not write down your username and password or store it in an unsecured manner.

Effective Date: *January 21, 2014*

Description:

With the username and password into CMS being complex, it will not be easy to remember it in the beginning. Most people will write down or print out the login information. When one does this, make sure to keep this information in a locked drawer or cabinet. Do not post this information under your keyboard, on your monitor, on sticky notes, or laying out for others to see.

Policy: Do Not Share your login information with anybody (including Agency or System Administrators or coworkers).

Effective Date: *January 21, 2014*

Description:
If someone is having trouble accessing CMS, contact the CMS System Administrators. Your username will be tied to any changes/additions/errors that may have occurred in the client database.

Policy: When you are away from your computer, log out of CMS or lock down your workstation.

Effective Date: *January 21, 2014*

Description:

Stepping away from your computer while you are logged into CMS can lead to a serious security breach. There can be timeouts in place (computer system established) to catch inactivity, however those do not take effect immediately. Therefore, **anytime** you leave the room and are no longer in control of the computer, you must do one of two things.

1. Lock down your workstation. Most Windows-based operating systems allow users to lock their workstation by simply pressing CTRL-ALT-DELETE keys, and choosing "Lock Workstation". This will require users to simply enter in their Windows password when returning.
2. At the top of the AES Enginuity application, press the [LOCK] button. This returns your application to the Login screen so that when you return you are required to enter the password for re-entry.

XI.   CMS Data and Reporting

11.1 Exporting Data

Policy: CSV Export ability is available only to CMS System Administrators

Effective Date: *January 21, 2014*

Description:

The purpose of limiting ability to export client level data to the System Administrators is to control the structure, utilization, and location of the information. The primary goal is to protect the personal identifiable information of the clients being served.

Policy: Comply with CO House Bill 06-1119 concerns a breach of data security

Effective Date: *January 21, 2014*

Description:

CO House Bill 06-1119 describes the steps required by law to take when a breach of data security occurs. If data is in an unsecured format and the info that gets stolen includes: name and either SSN / Drivers License / financial account number then you must do the following: contact those person(s) if possible, notify major

statewide media, post notice on your website, contact all consumer reporting agencies. Contact SHHP if a situation arises.

Policy: Caution when exporting/reporting Personal Identifying Information.

Effective Date: *January 21, 2014*

Description:

The Agency is responsible for the protection of client information. The Agency Administrator is the first line of defense when exporting information. Any management or operational reports generated from exported data require additional protection. CMS System Support Administrators recommend these best practices:

- Limit access within your organization to files (any form) with Personal Identifiable Information (name, birth date, SSN, etc.). When possible, strip name and birth dates. Provide the information only to people that "need to know" in the organization.
- Keep any form of the electronic files secure (zip, expanded, converted) on a network drive with limited access, securely protected files.
- Delete the zip, expanded, or converted files after use – don't store file indefinitely.
- Properly dispose of paper copies of generated reports. Shredding is recommended.

Policy: Do not store or save the zip, expanded or converted files containing exported information on portable media (e.g. flash drives, cds, cell phones, etc.)

Effective Date: *January 21, 2014*

Description:
Portable media (flashdrives, CDs, cell phones, etc.) can be lost or stolen. Therefore clients' Personal Identifying Information should only be stored on a password protected portable media, or limited to storing in an electronically secure location.

Policy: Do not email clients' Personal Identifying Information (PII) unless encryption software is used.

Effective Date:

Description: Information transmitted by email is not secure. Therefore, clients PII should never be sent though email unless encryption software is used. When sending email about clients, users should only send the clients' ID numbers.

September 27, 2017

Ref: Public Housing Authority Administration Plans

To Whom It Concerns:

Please consider this letter as verification that neither of the two Public Housing Authorities (Colorado Springs Housing Authority and Fountain Housing Authority) in C0-504 Colorado Springs / El Paso County Continuum of Care currently has a homeless preference. This is due to existing rules.

Colorado Springs Housing Authority participates in the community's Coordinated Entry process (indicating a preference for the homeless); however, due to existing rules prohibiting preference, none of the housing brought to CE is part of their Public Housing or Housing Choice Voucher program. In 2016, CSHA changed their process to collect information on homelessness as well as when clients are housed.

The CoC encourages all PHAs to examine the implementation of a preference rule. The CoC also encourages the evaluation and reduction of barriers, as appropriate.

At this time, the respective plans do not contain homeless preference language therefore, no attachment has been included other than this attestation.

Sincerely,

Suzi Arnold

Suzi Arnold

Community Systems Project manager

2017 HDX Competition Report
PIT Count Data for CO-504 - Colorado Springs/El Paso County CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count	1302	1415
Emergency Shelter Total	591	536
Safe Haven Total	0	0
Transitional Housing Total	400	422
Total Sheltered Count	991	958
Total Unsheltered Count	311	457

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	387	374
Sheltered Count of Chronically Homeless Persons	239	120
Unsheltered Count of Chronically Homeless Persons	148	254

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	122	125
Sheltered Count of Homeless Households with Children	117	117
Unsheltered Count of Homeless Households with Children	5	8

Homeless Veteran PIT Counts

	2011	2016	2017
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	180	168	198
Sheltered Count of Homeless Veterans	116	124	126
Unsheltered Count of Homeless Veterans	64	44	72

2017 HDX Competition Report
HIC Data for CO-504 - Colorado Springs/El Paso County CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2017 HIC	Total Beds in 2017 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	520	23	497	100.00%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	446	0	418	93.72%
Rapid Re-Housing (RRH) Beds	118	0	118	100.00%
Permanent Supportive Housing (PSH) Beds	606	0	606	100.00%
Other Permanent Housing (OPH) Beds	30	0	30	100.00%
Total Beds	1,720	23	1669	98.35%

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	174	552

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

Households with Children	2016 HIC	2017 HIC
RRH units available to serve families on the HIC	9	17

2017 HDX Competition Report

HIC Data for CO-504 - Colorado Springs/El Paso County CoC

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC
RRH beds available to serve all populations on the HIC	78	118

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Summary Report for CO-504 - Colorado Springs/El Paso County CoC

Measure 1: Length of Time Persons Remain Homeless

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

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

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

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	2898	3830	32	33	1	15	15	0
1.2 Persons in ES, SH, and TH	3522	4476	71	79	8	23	25	2

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

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

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

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	-	3591	-	77	-	-	21	-
1.2 Persons in ES, SH, and TH	-	4417	-	137	-	-	37	-

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

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

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

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
		# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	5	0	0%	0	0%	0	0%	0	0%
Exit was from ES	557	92	17%	51	9%	44	8%	187	34%
Exit was from TH	252	11	4%	2	1%	4	2%	17	7%
Exit was from SH	0	0		0		0		0	
Exit was from PH	480	21	4%	18	4%	38	8%	77	16%
TOTAL Returns to Homelessness	1294	124	10%	71	5%	86	7%	281	22%

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

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

	2015 PIT Count	Most Recent PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	1073	1302	229
Emergency Shelter Total	496	591	95
Safe Haven Total	0	0	0
Transitional Housing Total	334	400	66
Total Sheltered Count	830	991	161
Unsheltered Count	243	311	68

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2015	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons	3563	4526	963
Emergency Shelter Total	2939	3885	946
Safe Haven Total	0	0	0
Transitional Housing Total	735	783	48

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

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

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults (system stayers)	144	144	0
Number of adults with increased earned income	16	15	-1
Percentage of adults who increased earned income	11%	10%	-1%

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

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults (system stayers)	144	144	0
Number of adults with increased non-employment cash income	37	33	-4
Percentage of adults who increased non-employment cash income	26%	23%	-3%

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

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults (system stayers)	144	144	0
Number of adults with increased total income	52	47	-5
Percentage of adults who increased total income	36%	33%	-3%

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	286	289	3
Number of adults who exited with increased earned income	80	60	-20
Percentage of adults who increased earned income	28%	21%	-7%

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

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	286	289	3
Number of adults who exited with increased non-employment cash income	37	41	4
Percentage of adults who increased non-employment cash income	13%	14%	1%

FY2016 - Performance Measurement Module (Sys PM)

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	286	289	3
Number of adults who exited with increased total income	103	89	-14
Percentage of adults who increased total income	36%	31%	-5%

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

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

	Submitted FY 2015	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	3141	4216	1075
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	714	998	284
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	2427	3218	791

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

	Submitted FY 2015	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	3722	4760	1038
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	816	1136	320
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	2906	3624	718

FY2016 - Performance Measurement Module (Sys PM)

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

This Measure is not applicable to CoCs in 2016.

FY2016 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2015	Current FY	Difference
Universe: Persons who exit Street Outreach	1	345	344
Of persons above, those who exited to temporary & some institutional destinations	1	1	0
Of the persons above, those who exited to permanent housing destinations	0	0	0
% Successful exits	100%	0%	-100%

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

	Submitted FY 2015	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited	3322	4097	775
Of the persons above, those who exited to permanent housing destinations	1081	982	-99
% Successful exits	33%	24%	-9%

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

	Submitted FY 2015	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH	591	673	82
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	550	617	67
% Successful exits/retention	93%	92%	-1%

2017 HDX Competition Report
FY2016 - SysPM Data Quality

CO-504 - Colorado Springs/El Paso County CoC

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

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

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

2017 HDX Competition Report
FY2016 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016
1. Number of non-DV Beds on HIC	332	266	256	270	490	563	348	453	416	419	508	582	163	171	347	78				
2. Number of HMIS Beds	319	247	235	249	429	485	297	427	227	400	508	582	163	171	347	78				
3. HMIS Participation Rate from HIC (%)	96.08	92.86	91.80	92.22	87.55	86.15	85.34	94.26	54.57	95.47	100.00	100.00	100.00	100.00	100.00	100.00				
4. Unduplicated Persons Served (HMIS)	2909	2967	2924	3872	723	807	734	783	464	492	587	673	731	827	679	760	405	345	445	474
5. Total Leavers (HMIS)	2627	2725	2680	3663	364	516	400	420	65	100	118	123	564	691	471	547	276	160	261	343
6. Destination of Don't Know, Refused, or Missing (HMIS)	1406	1259	1655	2752	47	58	30	37	7	14	21	35	0	17	47	60	186	142	260	343
7. Destination Error Rate (%)	53.52	46.20	61.75	75.13	12.91	11.24	7.50	8.81	10.77	14.00	17.80	28.46	0.00	2.46	9.98	10.97	67.39	88.75	99.62	100.00

2017 HDX Competition Report

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2017 PIT Count	1/22/2017	

Report Submission Date in HDX

	Submitted On	Met Deadline
2017 PIT Count Submittal Date	5/1/2017	Yes
2017 HIC Count Submittal Date	5/1/2017	Yes
2016 System PM Submittal Date	6/1/2017	Yes