

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for reviewing the following:

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

1A. Continuum of Care (CoC) Identification

Instructions:

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

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

1A-2. Collaborative Applicant Name: Community Health Partnership

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Community Health Partnership

1B. Continuum of Care (CoC) Engagement

Instructions:

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

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

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	Yes	Yes
Hospital(s)	Yes	Yes
EMS/Crisis Response Team(s)	Yes	Yes
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	No	No
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Not Applicable	No
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
Mental Illness Advocates	Yes	Yes
Substance Abuse Advocates	Yes	Yes

Other:(limit 50 characters)		
Business/Developers	Yes	Yes
Faith Community	Yes	Yes
Funders	Yes	Yes

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

The PPCoC is committed to an open, transparent, participatory process and welcomes any community member or organization that is interested in reducing/ending homelessness to participate in monthly general member meetings, also known as the Coalition of Homeless Advocates & Providers, or CHAP 2.0. Out of 412 members, 40-50 regularly attend monthly meetings and provide input/feedback on current PPCoC issues. The PPCoC uses listservs to share general info, announce meetings, distribute reports e.g. AHAR, PIT, & HIC and solicits participation in PPCoC activities. CHAP 2.0 sub committees look at gaps & potential solutions and solicit input from community subject matter experts that aren't necessarily members of CHAP.

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

Per the PPCoC Governance Charter, the PPCoC maintains an open membership policy that supports dynamic diversification of membership. Membership is open to anyone and any type of organization that is committed to ending and/or preventing homelessness. Currently members are recruited via the CHP website, CHAP listserv (currently has 412 members), and through outreach by PPCoC staff and Board of Directors. The PPCoC staff and Board collaborates with a number of different community partners eg. City, County & neighborhood organizations to attract those with adjacent interests to participate in the PPCoC. Typically 1-2 homeless persons attend the CHAP meeting. In May 2018, a widely publicized evening CHAP meeting was held at the City Auditorium. Over half the participants at this meeting were people experiencing homelessness.

New members are asked to fill out a simple application to ensure active participation in the PPCoC. In addition, the PPCoC issues open invitations to attend general member meetings via the CHAP listserv, posts meeting agendas & minutes on the PPCoC website.

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

On June 25, 2018, the PPCoC announced the 2018 CoC NOFA Competition on the PPCoC website, as well as through an email to a listserv of 412 members, agencies, private, public and nonprofit entities, faith-based organizations and subscribing news media members. On July 9, 2018, a request for letters of interest (LOI's) for any new or renewing applicants wishing to apply for the 2018 CoC NOFA, were sent out via the same listserv and posted to the PPCoC website. On the same date, a NOFA application timeline was posted to the PPCoC website to ensure all applicants had a clear outline of application deadlines. Applicants wishing to participate in the 2018 CoC NOFA Competition, submitted letters of interest by the July 16, 2018 deadline. The Ranking and Prioritization Committee received 4 LOI's for new projects and 14 LOI's for renewal projects. 17 invitations were sent to applicants to proceed with submitting a project.

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Not Applicable
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Funding Collaboratives	Not Applicable
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	No
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
Public Library System	Yes

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:

- (1) consulted with ESG Program recipients in planning and allocating ESG funds; and**
 - (2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.**
- (limit 2,000 characters)**

The PPCoC works closely with the City of Colorado Springs and ESG staff on housing and homeless issues. The PPCoC's two ex-officio board members from the City consult with the Board and CHAP 2.0 to align ESG & CDBG funding priorities. In 2018, the PPCoC GB adopted the City's ESG standards,

specifically in regards to the governance of CE and incorporated RRH into Coordinated Entry.

Every fall, the City and the PPCoC host a consultation with the City's Community Development Division, the Homeless Prevention and Response Coordinator, PPCoC Staff and Board Members, and recipient agencies of ESG, CBDG, and CoC funds to better understand the needs and gaps of organizations serving people who are homeless. If an organization is under performing, their challenges are addressed during the consultation and solutions are suggested in a non-threatening, peer driven format. The PPCoC GB utilizes the information and feedback given during the fall consultation to provide recommendations to the City's annual Action Plan which sets priorities for ESG, CBDG, and HOME funds.

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

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)? Yes

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:

(1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and

(2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.

(limit 2,000 characters)

Per the written guidelines in the PPCoC Coordinated Entry Policies and Procedures Manual, the PPCoC Coordinated Entry process requires that individuals or families are not denied access to the CE process if experiencing or fleeing from domestic violence, dating violence, sexual assault, and/or stalking (HUD Category 4 Homeless Definition).

The PPCoC has a No Wrong Door Policy at all access points, regardless of whether the agency serves all individuals. This means that any individual presenting at an access point will be provided help to access a shelter (domestic violence or other shelter) or medical facility when they present with an emergency need. Help in emergency situations is always available, and clients will be referred/helped by staff to manage the emergency in the best way possible at the time, even if outside of normal business hours.

DV survivors served by HMIS participating agencies have a choice to remain

anonymous/private in HMIS as well as whether to identify as a victim. Homeless and victim services providers generally have trauma-informed care training. Information is shared as directed/approved by clients through releases. When a client presents at a homeless services provider, their full range of needs are evaluated, case plans are created, and referrals are provided to needed resources, including TESSA for tailored victim services. Each CE provider makes every effort to protect DV survivors' privacy and safety and ensure that established housing is never endangered by reports of DV or re-victimization.

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

TESSA, the region's only organization of its kind, provides emergency assistance to clients in imminent danger as a result of domestic violence. TESSA provides comprehensive Victim Advocacy training 3 times year and other training as requested. Member agency and Coordinated Entry staff are required to attend at least one DV training annually. Additional topics of training include: Dynamics of DVSA, recognizing trauma, trauma-informed care, best practices for working with victims, and identifying high lethality.

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

The PPCoC utilizes data related to domestic violence, dating violence, sexual assault, and stalking from local law enforcement agencies, as well as data reported in the Homeless Management Information System (HMIS) by non-DV providers, PIT Study data, and data from TESSA, the region's only organization dedicated specifically to Domestic Violence/Sexual Assault survivors.

From this data we know the Colorado Springs Police Department responds to 30-40 domestic violence calls per day. El Paso County is home to five (5) military installations, the most of any other county in the United States. The Pentagon's Sexual Assault Prevention and Response office stated that in 2014 there were an estimated 30,000 sexual assaults in the military with only 20% being reported. El Paso County has the highest rate of Child Abuse reports of any Colorado county, with over 29,000 reports made in 2017.

TESSA collects data in CAFE, a salesforce-based system that allows them to assign numeric codes to clients to ensure that that clients cannot be identified. TESSA is able to pull the de-identified aggregate data and provide it to the PPCoC.

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

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

SSO Coordinated Entry	<input type="checkbox"/>
RRH	<input checked="" type="checkbox"/>
Joint TH/RRH	<input checked="" type="checkbox"/>

1C-4b. Applicants must describe:

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

Data reported in the Homeless Management Information System (HMIS) by non-DV providers in FY 2017 (July 1, 2017 – June 30, 2018) indicated that of the 2,601 individuals input into HMIS, 635 individuals (nearly 25%) indicated that they were fleeing domestic violence. In the January 2018 annual Point in Time (PIT) Survey, 84 (5%) out of 1,551 people surveyed on a single day indicated that they were fleeing domestic violence.

In 2017, TESSA served 5,921 unduplicated survivors of domestic violence and provided almost 11,000 nights of shelter to 360 women and children.

1C-4c. Applicants must describe:

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

19 in PIT indicated that they were unsheltered. 143 from HMIS data indicate housing needed or will be needed.

TESSA uses CAFE, a Salesforce-based system utilized by most domestic violence programs in Colorado. TESSA reported that out of 5,921 domestic violence survivors served in 2017, 1,216 (22%) reported that they had housing needs. TESSA has seen a significant uptick in domestic violence survivors seeking their services in 2018. For a period of 9 1/2 months, TESSA has already served 5,733 survivors and 1,739 (30%) of them have indicated a need for housing.

1C-4d. Based on questions 1C-4b. and 1C-4c., applicant must:

- (1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;**
- (2) quantify the unmet need for housing and services for DV survivors;**
- (3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and**

**(4) describe how the CoC determined the unmet need for housing and services for DV survivors.
(limit 3,000 characters)**

Officials indicate that a number of sexual assaults and domestic violence cases in El Paso County go unreported. This makes it difficult to accurately quantify the unmet need for housing and services for DV survivors. Data reported in HMIS shows that 25% of the individuals entered into HMIS in FY 2017 reported that they were fleeing domestic violence and roughly 22% of those individuals indicated that they needed housing. DV provider TESSA, provided almost 11,000 nights of shelter to women and children in imminent danger.

TESSA indicates that there are several ongoing unmet housing needs for their clients. Clients are unable to receive any assistance with back dated rent or utilities. Many of their clients may need rental assistance, but do not have current employment and would need continuous support with rental assistance which would decrease their ability to assist more clients. Some of their clients are unable to work due to disabilities and would need to apply for benefits before assistance could be granted. Another barrier their clients face is the price of rent in the area, which creates difficulties for clients that cannot continue to afford their rent after assistance ends through the housing program. Some clients do not feel comfortable living with a roommate after leaving their abusive relationship, but cannot afford to live by themselves after assistance ends. Another unmet need is finding rental properties that will accept the clients, especially if they have evictions or felonies on their record.

Victims often lack references from previous landlords, are denied approval on grounds of criminal records, which is often due to activity surrounding previous domestic violence incidents, or simply lack the income for deposits and rent on alternative housing because of financial abuse. Other barriers include lack of transportation, moving expenses and basic living necessities, crucial to establishing stability and independence.

A new statewide HMIS vendor has been selected and implementation of the new HMIS system should be complete by the end of 2018. This new system has a special component for DV providers to be able to enter and track de-identified data in HMIS and meet all of the privacy requirements, yet still allow the DV survivor data to be aggregated with the data from non-DV providers. This new system and process of collecting data for DV survivors will allow for a much clearer picture of housing needs for DV survivors in 2019.

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

Domestic violence survivors in this geographic region have few "safe" locations to flee from domestic violence. Awarding the DV Bonus project to Colorado Springs/El Paso County will provide up to 65 additional beds and services to allow domestic violence survivors to move to a safe location and receive services to ensure a successful future.

The PPCoC is excited about building housing capacity for domestic violence survivors by welcoming a new provider, Red Wind Consulting, Inc., to the NOFA competition. Red Wind serves a culturally expansive DV population, specifically

the Native American culture. They are proposing a longer RRH period (up to 18 months) which will promote long-term stability.

Both TESSA and Red Wind, Inc. are proposing building up the landlord network as a condition of the grant which should improve placement effectiveness, especially for past evictions and other barriers to placement. Not only will this provide more units for DV survivors, but this will allow for efficiency in placement which will build capacity for the DV housing network as a whole.

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

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

TESSA has a long history of providing comprehensive, trauma-informed services to domestic and sexual violence victims that include a 32-bed shelter (one of Colorado's largest domestic violence shelters); a Children's Program for residential and non-residential children; Safety and Support Program with six satellite offices for case management, legal services, and advocacy to assist families in securing basic needs; and a Clinical Program that provides individual and group therapy.

Shelter systems include assessment and eligibility, intake, client orientation, facility safety measures, and transition to sustainable, safe housing. Services to domestic violence victims include case management, therapy (individual and group), children's case management, advocacy to local systems, and client referrals to local resources.

TESSA's Housing First Program, which is a Rapid Re-Housing project, was launched in August, 2017. Since the program was established, TESSA has assisted 88 families with housing totaling 243 individuals who have been provided direct assistance through the Housing First Program.

Haseya

Persons eligible for the Haseya Housing Program are homeless as a result of domestic violence and in need of housing with supportive services. The target population for the project will be a diverse population of American Indians living in Colorado Springs, CO. As an Urban Indian program, Haseya will not discriminate. Haseya will develop landlord relationships to assist with rapidly rehousing survivors during the first 6 months of the project by marketing the program to landlords in the community and building relationships with affordable housing providers. Haseya will begin providing housing assistance for survivors that includes rental subsidy that will decrease during an 18-month period. Haseya will help with lease application fees, deposits and moving. Housing advocacy that helps survivors with identifying and securing housing including housing search, working with landlords, and seeking community affordable housing options. Childcare assistance will be made available for housing searches. Participants will decide where they can seek housing. The Haseya

Housing Program will provide ongoing safety planning to participants that includes safety for self and other family members, safety as they move about the community and city, and safety in their housing. The participants will have access to goal planning, assistance with developing life skills; assistance with identification of resources addressing their economic stability, assistance with financial literacy; household management; and culturally specific family strengthening activities. The participants will continue to have access to Haseya Advocate Program crisis advocates for ongoing domestic violence related matters such as safety strategies, court accompaniment, and working with law enforcement and the prosecutor. The Haseya Housing Program will provide participants with assistance in identifying mainstream resources such as access to public assistance, supplemental nutrition assistance, food shelves and food programs, and other forms of assistance. The Haseya Advocate will assist each person with identifying healing options locally that are culturally appropriate as they address the domestic violence. Activities will include accessing forms of healing, cultural activities that address current trauma and multi-generational trauma, and comprehensive safety planning for each household member.

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:

- (1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;**
- (2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and**
- (3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
Housing Authority of City of Colorado Springs	1.00%	No	No

1C-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 2,000 characters)

In FY 2017, 0 placements for Section 8 housing vouchers went through Coordinated Entry and 38 Homeless Program placements from the PHA went through Coordinated Entry.

In an effort to encourage local PHA's to adopt a homeless admission preference into their written policy, the PPCoC Board invited representatives from the

Colorado Springs Housing Authority and the El Paso County Housing Authority to serve as ex-officio Board Members. In addition, a representative of the City of Colorado Springs PHA was invited to attend weekly Coordinated Entry case conferencing to understand the growing need for housing for individuals and families who are homeless in this region.

1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)? No

1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness. (limit 2,000 characters)

The PPCoC adopted the ESG written standards into the policies and procedures. All CE providers offer housing/services/referrals without regard to clients' actual or perceived sexual orientation, gender identity, or biological sex as reported at birth or marital status. Providers take all reasonable steps to address each client's expressed or observed concerns. All providers maintain client confidentiality and communicate clearly when LGBT identification may be shared in a referral.

Committed to accurate information to inform services, the PPCoC collects data regarding sexual orientation and gender identity at all shelters and CoC-funded organizations. Clear information is emerging in the first year of the "A Way Home America" dashboard project relating to LGBTQ youth experiencing homelessness in the region who have taken the VI-SPDAT. In July 2018, while 5 percent of youth on the by-name list for housing identified as LGBTQ, none of the 13 youth housed were LGBTQ. Further inquiry is needed to determine whether the LGBTQ youth identified scored at a lower vulnerability ranking, were more difficult to locate, or whether challenges with housing resources played a role.

Cultural competency training for the staff at adult shelter service providers on serving LGBTQ people in homelessness is available in coordination with Urban Peak Colorado Springs and other resources. An emphasis is placed on the HUD Equal Access Rule and on Colorado law protecting LGBTQ individuals for access to public accommodation, including housing access.

1C-6a. Anti-Discrimination Policy and Training. Applicants must indicate if the CoC implemented a CoC-wide anti-discrimination policy and conducted CoC-wide anti-discrimination training on the Equal Access Final Rule and the Gender Identity Final Rule.

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="checked" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="checked" type="checkbox"/>
Engaged/educated local business leaders:	<input checked="checked" type="checkbox"/>
Implemented communitywide plans:	<input checked="checked" type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
Other:(limit 50 characters)	
Educated community members	<input checked="checked" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

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

The PPPCoC Coordinated Entry (CE) system ensures fair and equal opportunities for homeless individuals, youths, and families, to be assessed throughout the CoC geographic region of El Paso County, Colorado. CE is advertised through a variety of outlets to support the PPCoC's, "No Wrong Door" policy throughout El Paso County. Advertisement techniques include: Street outreach, 24-hour a day sign postage, web advertisement through the Community Health Partnership and City of Colorado Springs websites, and 15 distinct locations for homeless service providers throughout El Paso County to conduct the housing vulnerability assessment for housing placement.

The PPCoC has partnered with both homeless housing service agencies & homeless supportive services agencies. This includes partnering with the local low-barrier emergency shelter for homeless adults, youths, & families, to assist in identifying higher needs clients to assign to available housing resources. This partnership emphasizes the most frequently serviced locations for homeless individuals, youth, & families seeking to connect to food, healthcare, emergency shelter, & other community resources. Supportive services providers offer street outreach to administer the housing vulnerability assessment in the community. Coordinated Entry utilizes the VI-SPDAT, TAY-VI-SPDAT, and FAMILY-VI-SPDAT housing vulnerability assessment to assess all clients, adult individuals, youths, and families, experiencing homelessness seeking housing placement through the CoC. These housing assessment surveys allow for a fair & equal opportunity for individuals, youth, & families experiencing homelessness to be ranked & prioritized based on vulnerability & housing need on the Coordinated Entry, By Name List. CE meets on a weekly basis to review the By Name List and ensure timely & efficient housing assignment & placement based on clients' vulnerabilities and level of supportive need.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

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

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

Instructions

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

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:

- (1) objective criteria;**
- (2) at least one factor related to achieving positive housing outcomes;**
- (3) a specific method for evaluating projects submitted by victim services providers; and**
- (4) attach evidence that supports the process selected.**

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

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:

- (1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and**
- (2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.**

(limit 2,000 characters)

The PPCoC follows a transparent process for reviewing, ranking, and prioritizing submitted projects based on the HUD NOFA project evaluation tool. Specific needs and vulnerabilities are considered by the PPCoC Ranking and Prioritization Committee (R&P Committee) in the evaluation of projects initially through a Letter of Interest (LOI) requested for new and renewing projects. Within the LOIs, the PPCoC requests a narrative description of how and who projects would serve. Project descriptions are required to include: Project summary, numbers of anticipated households served annually, target population(s) to be served, strategies for prioritizing referrals for those with the greatest vulnerabilities, strategies to follow Housing First principles, strategies for helping homeless clients access mainstream resources, and proposed community partners to help identify and assess clients seeking housing placement.

The CoC R&P Committee reviewed LOIs for eligibility only. Eligible applicants were then notified and invited to submit the HUD CoC Program Rating and Ranking Tool for New or Renewal Projects, which assisted the R&P

Committee's review of project submissions based on past program efficacy and CoC participation to ensure new and renewing projects would support a low-barrier, Housing First model in placing the most vulnerable homeless persons successfully into housing. Scores from each application were placed into the HUD CoC Program Rating and Ranking Tool to generate a ranked list of projects. The ranked list was then reviewed by the R&P Committee and a list of follow up questions were sent to project applicants to answer any gaps in their proposals. Applicants were provided at least three business days to respond and all responses were considered before the final project rankings were discussed and manually ranked to Tier I or II based on final project scoring, alignment with HUD priorities, and CoC capacity to serve a spectrum of vulnerable sub-populations.

1E-3. Public Postings. Applicants must indicate how the CoC made public:

- (1) objective ranking and selection process the CoC used for all projects (new and renewal);**
- (2) CoC Consolidated Application—including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and**
- (3) attach documentation demonstrating the objective ranking, rating, and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available, that legibly displays the date the CoC publicly posted the documents.**

Public Posting of Objective Ranking and Selection Process		Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings	
CoC or other Website	<input checked="" type="checkbox"/>	CoC or other Website	<input checked="" type="checkbox"/>
Email	<input checked="" type="checkbox"/>	Email	<input checked="" type="checkbox"/>
Mail	<input type="checkbox"/>	Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>	Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>	Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>	Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>

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

FY 2014 and FY 2018 CoC Program Competitions.**Reallocation: Yes****1E-5. Local CoC Competition. Applicants must indicate whether the CoC:**

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

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

2A-1a. Applicants must: CoC Governance Charter; Pg 4-5 and 11-12
 (1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and
 (2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).

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

2A-3. HMIS Vender. What is the name of the HMIS software vendor? Adsytech; Migrating to BitFocus 12/18

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

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

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	592	33	559	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	438	0	394	89.95%
Rapid Re-Housing (RRH) beds	106	0	106	100.00%
Permanent Supportive Housing (PSH) beds	610	0	610	100.00%
Other Permanent Housing (OPH) beds	31	0	31	100.00%

**2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months.
(limit 2,000 characters)**

N/A. The bed coverage rate is 89.95% for TH beds and 100% for ESG, RRH, PSH, and OPH beds.

**2A-6. AHAR Shells Submission: How many 7
2017 Annual Housing Assessment Report
(AHAR) tables shells did HUD accept?**

2A-7. CoC Data Submission in HDX. 04/30/2018
Applicants must enter the date the CoC
submitted the 2018 Housing Inventory Count
(HIC) data into the Homelessness Data
Exchange (HDX).
(mm/dd/yyyy)

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

Instructions:

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

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy). 01/28/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy). 04/30/2018

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

Instructions:

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

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

The implementation and methodology for the 2018 PIT remained almost unchanged from the 2017 PIT. The PPCoC supported the statewide effort to conduct a youth specific count simultaneously with the PPCoC's PIT Count. The youth's specific effort included a Youth Supplemental Survey (YSS) that incorporated questions about life experiences of the youth. The data collected for youth and the corresponding report included such useful information, the recommendation for the 2019 PIT is that all supplemental questions will be given to all individuals to better tell the experiences of all persons experiencing homelessness.

The following was a recommendation from the 2018 PIT, which will be a goal of upcoming PITs. Many housing programs are not required to participate in HMIS and choose not to participate, which prevents the community from understanding the true nature and extent of homelessness and from fully participating in the aggregation of data to better inform homeless policy. Finding strategies to encourage robust participation in this system will help improve the quality of interventions.

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

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

Beds Added:	217
Beds Removed:	0
Total:	217

**2C-3. Presidentially Declared Disaster No
Changes to Sheltered PIT Count. Did your
CoC add or remove emergency shelter,**

transitional housing, or Safe Haven inventory because of funding specific to a Presidentially declared disaster, resulting in a change to the CoC's 2018 sheltered PIT count?

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

Beds Added:	0
Beds Removed:	0
Total:	0

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

2C-4a. If "Yes" was selected for question 2C-4, applicants must:
(1) describe any change in the CoC's unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018; and
(2) specify how those changes impacted the CoC's unsheltered PIT count results.
(limit 2,000 characters)

This year, 180 volunteers administered PIT surveys. This was a 50% increase in the number of volunteers over 2017 (120). The count was also supported by specialized law enforcement (Homeless Outreach Team) and community outreach teams with established relationships with people living in camps. More "boots on the ground" year-round resulted in a more accurate census and better understanding of the lived experience of people surviving outdoors.

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

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

**during the 2018 PIT count.
(limit 2,000 characters)**

Urban Peak's street outreach team engaged youth in reviewing supplemental questions for the PIT. During the 2018 PIT, the PPCoC supported the statewide effort to conduct a youth specific count simultaneously with the PPCoC's PIT Count. The youth's specific effort included a Youth Supplemental Survey (YSS) that incorporated questions about life experiences of the youth. The data collected for youth and the corresponding report included such useful information, the recommendation for the 2019 PIT is that all supplemental questions will be given to all individuals to better tell the experiences of all persons experiencing homelessness.

Another effort involving homeless youth was planned by UP and McKV Liaisons. Through this partnership, two Come and Be Counted events took place. The events were planned by the McKV Liaisons and the surveys were administered by UP staff and PIT volunteers. Youth and families who attended the event understood the intentions of the survey and were open to participating. Without this partnership, these youth and families would not have been counted.

Lastly, UP dedicated staff to helping with the count to ensure youth hotspots were accessed and that youth specific staff with skills and experience in working with youth were administering surveys.

2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count:

- (1) individuals and families experiencing chronic homelessness;**
- (2) families with children experiencing homelessness; and**
- (3) Veterans experiencing homelessness.**

(limit 2,000 characters)

The surveys used for the PIT count included questions to identify families experiencing chronic homelessness, families with children experiencing homelessness, and veterans experiencing homelessness. The PPCoC also utilized the expertise of organizations that serve these groups in the planning processes. These agencies were instrumental in mapping locations where these individuals congregate or set up encampments. Conducting surveys at the recently completed Springs Rescue Mission Campus and newly housed family program at Catholic Charities proved to be large, effective survey sites capturing a number of chronic homeless families and individuals, families with children experiencing homelessness, and veterans experiencing homelessness.

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

Number of First Time Homeless as Reported in HDX.	3,951
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3A-1a. Applicants must:

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

In determining risk factors for homeless prevention, the PPPCoC provided policy and procedural insights into a local Eviction Prevention Program to focus on providing homeless prevention assistant funding based on: 1) conditional one-time life-crisis events, 2) imminent threat of eviction without support, 3) oversight committee review, and 4) consideration on emergency financial assistance of funds available elsewhere in the community.

The PPCoC's strategy for addressing homeless prevention has been to coordinate planning efforts between participating agencies to support a common vision and convene a forum of government entities, community-based organizations, and citizens to address key needs. This approach aims to leverage existing community partnerships and resources in better identifying individuals and families at risk of experiencing homelessness and redirecting support to local agencies and government entities with available homeless prevention resources.

Community Health Partnership is tasked with overseeing the CoC's strategy to reduce the number of individuals & families experiencing homelessness for the first time. In order to achieve this strategy, CHP looks at the City's Annual Action Plan and works with the recently hired Homeless Prevention and Outreach Coordinator at the City to ensure more precise identification of areas in need of more housing units, housing rehabilitation, affordable housing preservation, or other stabilization methods as well as homelessness prevention and engaging more citizens, faith-based groups, and service providers to strengthen the network of providers.

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

The PPCoC has expanded involvement with emergency shelter service providers in reducing length-of-time individuals and persons in families remain homeless. This collaboration allows for chronic homeless individuals, youths, and families to be assigned a resource navigator to assist with case management, documentation readiness, and referrals to community resources.

Coordinated Entry (CE) through the PPCoC ranks and prioritizes individuals, youth, and families based on a variety of risk factors including length of time homelessness. The CE policies, implementations, and procedures prioritizes length of time homeless and numbers of time homeless in a three-year period as the second and third factor, respectively, when determining the community ranking in the CE By Name List, which is proceeded only by the vulnerability index housing assessment score produced in the PPCoC community housing assessment tool, the VI-SPDAT.

Community Health Partnership is responsible for overseeing the PPCoC's strategy to reduce the length of time individuals and families remain homeless. To ensure that length-of-time homeless is being shortened, the PPCoC monitors performance data by housing type and by individual grantee to determine if individual projects or the collective system is reducing the length of time homeless for families and individuals. This information is reviewed monthly during the Coordinated Entry Advisory/Planning meeting.

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

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	29%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	92%

3A-3a. Applicants must:

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

(limit 2,000 characters)

The PPCoC's strategy in increasing the permanent housing rate for individuals and persons in families in emergency shelters, transitional housing, and rapid rehousing is a two-pronged approach. First, supportive case management services are provided within ES, TH, and RRH programs to empower individuals and persons in families to seek financial independence through job placement and access to federal and state aid programs. Supporting individuals and persons in families also requires offering a diversity of assistance programs such as available access and choice for physical health, mental health, and substance use services. Many homeless individuals and persons in families struggling to maintain financial independence have been forced into homeless housing service programs due to major life events such as addictions or illnesses, which need to be addressed and treated before individuals and persons in families can successfully take advantage of permanent housing opportunities.

The second goal of improving the CoC permanent housing rate is through improving landlord engagement and housing navigation to connect individuals and persons in families capable of maintaining permanent housing independently. The CoC actively engages with the Southern Colorado Apartment Association to improve landlord relationships and educate landlords around housing voucher and assistance programs.

The PPCoC also directs support to individuals and persons in families in permanent housing projects by maintaining relationships with the local Housing Authority, who oversee permanent housing projects, with a goal to connect the Housing Authority to local supportive service agencies

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

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

3A-4a. Applicants must:

(1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;
(2) describe the CoC's strategy to reduce the rate of additional returns to homelessness; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families returns to homelessness.

(limit 2,000 characters)

The PPCoC uses performance data from the Homeless Management Information System (HMIS) to analyze program success rates in individuals and persons in families retaining permanent housing. This allows the PPCoC to identify common factors at a program specific level for individuals and persons in families who return to homelessness from permanent housing. The PPCoC then assesses and evaluates programmatic performance success by scoring housing agencies on housing retention based on outcome-based measures.

The PPCoC encourages housing and service providers to adopt, use, and refine evidence-based practices, within HUD guidelines, to reduce the rate of additional returns to homelessness. The PPCoC sponsors annual convenings and a biannual Summit to introduce best practices and support innovation to improve housing outcomes. Last year's Summit highlighted several effective housing models which work to prevent returns (among other positive outcomes), serving different populations. The PPCoC provides oversight and support for agencies seeking to improve their practices by conducting annual site reviews visits or monthly education and re-training opportunities of housing best practices through Coordinated Entry and CHAP 2.0.

Reducing returns to homelessness is currently tracked at each individual program level. The PPCoC uses program specific reporting to look at returns to homelessness. This information is reviewed by the Ranking and Prioritization Committee when reviewing renewing program applications for the annual CoC NOFA competition. Community Health Partnership's recently hired (July 2018), PPCoC Program Manager, oversees housing outcomes, including, returns to homelessness.

3A-5. Job and Income Growth. Applicants must:

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

The PPCoC supports job assistance programs largely through CDBG funding and blending TANF, WIOA, and other funding streams for maximum impact. The PPCoC has partnered with job assistance programs including those with Pikes Peak Workforce Center and Catholic Charities. Both offer vocational training, job fairs, and job preparedness programs and classes. One PPWFC program puts people experiencing homelessness or at-risk back to work. This program relies on referrals from providers and PPWFC is working to integrate services with the local soup kitchen operated by Catholic Charities for even better access. This initiative capitalizes on the effective jobs program already operating at CC which works with TH and ES partners to connect participants to jobs. SOAR, coupled with case management, also helps increase access to cash sources.

The PPCoC works with supportive service agencies with SOAR case managers who assist disabled individuals to access social security benefits and disability

programs. The PPCoC has collaborated with pro-bono legal representatives to oversee social security disability cases for homeless individuals and persons in families. The PPCoC promotes employment organizations by offering community forums for employment organizations to educate and advertise current and upcoming job fairs and funding opportunities for job placement. Service providers also offer bus passes and transportation options for individuals and families seeking job placement. There is currently not an organization responsible for overseeing the PPCoC's strategy to increase job and income growth from employment. The newly hired (4/18) Coordinated Entry Administrator has begun discussions with the Pikes Peak Workforce Center to create a partnership with the PPCoC.

3A-6. System Performance Measures Data 05/31/2018
Submission in HDX. Applicants must enter
the date the CoC submitted the System
Performance Measures data in HDX, which
included the data quality section for FY 2017
(mm/dd/yyyy)

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

Instructions

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

3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:

- (1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and
(2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.

Total number of beds dedicated as DedicatedPLUS	0
Total number of beds dedicated to individuals and families experiencing chronic homelessness	557
Total	557

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written standards for all CoC Program-funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing? Attachment Required. Yes

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

History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>
Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input type="checkbox"/>
Bad credit or rental history	<input type="checkbox"/>
Head of Household with Mental/Physical Disability	<input type="checkbox"/>

3B-2.2. Applicants must:

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

The PPCoC Strategic Plan (Goal #3) is to "Build a durable and unified system focused on performance, coordination, and sustainability." The PPCoC focuses on housing families quickly. Relationships with landlords ensure families with evictions, bad credit & poor rental history have housing choices. All housing (CoC & ESG) comes through CE, prioritizing families with children for housing resources. Catholic Charities Family Connections serves as a portal to shelter and housing for families. Families are triaged, connected to ES or short-term motel while going through VI-SPDAT screening and CE housing placement. Eligible families are connected to TANF and other crisis services and case management to bridge the gap while awaiting RRH and other housing options. Monthly team meetings between Salvation Army ES and Catholic Charities family motel voucher program is complemented by CC's peer navigation/outreach at the library and shelter to connect families to assessment, housing & services. Weekly CE meetings facilitate triage/coordination of housing solutions to minimize disruption of families & prevent or reduce unsheltered periods.

Responsible organization: Catholic Charities-Family Connections.

3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status, or disability when entering a shelter or housing.

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	<input checked="" type="checkbox"/>
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	<input checked="" type="checkbox"/>
CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.	<input checked="" type="checkbox"/>
CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.	<input type="checkbox"/>

3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC's

strategy to address the unique needs of unaccompanied homeless youth includes the following:

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

3B-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input type="checkbox"/>
Bad Credit or Rental History	<input type="checkbox"/>

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

PPCoC members have demonstrated a willingness to question existing models and explore new opportunities. Over the past two years, the PPCoC Ranking and Prioritization Committee has awarded Urban Peak 3 additional housing programs (two PSH and one RRH) to support youth ages 18-24. These programs alone will serve an additional 20 youth per year. The PPCoC used bonus and reallocated funds to prioritize youth specific housing resources. While neither PSH or RRH are new to the community, the prioritization of youth is. These new projects created during the 2017 PPCoC competition and awarded to youth homelessness stakeholders, demonstrates the community's willingness to support ending youth homelessness. UP was also recently awarded Transitional Living Program (TLP) funds through the Federal Youth Services Bureau. This new program allows UP to provide transitional housing support to youth ages 16-21 with a minimum of 18 months of housing support. Currently this is the only housing program in our region that allows minors to access housing support on their own beyond shelter. UP created this program through a partnership with PIH, a transitional housing service provider for

families in our community. PIH is supporting UP with the 8 housing units and full programmatic control. Through the addition of this program, UP has worked with the CES to ensure eligible youth ages 16-21 can be pulled from the community BNL. This process has been an adjustment for all service providers as previously minors were not administered the vulnerability tool, but due to these new resources the process has been adapted to ensure the younger youth have access to the survey.

3B-2.6a. Applicants must:

(1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;

(2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and

(3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies.

(limit 3,000 characters)

Urban Peak tracks the number of current housing units and occupancy rates, the number of potential housing units available, as well as service data (such as case management services, life skills training, mental health and substance abuse treatment, income, etc.) and demographic information. UP also uses measures such as increases in educational levels, decreases in trauma and/or mental health symptoms, and decreases in substance use to compare outcomes among all youth in UP Housing.

In addition to tracking youth vulnerability through the VI-SPDAT housing survey assessment, CE tracks and measures youth success by participating in the national Coordinated Entry Learning Collaborative (CELC) through MANY's Center for Research and Innovation. The CELC focuses on improving CE systems for ending youth homelessness through data-informed conversations between CoCs at a national level. The CoC CE participates by submitting monthly data deliverables to compare and measure youth entry and exit success between CoCs. CE also participates in quarterly short- and long-term goal setting with MANY and engages in collaborative conversations between all participating CoCs to discuss youth housing and services strategies in seeking to reach the overall goal of ending youth homelessness.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:

(1) youth education providers;

(2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);

(3) school districts; and

(4) the formal partnerships with (1) through (3) above.

(limit 2,000 characters)

The PPCoC coordinates services with public schools' McKinney-Vento Homeless Liaisons & State Coordinator for Education of Homeless Children and Youth. PPCoC agencies connect youth, children & families experiencing homelessness with school district liaisons. The PPCoC ensures that youth experiencing homelessness have access to educational resources & services

and attempt to remove barriers for youth by doing the following; Ensuring immediate enrollment into programming, providing transportation to enrolled schools and coordinating with school liaisons to help youth stay current with school work.

Local schools conduct a survey at the start of the school year to identify homeless or at-risk families and provide info to students and parents regarding available services. Teachers are trained to identify homeless children & work with coordinators to ensure students have access to services. Liaisons attend CHAP 2.0 mtgs routinely to ensure relationships and access to resources are maintained.

Although no formal partnership exists with the PPCoC, Catholic Charities(CC) Family Connections just established a partnership with School District 11 and Mitchell HS to provide on-site case management to students/families experiencing economic challenges including homelessness. CC uses VI-SPDAT, referrals, family assessments, and long-term client management to encourage stabilization. Additionally, CC has a formal agreement with CPCD for immediate referrals for children 0-5 from Family Connections to on-site CPCD (Headstart). CC has 5 slots, year-round with a longer day at the Helen Hunt CPCD site (where FamConn is) just for that purpose. Immediate placement supports 2 Gen strategy to break the cycle of poverty.

**3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.
(limit 2,000 characters)**

The PPCoC does not currently have formal policies and procedures regarding Subtitle VII-B of the McKinney-Vento Act. However, McKinney-Vento Homeless Liaisons from several local school districts participate regularly in case conferencing through Coordinated Entry to ensure they have an understanding of the help that is available to children and youth experiencing homelessness. This allows them to refer eligible students to housing agencies for needed services, thus facilitating the provision of the broadest array of supports to these vulnerable students. Conversely, when children and youth experiencing homelessness are identified through partner agencies, referrals can be made to the McKinney-Vento liaisons to ensure that the children and youth are informed of their rights to receive education services.

3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No". Applicants must select "Yes" or "No", from the list below, if the CoC has written formal agreements, MOU/MOA's or partnerships with providers of early childhood services and support.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	No
Head Start	No	No
Early Head Start	No	No
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No

Healthy Start	No	No
Public Pre-K	No	No
Birth to 3 years	No	No
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		

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

The PPCoC employs multiple strategies to identify, assess, & refer homeless Vets. Walk-in screening conducted at Vet Housing Resource Center, VA Community Based Outpatient Clinic (CBOC), and Rocky Mountain Human Services (RMHS). VA program staff meet weekly with Emergency Shelter 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 organizations refer Vets to RMHS for screening of VA & SSVF services. Both the VA & RMHS attend weekly Coordinated Entry meetings. CE process for Vets: 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 to see if they qualify 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, community resources are then sought for them.

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

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

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

3B-5. Racial Disparity. Applicants must: Yes
(1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance;
(2) if the CoC conducted an assessment, attach a copy of the summary.

3B-5a. Applicants must select from the options below the results of the CoC's assessment.

People of different races or ethnicities are more or less likely to receive homeless assistance.	<input checked="" type="checkbox"/>
People of different races or ethnicities are more or less likely to receive a positive outcome from homeless assistance.	<input checked="" type="checkbox"/>
There are no racial disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>
The results are inconclusive for racial disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>

3B-5b. Applicants must select from the options below the strategies the CoC is using to address any racial disparities.

The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	<input type="checkbox"/>
The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	<input type="checkbox"/>
The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	<input type="checkbox"/>
The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups	<input type="checkbox"/>
The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	<input type="checkbox"/>
The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	<input type="checkbox"/>
The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness.	<input type="checkbox"/>
The CoC is educating organizations, stakeholders, boards of directors for local and national non-profit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	<input type="checkbox"/>
The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	<input type="checkbox"/>
The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	<input checked="" type="checkbox"/>
The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

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

Instructions:

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

4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC:

- (1) assists persons experiencing homelessness with enrolling in health insurance; and
- (2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.

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

4A-1a. Mainstream Benefits. Applicants must:

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

The PPCoC Board is comprised of representatives from City, County, PHA, and a Federally Qualified Health Center (FQHC). The PPCoC works with many points of entry, e.g. FQHC, hospitals, and the local Medicaid ACO to manage comprehensive care coordination of clients. Other mainstream needs identified using VI-SPDAT, discussed in CE case conferences and addressed at agency level. Several PPCoC agencies have SOAR-certified staff to assist clients with SSI/SSDI applications to ensure access to non-employment income. PPCoC members share information, education, and resources at monthly CHAP meetings. PPCoC 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.)

4A-2.Housing First: Applicants must report:

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

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	15
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.	12
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	80%

4A-3. Street Outreach. Applicants must:

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

The PPCoC recognizes that Street Outreach is an essential strategy to ending homelessness. There are 3 agencies in the PPoC's geographic area that are conducting Street Outreach. Blackbird Outreach and the Colorado Springs Police Department's Homeless Outreach Team (HOT) conduct regular outreach and primarily interact with unsheltered individuals experiencing homelessness. These two outreach teams have been able to establish trust among those least likely to seek assistance and as a result, connect these individuals to a variety of resources that they might not otherwise be able to access. Urban Peak also conducts street outreach and is focused on youth ages 18 -24. Urban Peak's outreach efforts have resulted in a better understanding of why youth become homeless and the realization that there are more homeless youth in the community than previously thought. UP's efforts have helped to identify more of these youth and connect them with resources.

Although street outreach does not reach the entire geographic area in the PPCoC, significant efforts have been made to identify where homeless individuals and families are staying to ensure they are aware of available resources.

4A-4. Affirmative Outreach. Applicants must describe:

(1) the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability; and

(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above.

(limit 2,000 characters)

The Coordinated Entry Process is available to all who are eligible regardless of race, color, national origin, religion, sexual orientation, gender identity, age, familial status, disability, marital status, etc.

Individuals or families who fall into multiple populations for which an access point is dedicated (i.e. a parent accompanying a youth who is fleeing domestic violence) can be served at all access points for which they qualify. The same assessment approach is used.

All physical access points are accessible to individuals and families with disabilities. All points of entry have ADA accessible facilities. For those individuals and families who are least likely to seek out homeless assistance, street outreach is provided.

The PPCoC is currently working with the Colorado School for the Deaf and Blind for available resources for ocular and/or auditory challenges. The VI-SPDAT (Housing Survey) has been translated into Spanish. For other languages, we have several local translation organizations that will provide interpreters to any access point.

Information is available regarding where to access coordinated entry by calling 211, via United Way and CHP websites, or in person by visiting one of the participating agencies. PPCoC requires all staff and volunteers participating in CE to sign the VI-SPDAT and CE agreement.

All participating agencies have prominently posted notices/posters announcing points of entry information (address, phone and hours doing surveys). This information is updated any time there is a change.

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

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	78	118	40

4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction?

No

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

4B. Attachments

Instructions:

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

Document Type	Required?	Document Description	Date Attached
1C-5. PHA Administration Plan–Homeless Preference	No		
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No		
1C-8. Centralized or Coordinated Assessment Tool	Yes	2018 PPCoC Coordi...	09/13/2018
1E-1. Objective Criteria–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	Objective Criteri...	09/12/2018
1E-3. Public Posting CoC-Approved Consolidated Application	Yes		
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes	Public Posting–Lo...	09/17/2018
1E-4. CoC's Reallocation Process	Yes	2018 NOFA Realloc...	09/17/2018
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes	2018 Notification...	09/12/2018
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes	2018 Notification...	09/12/2018
1E-5. Public Posting–Local Competition Deadline	Yes	2018 Public Posti...	09/12/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes	CO-504 CoC Govern...	09/12/2018
2A-2. HMIS–Policies and Procedures Manual	Yes	HMIS Policies and...	09/12/2018
3A-6. HDX–2018 Competition Report	Yes	HDX–2018 Competit...	09/12/2018
3B-2. Order of Priority–Written Standards	No	2018 PPCoC NOFA P...	09/12/2018

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

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: 2018 PPCoC Coordinated Assessment Tool

Attachment Details

Document Description: Objective Criteria–Rate, Rank, Review, and Selection Criteria (

Attachment Details

Document Description: Public Posting -CoC-Approved Consolidated Application

Attachment Details

Document Description: Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria

Attachment Details

Document Description: 2018 NOFA Reallocation Process

Attachment Details

Document Description: 2018 Notifications Outside e-snaps-Projects Accepted

Attachment Details

Document Description: 2018 Notifications Outside e-snaps-Projects Rejected or Reduced

Attachment Details

Document Description: 2018 Public Posting-Local Competition Deadline

Attachment Details

Document Description: CO-504 CoC Governance Charter

Attachment Details

Document Description: HMIS Policies and Procedures Manual

Attachment Details

Document Description: HDX–2018 Competition Report

Attachment Details

Document Description: 2018 PPCoC NOFA Priorities- Written Standards

Attachment Details

Document Description:

Attachment Details

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Submission Summary

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

Page	Last Updated
1A. Identification	09/17/2018
1B. Engagement	09/17/2018
1C. Coordination	09/17/2018
1D. Discharge Planning	09/17/2018
1E. Project Review	09/17/2018
2A. HMIS Implementation	09/17/2018
2B. PIT Count	09/17/2018
2C. Sheltered Data - Methods	09/17/2018
3A. System Performance	09/17/2018
3B. Performance and Strategic Planning	09/17/2018
4A. Mainstream Benefits and Additional Policies	09/17/2018
4B. Attachments	Please Complete

FY2018 CoC Application	Page 48	09/17/2018
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Submission Summary

No Input Required

Individual Adult VI-SPDAT Packet

Packet Contains:

- Release of Information Consent Form (ROI)
- Adult/Head of Household (HOH) CIS Data Entry Form
- VI-SPDAT_v2

Client Types:

- Individual Adult (age 25+)
- Two or More Adults Together (age 25+) – one packet per adult

HMIS Data Entry:

- Individual Adult (age 25+) → Central Intake: Entered Alone – Program: 504CAHP-Individual (VI-SPDAT)
- Two or More Adults Together (age 25+) → Central Intake: Household Entered Together – Program: 504CAHP-Individual (VI-SPDAT) *NOTE: Although they are entered into Central Intake as a Household, each Household member must be entered into the 504CAHP-Individual Program/Assessment separately.*

Pikes Peak Continuum of Care
Regional Coordinated Entry System
VI-SPDAT Assessment Screening and Match Initiation Consent
Form Authorization to Participate in Housing Eligibility Survey

Participant Last Name:	Participant First Name:	DOB (DD/MM/YYYY):
HMIS Client ID Number (If applicable):		Social Security Number:

We are here today to talk to you about your housing and service needs. If you give us permission, we will ask you questions about your health and housing for about 20-30 minutes. Participation in the VI-SPDAT Assessment and Match Initiation is completely voluntary. If you feel uncomfortable or upset during the interview, you may ask the interviewer to take a break, skip any of the questions, or stop the survey.

No one will be upset or angry if you decide not to be interviewed today. You will not be denied access to necessary services based on your refusal to participate in the assessment interview.

Please initial below if you agree with the following statements:

_____ I agree to allow my responses to VI-SPDAT Assessment and Match Initiation to be disclosed and received by the organizations that participate in the Pikes Peak Continuum of Care Coordinated Entry System and to be used to determine if I am eligible for participating housing, service and related programs. These organizations include but are not limited to:

Ascending To Health AspenPointe Catholic Charities Colorado Springs Housing Authority Colorado Division of Housing Ecumenical Social Ministries Community Health Partnership	Family Promise Greccio Housing CSPD Homeless Outreach Team Homeward Pikes Peak Partners In Housing Peak Vista	Rocky Mountain Human Services The Salvation Army Springs Rescue Mission Tri-Lakes Cares Veterans Administration Urban Peak, Colorado Springs Westside Cares
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A complete list of participating agencies is provided online at <https://www.ppchp.org/>

_____ I understand that the information from this survey will be entered into Pikes Peak Continuum of Care Regional Coordinated Entry database. My personal information will be kept in accordance with all federal, state and local laws and regulations related to protecting personal information.

_____ I understand that the Pikes Peak Continuum of Care Regional Coordinated Entry databases operate over the Internet and use many security protections to ensure confidentiality. The information collected may either be kept in separate databases or in a joint HMIS database, and may remain in the database or databases past the expiration of this consent or after consent is withdrawn.

_____ I understand that the following information can be shared with participating agencies in the Pikes Peak Continuum of Care Region and other agencies as needed to help me find appropriate housing and/or services:

- | | |
|--|--|
| <ul style="list-style-type: none"> - Birth date, Gender - Scanned copies of vital documents to assist with housing application requirements - History of medical treatments - History of mental health treatment - Housing and homeless history | <ul style="list-style-type: none"> - Income - Contact information - Additional information used for matching me with suitable housing and/or services - Alcohol and Drug Use History - HIV/AIDS Status (only for targeted housing programs) |
|--|--|

_____ I allow my case manager or outreach worker to enter my personal information to the interview questions into a secure database. My signature below signifies my permission.

_____ I, or my outreach worker/case manager, may be contacted about my survey.

_____ I understand that participating in the Pikes Peak Continuum of Care Regional Coordinated Entry System does not guarantee that I will be eligible for, or admitted into, a housing program.

_____ I understand that the Pikes Peak Continuum of Care Regional Coordinated Entry System will act as the agency that matches my information against eligibility requirements of housing that becomes available and that I may be eligible for.

Important Rights and Other Required Statements You Should Know

- You may revoke this authorization at any time. To do so, please contact the Pikes Peak Continuum of Care Regional Coordinated Entry at Community Health Partnership at 719-632-5094.
- All participating organizations of the Pikes Peak Continuum of Care Regional Coordinated Entry System agree to use information provided for the sole purpose of linking clients with housing or supportive service options.
- This authorization will expire one year after the date it is signed by you.
- This authorization is completely voluntary, and you do not have to agree to authorize any use or disclosure.
- You have a right to a copy of this authorization once you have signed it. To obtain a copy, please contact the Pikes Peak Continuum of Care Coordinated Entry System 719-632-5094

SIGN BELOW IF AGREEING TO BE INTERVIEWED

Your signature (or mark) below indicates that you have read (or been read) the information provided above, have received answers to your questions, and have freely chosen to be interviewed. By agreeing to be interviewed, you are not giving up any of your legal rights.

Date Signature (or Mark) of Participant

Printed Name of Participant

Date Signature (or Mark) of Guardian

Printed Name of Guardian

Colorado Springs/El Paso County - HOH and Adult CIS Data Entry Form

Account Profile/HH Members

Client Name (All clients): First: _____ Middle: _____ Last Name: _____

Name Data Quality (Agency Use Only)

- ☐ Full name reported ☐ Partial, street name, or code name reported ☐ Client doesn't know ☐ Client refused

Date of Birth (mm/dd/yyyy) (All clients): _____ / _____ / _____

DOB Data Quality (Agency Use Only)

- ☐ Full DOB reported ☐ Approximate or Partial DOB reported ☐ Client doesn't know ☐ Client refused

Social Security Number (All clients): _____

SSN Data Quality (Agency Use Only)

- ☐ Full SSN reported ☐ Approximate or Partial SSN reported ☐ Client doesn't know ☐ Client refused

Contact Information (Head of House)

Phone # _____ Phone Type ☐ Home ☐ Cell ☐ Work ☐ Message
Email address _____

Last Known Permanent Address (where you last lived for 90 days or more) (All clients):

Address _____
City: _____ County: _____ State: _____ Zip Code: _____

Address Data Quality (Agency Use Only)

- ☐ Full address reported ☐ Incomplete or estimated address ☐ Client doesn't know ☐ Client refused

HH Members

Household Type (Head of House)

- ☐ Households without children ☐ Households with at least one adult and one child ☐ Households with only children

Housing Status (Head of House) (Agency Use Only)

- ☐ Category 1 - Homeless ☐ Category 2 - At imminent risk of losing housing ☐ Category 3 - Homeless only under other federal statutes
☐ Category 4 - Fleeing domestic violence ☐ At-risk of homelessness ☐ Stably housed
☐ Client doesn't know ☐ Client refused

Relationship to Head of Household (All clients)

- ☐ Self (Head of Household) ☐ Head of Household's child ☐ Head of Household's spouse or partner
☐ Head of Household's other relation member ☐ Other: non-relation member

Gender: (All clients)

- ☐ Female ☐ Male ☐ Transgender M to F ☐ Transgender F to M
☐ Doesn't identify as M, F or Transgender ☐ Client doesn't know ☐ Client refused

Do you have a Disabling Condition? (All clients)

- ☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused

Are you a Veteran? Have you Served/Serving in the U.S. Military: (Adults Only)?

- ☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused

Ethnicity (all clients)

- ☐ Non-Hispanic/Non-Latino ☐ Hispanic/Latino ☐ Client doesn't know ☐ Client refused

Race – check all that apply, but at least one: (All clients)

- ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Client doesn't know

Colorado Springs/El Paso County - HOH and Adult CIS Data Entry Form

Income and Sources (Head of household and adults)

		<input type="checkbox"/> No Financial Resources <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	
<i>Income from any source (If yes, indicate all sources and dollar amounts for the sources that apply)</i>			
Earned Income (employment income)		<input type="checkbox"/> Yes	
(if yes) monthly amount		\$ _____	
Unemployment Insurance		<input type="checkbox"/> Yes	
(if yes) monthly amount		\$ _____	
Supplemental Security Income (SSI)		<input type="checkbox"/> Yes	
(if yes) monthly amount		\$ _____	
Social Security Disability Income (SSDI)		<input type="checkbox"/> Yes	
(if yes) monthly amount		\$ _____	
VA Service-Connected Disability Compensation		<input type="checkbox"/> Yes	
(if yes) monthly amount		\$ _____	
VA Non-Service-Connected Disability Pension		<input type="checkbox"/> Yes	
(if yes) monthly amount		\$ _____	
Private Disability Insurance		<input type="checkbox"/> Yes	
(if yes) monthly amount		\$ _____	
Worker's Compensation		<input type="checkbox"/> Yes	
(if yes) monthly amount		\$ _____	
Temporary Assistance for Needy Families (TANF)		<input type="checkbox"/> Yes	
(if yes) monthly amount		\$ _____	
General Assistance (GA)		<input type="checkbox"/> Yes	
(if yes) monthly amount		\$ _____	
Retirement Income from Social Security		<input type="checkbox"/> Yes	
(if yes) monthly amount		\$ _____	
Pension or Retirement Income from a former job		<input type="checkbox"/> Yes	
(if yes) monthly amount		\$ _____	
Child Support		<input type="checkbox"/> Yes	
(if yes) monthly amount		\$ _____	
Alimony or other spousal support		<input type="checkbox"/> Yes	
(if yes) monthly amount		\$ _____	
Other source		<input type="checkbox"/> Yes	
(if yes) monthly amount		\$ _____	
(if other source) Specify source		_____	
Total Monthly Income		\$ _____	

Non-Cash benefits (Head of household and adults)

Non-Cash benefit from any source?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	
<i>(If yes, indicate all sources that apply)</i>			
<input type="checkbox"/> Food Stamp or Benefits Card and Amount \$ _____	<input type="checkbox"/> Special Supplement Nutrition Program for Women, Infants, Children (WIC)		
<input type="checkbox"/> TANF Child Care services	<input type="checkbox"/> Other TANF-funded services		
<input type="checkbox"/> TANF transportation services	<input type="checkbox"/> Other source _____		
<input type="checkbox"/> Section 8, public housing, or other ongoing rental assistance			
<input type="checkbox"/> Temporary rental assistance. If yes, specify source _____			

Health Insurance (All clients)

Covered by Health Insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	
<i>(If yes, indicate all sources that apply)</i>			
<input type="checkbox"/> Medicaid _____	<input type="checkbox"/> Medicare _____	<input type="checkbox"/> VA Medical Services	
<input type="checkbox"/> State Children's health Insurance	<input type="checkbox"/> Employer-Provided	<input type="checkbox"/> COBRA Health Insurance	
<input type="checkbox"/> Private Pay Health Insurance	<input type="checkbox"/> State Health Insurance for Adults	<input type="checkbox"/> Indian health service program	

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ____/____/____	Survey Time ____:____ AM/PM	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name _____	Nickname _____	Last Name _____
In what language do you feel best able to express yourself? _____		
Date of Birth DD/MM/YYYY ____/____/____	Age _____	Social Security Number _____
		Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- ☐ Shelters
☐ Transitional Housing
☐ Safe Haven
☐ **Outdoors**
☐ **Other (specify):** _____

☐ **Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

2. How long has it been since you lived in permanent stable housing? _____

☐ Refused

3. In the last three years, how many times have you been homeless? _____

☐ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

B. Risks

4. In the past six months, how many times have you...

a) Received health care at an emergency department/room? _____

☐ Refused

b) Taken an ambulance to the hospital? _____

☐ Refused

c) Been hospitalized as an inpatient? _____

☐ Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____

☐ Refused

e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____

☐ Refused

f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____

☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:

5. Have you been attacked or beaten up since you've become homeless? ☐ Y ☐ N ☐ Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ Y ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES**.

SCORE:

8. Does anybody force or trick you to do things that you do not want to do? ☐ Y ☐ N ☐ Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION**.

SCORE:

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? ☐ Y ☐ N ☐ Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ☐ Y ☐ N ☐ Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR **MONEY MANAGEMENT**.

SCORE:

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? ☐ Y ☐ N ☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY**.

SCORE:

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ Y ☐ N ☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE**.

SCORE:

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? ☐ Y ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**.

SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? ☐ Y ☐ N ☐ Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ Y ☐ N ☐ Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? ☐ Y ☐ N ☐ Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ Y ☐ N ☐ Refused
19. When you are sick or not feeling well, do you avoid getting help? ☐ Y ☐ N ☐ Refused
20. **FOR FEMALE RESPONDENTS ONLY:** Are you currently pregnant? ☐ Y ☐ N ☐ N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? ☐ Y ☐ N ☐ Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern? ☐ Y ☐ N ☐ Refused
- b) A past head injury? ☐ Y ☐ N ☐ Refused
- c) A learning disability, developmental disability, or other impairment? ☐ Y ☐ N ☐ Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

IF THE RESPONDENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ Y ☐ N ☐ Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.

SCORE:

27. YES OR NO: Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? ☐ Y ☐ N ☐ Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	Score: Recommendation: 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
GRAND TOTAL:	/17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ____ : ____ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

Pikes Peak Continuum of Care
US Department of Housing and Urban Development
CoC Program Competition Ranking & Prioritization Process

Purpose. The Pikes Peak Continuum of Care (CoC) strives to conduct a transparent process for ranking and prioritizing projects submitted through the HUD CoC Notice of Funding Availability (NOFA) competition. The process is designed to promote the submission and competitive ranking of projects that serve both CoC and HUD priorities, promote successful housing solutions, and leverage maximum funds available.

Preparation for Annual CoC Competition

- I. Review of previous year's process: Upon conclusion of the annual CoC NOFA competition, a survey will be sent to all participating agencies asking for feedback on the process. Review of the process and the feedback 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 annual CoC NOFA. Committee membership should 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 limits service provider participation to avoid potential conflicts of interest when performing the ranking and prioritization of projects. CoC Governing Board members who have not submitted applications for funding will be tasked with the final review and approval of the R&P Committee project ranking recommendations.
- III. Pre-Competition Planning: Prior to the application being posted in *e-SNAPS*, R&P Committee members and previous project applicants will be invited to a meeting to discuss the ranking and prioritization process for the upcoming NOFA. 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 issuesFunding priorities, tools and the ranking and prioritization approach are presented to the CoC Governing Board (non-applicant members only) for review. The Governing Board empowers the R&P Committee to complete the ranking and prioritization process.
- IV. HUD Competition Training/Preparation: To best prepare for the requirements of project submission and ranking, service providers and R&P Committee members 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 the Community Health Partnership (CHP) website www.ppchp.org as they become available.
- Project applicants (providers) and R&P Committee members will be invited to attend one or more 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 timeline will be published with CoC and HUD deadlines for the competition. The timeline will be posted to the CHP website at www.ppchp.org.
- II. New Project Solicitation:
 - New Projects will be solicited if “bonus” funding is available.
 - A request for LOIs for new projects will be released to all service providers.
 - LOIs will be reviewed by the R&P Committee for eligibility only. Applicants with eligible projects will be notified and invited to submit the HUD CoC Program Rating and Ranking Tool for New Projects.
- III. New and Renewal Project Application
 - New and renewal projects will be invited to submit an application that includes the HUD CoC Program Rating and Ranking Tool for either New or Renewal Projects, a narrative, and attachments.
 - Projects awarded for the first time in the most recent previous HUD CoC NOFA, that have not been operational for 12 months will be required to submit the HUD CoC Program Rating and Ranking Tool for New Projects
 - Applicants must also submit their HUD project application in the HUD *e-SNAPS* system by the deadline in timeline.

Ranking and Prioritization Process

- I. R&P Committee Meeting: The R&P Committee will convene to review project submissions and rank/prioritize projects for submission through the HUD NOFA competition.
- II. Materials and Tools: Materials and tools used in the ranking and prioritization process may include but are not limited to:
 - Renewal project list showing our Annual Renewal Demand

- New project list
- Project ranking list will be generated from the HUD CoC Program Rating and Ranking Tool
- Copies of both the renewal and new evaluation forms
- Copy of the HUD Consolidated Application scoring

III. Ranking and Prioritization Process Steps:

A. Initial project ranking discussion:

- CoC staff or a committee member will enter the scores from each application into a single copy of the HUD CoC Program Rating and Ranking Tool and generate a ranked list of projects.
- Information provided in the application will be verified using the APR and eLOCCS forms. Sam.gov registration status will be verified.
- Full copies of the completed applications and the ranked list of projects will be made available to the R&P Committee for review.
- The R&P Committee will review the initial ranking generated from the HUD ranking tool and review the project application narratives. The R&P Committee will prepare a list of follow-up questions for applicants if there are questions about proposals.
- CoC staff will submit questions to applicants. Applicants will have at least three (3) business days to respond.
- New project applications that fail to meet the HUD Threshold will be notified prior to the deadline for the project application entry in e-SNAPS. Minor corrections will be permitted to meet threshold.

B. Final project ranking discussion:

- Projects scores may be adjusted based on responses to follow-up questions.
- A new project ranking list will be generated from the HUD CoC Program Rating and Ranking Tool.
- Ranking may be manually adjusted and moved between Tier I and Tier II based on:
 - Final project scoring
 - Alignment with HUD priorities
 - CoC capacity to serve a spectrum of subpopulations
- 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.
- Applicants will be notified in writing whether their applications will be accepted and ranked on the CoC Priority Listing, rejected or reduced by the HUD established deadline.

C. Final R&P Committee project ranking recommendations

- The R&P Committee will forward their final project ranking recommendations to non-applicant Governing Board members for review and approval.
- Decision-making considerations and project ranking recommendation will be summarized to guide Governing Board review and approval.
- Final ranking and prioritization will be posted at www.ppchp.org by the HUD establish deadline.

IV. Recommendation for CoC Funding/Ranking Approval:

- All non-applicant 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.

V. Annual Ranking and Prioritization Close-out

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.

Appeals

Provisions at 24 CFR part 578 set forth the following types of appeals:

1. Solo Applicants. A process for eligible project applicants that attempted to participate in their CoC planning process and believe they were denied the right to participate in a reasonable manner.
2. Denied or Decreased Funding. A process for eligible applicants that are denied funds by HUD or that requested more funds than HUD or awarded to them.
3. Consolidated Plan Certification. A process for eligible applicants whose jurisdiction refused to provide a Certification of Consistency with the Consolidated Plan (form HUD-2990).
4. Competing CoCs. A process when more than one CoC claims the same geographic area for eligible applicants of lower scoring CoCs, to appeal to HUD's decision to fund the competing CoC.

The processes for appeal options are found at 24 CFR 578.35 and further outlined in the NOFA.

Pikes Peak Continuum of Care Process for Reallocation

Excerpt from PPCoC Program Competition Ranking & Prioritization Process, Ranking and Prioritization Process

III. (B) 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.

Jennifer Mariano

From: Jennifer Mariano
Sent: Friday, August 31, 2018 3:53 PM
To: Jennifer Mariano
Subject: Colorado Springs/El Paso County 2018 Continuum of Care Competition - Project Ranking and Prioritization
Attachments: 2018-CO-504-RankedProjectList-CertCon-2018-08-29.xls

Dear NOFA Applicant,

Members of the Pikes Peak Continuum of Care (CoC) Ranking and Prioritization (R &P) Committee met Tuesday, August 28th to discuss and make their final recommendations for the 2018 CoC NOFA competition. 19 projects were submitted for consideration for HUD funding. Among those projects were 15 renewal and 4 new projects from ten agencies, totaling \$2.6M. Per the HUD CoC Estimated Annual Renewal Demand Report, the Pikes Peak Continuum of Care was awarded \$2,193,675 for Tier 1, \$140,022 for Tier 2 and up to \$180,972 for DV Bonus funding. In total, 14 projects were ranked in Tier 1 funding, 3 projects were ranked in Tier 2 funding, 1 project was reallocated, and 1 project was not selected for funding. In addition, 2 project renewals from 2017 were consolidated into 1 new project and ranked among the 14 projects in Tier 1. As we've seen in year's past, the Tier 1 and Tier 2 funding limitations create challenges around granting funding for all needs.

New to the 2018 Ranking and Prioritization process was a scoring tool built by HUD to create efficiencies and consistency in the ranking and prioritizing of applications. Projects received points based on meeting basic CoC threshold requirements, the project's alignment with HUD priorities, project effectiveness, data quality, and compliance. The R & P Committee felt that the new ranking tool created by HUD provided the most consistent and equitable process for ranking projects to date.

Attached you will find the final ranking & prioritization listing. The recommended ranking was reviewed and approved by the non-applicant Governing Board members. This document will be posted by 5 pm, Friday, August 31, 2018, on the CHP Website. <https://www.ppchp.org/programs/continuum-of-care/2018-hud-coc-nofa/>

We sincerely appreciate the efforts you made to submit an application and the work that you do every day to ensure that people are housed and cared for.

Should you have any questions or comments about the rankings, please do not hesitate to reach out to me.

Sincerely,

Jennifer Mariano | PPCoC Program Manager
6005 Delmonico Drive, Suite 200
Colorado Springs, CO 80919
jennifer.mariano@ppchp.org
719-632-5094 x 121
www.ppchp.org



*Mission: To improve the health and wellbeing of
the Pikes Peak community through collaboration*

Jennifer Mariano

From: Jennifer Mariano
Sent: Friday, August 31, 2018 4:28 PM
To: 'cew@csha.us'; 'jmc@csha.us'
Subject: Colorado Springs/El Paso County 2018 Continuum of Care Competition - Project Ranking and Prioritization
Attachments: 2018-CO-504-RankedProjectList-CertCon-withAppealPotential2018-08-31.pdf; CSHANORAUG3118.pdf

Chad and Jeanne,

Members of the Pikes Peak Continuum of Care (CoC) Ranking and Prioritization (R &P) Committee met Tuesday, August 28th to discuss and make their final recommendations for the 2018 CoC NOFA competition. 19 projects were submitted for consideration for HUD funding. Among those projects were 15 renewal and 4 new projects from ten agencies, totaling \$2.6M. Per the HUD CoC Estimated Annual Renewal Demand Report, the Pikes Peak Continuum of Care was awarded \$2,193,675 for Tier 1, \$140,022 for Tier 2 and up to \$180,972 for DV Bonus funding. In total, 14 projects were ranked in Tier 1 funding, 3 projects were ranked in Tier 2 funding, 1 project was reallocated, and 1 project was not selected for funding. In addition, 2 project renewals from 2017 were consolidated into 1 new project and ranked among the 14 projects in Tier 1. As we've seen in year's past, the Tier 1 and Tier 2 funding limitations create challenges around granting funding for all needs.

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Sincerely,

Jennifer Mariano | PPCoC Program Manager
6005 Delmonico Drive, Suite 200
Colorado Springs, CO 80919
jennifer.mariano@ppchp.org
719-632-5094 x 121

www.ppchp.org



Mission: To provide the housing and community development services that are needed to meet the needs of the community.

August 31, 2018

Mr. Chad Wright
Colorado Springs Housing Authority
831 S Nevada Ave #2
Colorado Springs, CO 80903

Dear Mr. Wright:

On behalf of the Pikes Peak Continuum of Care and the Ranking and Prioritization Committee, I'd like to thank the Colorado Springs Housing Authority for submitting a renewal project for consideration for the Colorado Springs/El Paso County 2018 Continuum of Care NOFA Competition. Upon further review of your application, the Ranking and Prioritization Committee has ranked your project in Tier 1 with a reduction in funds from \$102,377 to \$82,377. The committee's decision was based on the following reason(s).

- History of recaptured funding

Per HUD Regulations, you may appeal the committee's decision if you do not agree with it. The process for an appeal can be found in 24 CFR 578.35 (b).

The committee would like to encourage CSHA to participate in our spring technical assistance/best practices meeting. An announcement of the date, time, and location will be sent out at a later time.

We do thank you for the effort you took to apply for funding. Should you have any questions, please don't hesitate to reach out to me.

Sincerely,

Jennifer Mariano
PPCoC Program Manager
Jennifer.Mariano@ppchp.org
719-632-5094 X121

Jennifer Mariano

From: Jennifer Mariano
Sent: Friday, August 31, 2018 4:35 PM
To: 'megan.nyce@state.co.us'
Subject: Colorado Springs/El Paso County 2018 Continuum of Care Competition - Project Ranking and Prioritization
Attachments: 2018-CO-504-RankedProjectList-CertCon-withAppealPotential2018-08-31.pdf; DOHNORAUG3118.pdf

Megan,

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We sincerely appreciate the efforts you made to submit an application and the work that you do every day to ensure that people are housed and cared for.

Should you have any questions or comments about the rankings, please do not hesitate to reach out to me.

Sincerely,

Jennifer Mariano | PPCoC Program Manager
6005 Delmonico Drive, Suite 200
Colorado Springs, CO 80919
jennifer.mariano@ppchp.org
719-632-5094 x 121

www.ppchp.org



*Mission: To improve the health and wellbeing of
the Pikes Peak community through collaboration*

August 31, 2018

Megan Nyce
Colorado Division of Housing
1313 Sherman St., Room 500
Denver, CO 80203

Dear Ms. Nyce:

On behalf of the Pikes Peak Continuum of Care and the Ranking and Prioritization Committee, I'd like to thank the Colorado Division of Housing for submitting a new consolidated project for consideration for the Colorado Springs/El Paso County 2018 Continuum of Care NOFA Competition. Upon further review of your application, the Ranking and Prioritization Committee has ranked your project in Tier 1 with a reduction in funds from \$636,484 to \$625,975. The committee's decision was based on the following reason(s).

- History of recaptured funding

Per HUD Regulations, you may appeal the committee's decision if you do not agree with it. The process for an appeal can be found in 24 CFR 578.35 (b).

The committee would like to encourage CSHA to participate in our spring technical assistance/best practices meeting. An announcement of the date, time, and location will be sent out at a later time.

We do thank you for the effort you took to apply for funding. Should you have any questions, please don't hesitate to reach out to me.

Sincerely,

Jennifer Mariano
PPCoC Program Manager
Jennifer.Mariano@ppchp.org
719-632-5094 X121

Jennifer Mariano

From: Jennifer Mariano
Sent: Friday, August 31, 2018 4:36 PM
To: 'Sherrylynn Boyles'; 'AHackett-Larson@tessacs.org'
Cc: Aimee Cox
Subject: Colorado Springs/El Paso County 2018 Continuum of Care Competition - Project Ranking and Prioritization
Attachments: 2018-CO-504-RankedProjectList-CertCon-withAppealPotential2018-08-31.pdf; TESSANORAUG3118.pdf; TESSANOREDAUG3118.pdf

Sherrylynn and Angie,

Members of the Pikes Peak Continuum of Care (CoC) Ranking and Prioritization (R & P) Committee met Tuesday, August 28th to discuss and make their final recommendations for the 2018 CoC NOFA competition. 19 projects were submitted for consideration for HUD funding. Among those projects were 15 renewal and 4 new projects from ten agencies, totaling \$2.6M. Per the HUD CoC Estimated Annual Renewal Demand Report, the Pikes Peak Continuum of Care was awarded \$2,193,675 for Tier 1, \$140,022 for Tier 2 and up to \$180,972 for DV Bonus funding. In total, 14 projects were ranked in Tier 1 funding, 3 projects were ranked in Tier 2 funding, 1 project was reallocated, and 1 project was not selected for funding. In addition, 2 project renewals from 2017 were consolidated into 1 new project and ranked among the 14 projects in Tier 1. As we've seen in year's past, the Tier 1 and Tier 2 funding limitations create challenges around granting funding for all needs.

New to the 2018 Ranking and Prioritization process was a scoring tool built by HUD to create efficiencies and consistency in the ranking and prioritizing of applications. Projects received points based on meeting basic CoC threshold requirements, the project's alignment with HUD priorities, project effectiveness, data quality, and compliance. The R & P Committee felt that the new ranking tool created by HUD provided the most consistent and equitable process for ranking projects to date.

Attached you will find the final ranking & prioritization listing. The recommended ranking was reviewed and approved by the non-applicant Governing Board members. This document will be posted by 5 pm, Friday, August 31, 2018, on the CHP Website. <https://www.ppchp.org/programs/continuum-of-care/2018-hud-coc-nofa/>.

We sincerely appreciate the efforts you made to submit an application and the work that you do every day to ensure that people are housed and cared for.

Should you have any questions or comments about the rankings, please do not hesitate to reach out to me.

Sincerely,

Jennifer Mariano | PPCoC Program Manager
6005 Delmonico Drive, Suite 200
Colorado Springs, CO 80919
jennifer.mariano@ppchp.org
719-632-5094 x 121

www.ppchp.org



*Mission: To improve the health and well-being of
the Pikes Peak community through collaboration.*

August 31, 2018

Sherrylynn Boyles
Executive Director
TESSA
435 Gold Pass Heights
Colorado Springs, CO 80906

Dear Sherrylynn:

On behalf of the Pikes Peak Continuum of Care and the Ranking and Prioritization Committee, I'd like to thank TESSA for submitting a renewal project for consideration for the Colorado Springs/El Paso County 2018 Continuum of Care NOFA Competition. Upon further review of your renewal application, the Ranking and Prioritization Committee has determined that your renewal application did not meet the CoC Threshold and the funds have been reallocated to Tier 1 applicants. The committee's decision was based on the following reason(s).

- Not meeting timeliness standards -Funds have not been drawn down at least once per quarter of the program year- FY 2016. (July 1, 2017 – June 30, 2018)
- Not providing de-identified aggregate data to verify program performance. Domestic Violence providers are not required to enter information into the Coordinated Entry system, but they are required to provide de-identified aggregate data to measure performance and help determine needs and priorities within a community.

I am providing a link to documentation that further explains the regulations that determined the committee's final decision.

24 CFR 578.85 Timeliness Standards

PPCoC Coordinated Entry Policies and Procedures Manual, Page 14, Safety Planning

Per HUD Regulations, you may appeal the committee's decision if you do not agree with it. The process for an appeal can be found in 24 CFR 578.35 (b).

The committee would like to encourage TESSA to participate in our spring technical assistance/best practices meeting. An announcement of the date, time, and location will be sent out at a later time.

We do thank you for the effort you took to apply for funding. Should you have any questions, please don't hesitate to reach out to me.

Sincerely,

Jennifer Mariano
PPCoC Program Manager
Jennifer.Mariano@ppchp.org
719-632-5094 X121

August 31, 2018

Sherrylynn Boyles
Executive Director
TESSA
435 Gold Pass Heights
Colorado Springs, CO 80906

Dear Sherrylynn:

On behalf of the Pikes Peak Continuum of Care and the Ranking and Prioritization Committee, I'd like to thank TESSA for submitting a New Bonus DV Project for consideration for the Colorado Springs/El Paso County 2018 Continuum of Care NOFA Competition. Upon further review of your application, the Ranking and Prioritization Committee has ranked your project in Tier 2 with a reduction in funds to \$90,486. The committee's decision was based on the following reason(s).

- Not meeting timeliness standards for previous awards
- Not providing de-identified aggregate data to verify program performance for previous awards. Domestic Violence providers are not required to enter information into the Coordinated Entry system, but they are required to provide de-identified aggregate data to measure performance and help determine needs and priorities within a community.

The committee's hope is that TESSA will have an opportunity to spend FY 17 funds before December 31, 2018 and will be able to begin submitting de-identified data through the Coordinated Entry Process.

Per HUD Regulations, you may appeal the committee's decision if you do not agree with it. The process for an appeal can be found in 24 CFR 578.35 (b).

The committee would like to encourage TESSA to participate in our spring technical assistance/best practices meeting. An announcement of the date, time, and location will be sent out at a later time.

We do thank you for the effort you took to apply for funding. Should you have any questions, please don't hesitate to reach out to me.

Sincerely,

Jennifer Mariano
PPCoC Program Manager
Jennifer.Mariano@ppchp.org
719-632-5094 X121

Jennifer Mariano

From: Jennifer Mariano
Sent: Friday, August 31, 2018 4:37 PM
To: 'patrice@reachpikespeak.org'; 'Karen Lichlyter-Klein'
Subject: Colorado Springs/El Paso County 2018 Continuum of Care Competition - Project Ranking and Prioritization
Attachments: 2018-CO-504-RankedProjectList-CertCon-withAppealPotential2018-08-31.pdf; ReachPPNONFAUG312018.pdf

Dear Patrice and Karen,

Members of the Pikes Peak Continuum of Care (CoC) Ranking and Prioritization (R & P) Committee met Tuesday, August 28th to discuss and make their final recommendations for the 2018 CoC NOFA competition. 19 projects were submitted for consideration for HUD funding. Among those projects were 15 renewal and 4 new projects from ten agencies, totaling \$2.6M. Per the HUD CoC Estimated Annual Renewal Demand Report, the Pikes Peak Continuum of Care was awarded \$2,193,675 for Tier 1, \$140,022 for Tier 2 and up to \$180,972 for DV Bonus funding. In total, 14 projects were ranked in Tier 1 funding, 3 projects were ranked in Tier 2 funding, 1 project was reallocated, and 1 project was not selected for funding. In addition, 2 project renewals from 2017 were consolidated into 1 new project and ranked among the 14 projects in Tier 1. As we've seen in year's past, the Tier 1 and Tier 2 funding limitations create challenges around granting funding for all needs.

New to the 2018 Ranking and Prioritization process was a scoring tool built by HUD to create efficiencies and consistency in the ranking and prioritizing of applications. Projects received points based on meeting basic CoC threshold requirements, the project's alignment with HUD priorities, project effectiveness, data quality, and compliance. The R & P Committee felt that the new ranking tool created by HUD provided the most consistent and equitable process for ranking projects to date.

Attached you will find the final ranking & prioritization listing. The recommended ranking was reviewed and approved by the non-applicant Governing Board members. This document will be posted by 5 pm, Friday, August 31, 2018, on the CHP Website. <https://www.ppchp.org/programs/continuum-of-care/2018-hud-coc-nofa/>.

We sincerely appreciate the efforts you made to submit an application and the work that you do every day to ensure that people are housed and cared for.

Should you have any questions or comments about the rankings, please do not hesitate to reach out to me.

Sincerely,

Jennifer Mariano | PPCoC Program Manager
6005 Delmonico Drive, Suite 200
Colorado Springs, CO 80919
jennifer.mariano@ppchp.org
719-632-5094 x 121

www.ppchp.org



Mission: To address the health and well-being of
the community through the provision of

August 31, 2018

Patrice Ravenscroft
Executive Director/CEO
REACH Pikes Peak
31 N Tejon St #310
Colorado Springs, CO 80903

Dear Ms. Ravenscroft:

On behalf of the Pikes Peak Continuum of Care and the Ranking and Prioritization Committee, I'd like to thank REACH Pikes Peak for submitting a project for consideration for the Colorado Springs/El Paso County 2018 Continuum of Care NOFA Competition. Upon further review of your application, the Ranking and Prioritization Committee has determined that your application did not meet the CoC Threshold to be funded. The committee's decision was based on the following reason(s)

- Program is not a Rapid Rehousing Program
- Mortgage assistance is not allowable under RRH

I am providing a couple of links to HUD documentation that further explain the regulations that determined the committee's final decision.

[24 CFR 578.37 \(1\)\(ii\) Program Components and Uses of Assistance](#)
[24 CFR 578.51 Rental Assistance](#)

Per HUD Regulations, you may appeal the committee's decision if you do not agree with it. The process for an appeal can be found in [24 CFR 578.35 \(b\)](#).

The committee does encourage REACH to participate in our spring technical assistance/best practices meeting (Time and Date-TBA) to learn from applicants that have submitted successfully funded projects. The committee feels with guidance from a subject matter expert, your organization will be a good candidate to apply for funds in the future.

Should you have any questions, please don't hesitate to reach out to me.

Sincerely,

Jennifer Mariano
PPCoC Program Manager
Jennifer.Mariano@ppchp.org
719-632-5094 X121

Jennifer Mariano

From: Jennifer Mariano
Sent: Friday, August 31, 2018 5:13 PM
To: 'Victoria Ybanez'
Subject: Colorado Springs/El Paso County 2018 Continuum of Care Competition - Project Ranking and Prioritization
Attachments: 2018-CO-504-RankedProjectList-CertCon-withAppealPotential2018-08-31.pdf; RWCNOREDAUG3118.pdf

Victoria,

Members of the Pikes Peak Continuum of Care (CoC) Ranking and Prioritization (R &P) Committee met Tuesday, August 28th to discuss and make their final recommendations for the 2018 CoC NOFA competition. 19 projects were submitted for consideration for HUD funding. Among those projects were 15 renewal and 4 new projects from ten agencies, totaling \$2.6M. Per the HUD CoC Estimated Annual Renewal Demand Report, the Pikes Peak Continuum of Care was awarded \$2,193,675 for Tier 1, \$140,022 for Tier 2 and up to \$180,972 for DV Bonus funding. In total, 14 projects were ranked in Tier 1 funding, 3 projects were ranked in Tier 2 funding, 1 project was reallocated, and 1 project was not selected for funding. In addition, 2 project renewals from 2017 were consolidated into 1 new project and ranked among the 14 projects in Tier 1. As we've seen in year's past, the Tier 1 and Tier 2 funding limitations create challenges around granting funding for all needs.

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We sincerely appreciate the efforts you made to submit an application and the work that you do every day to ensure that people are housed and cared for.

Should you have any questions or comments about the rankings, please do not hesitate to reach out to me.

Sincerely,

Jennifer Mariano | PPCoC Program Manager
6005 Delmonico Drive, Suite 200
Colorado Springs, CO 80919
jennifer.mariano@ppchp.org
719-632-5094 x 121

www.ppchp.org



Mission: To improve the health and well-being of the Pikes Peak community through collaboration

August 31, 2018

Victoria Ybanez
Red Wind Consulting, Inc.
5350 Tomah Drive, Ste 2500
Colorado Springs, CO 80918

Dear Victoria:

On behalf of the Pikes Peak Continuum of Care and the Ranking and Prioritization Committee, I'd like to thank Red Wind Consulting, Inc. for submitting a New Bonus DV Project for consideration for the Colorado Springs/El Paso County 2018 Continuum of Care NOFA Competition. Upon further review of your application, the Ranking and Prioritization Committee has ranked your project in Tier 2 with a reduction in funds to \$90,486. Based on where your application placed in the ranking tool, the committee needed to reduce your funding request to ensure that all programs ranked in Tier 2 received funding.

Per HUD Regulations, you may appeal the committee's decision if you do not agree with it. The process for an appeal can be found in 24 CFR 578.35 (b).

The committee does encourage you to participate in our spring technical assistance/best practices meeting to learn from applicants that have submitted successfully funded projects. An announcement of the date, time, and location will be sent out at a later time. The committee feels that assistance from a subject matter expert would likely help you to rank higher in future competitions.

Should you have any questions, please don't hesitate to reach out to me.

We do thank you for the effort you took to apply for funding. Should you have any questions, please don't hesitate to reach out to me.

Sincerely,

Jennifer Mariano
PPCoC Program Manager
Jennifer.Mariano@ppchp.org
719-632-5094 X121

Eva Nunes

From: Eva Nunes
Sent: Monday, June 25, 2018 11:17 AM
To: Eva Nunes
Subject: FW: The FY 2018 CoC Program Competition is Now Open

Importance: High

Hello CHAP 2.0,

HUD opened the 2018 COC Program competition last Wednesday! Please see the message below to view and retain copies of the referenced documents, including the Notice of Funding Availability.

This notice will be posted to the CHP website very soon (on the main Continuum of Care page), as well as all future NOFA communications.

Please let us know if you have any questions.
Eva

Eva Nunes | PPCoC HMIS Administrator
eva.nunes@ppchp.org
719.632.5094 ext. 136
ppchp.org

For HMIS related issues and questions, please email hmishelpdesk@ppchp.org
For HMIS Training, please email hmistraining@ppchp.org



*Mission: To improve the health and wellbeing of
the Pikes Peak community through collaboration.*

CONFIDENTIALITY NOTICE: This email message and any documents attached to it are confidential and may contain information that is protected from disclosure by various federal and state laws, including the HIPAA Privacy Rule. This information is intended for use solely by the entity or individual to whom this message is addressed. If you are not the intended recipient, be advised that any use, dissemination, forwarding, printing, or copying of this message without the sender's written permission is strictly prohibited and may be unlawful. Accordingly, if you have received this message in error, please notify the sender immediately by calling, and then delete this message.

From: HUD Exchange Mailing List [<mailto:news@hudexchange.info>]
Sent: Wednesday, June 20, 2018 8:56 AM
To: Eva Nunes <eva.nunes@ppchp.org>
Subject: The FY 2018 CoC Program Competition is Now Open

Is this email not displaying correctly? [View it in your browser.](#)

The FY 2018 CoC Program Competition is Now Open

The [Notice of Funding Availability \(NOFA\) for the Fiscal Year \(FY\) 2018 Continuum of Care \(CoC\) Program Competition](#) has been posted to the [FY 2018 CoC Program Competition: Funding Availability](#) page on the HUD Exchange. Additional resources are available on the [e-snaps page](#) on the HUD Exchange.

Submission Deadline: Tuesday, September 18, 2018 at 8:00 PM EDT

The electronic application *e-snaps* will be available on or after Thursday, June 28, 2018. In the meantime, HUD strongly encourages CoCs, Collaborative Applicants, project applicants, and stakeholders to:

- Carefully and thoroughly read the FY 2018 CoC Program Competition NOFA to understand the information; and
- Begin to plan local competitions based on the information, new and changed, from the previous Competition, provided in the FY 2018 CoC Program Competition NOFA.

Additionally, HUD will post the FY 2018 Estimated Annual Renewal Demand (ARD) Report to the HUD Exchange on or after Thursday, June 28, 2018 that will include the amounts a CoC may apply for: CoC planning, Bonus, and Domestic Violence (DV) Bonus. This report will also provide the Preliminary Pro Rata Need (PPRN) and the estimated ARD for each CoC.

What's New for the FY 2018 CoC Program Competition

The list below highlights some important information regarding new concepts CoCs should consider while planning for the FY 2018 CoC Program Competition. This list is not exhaustive and additional details are in the FY 2018 CoC Program Competition NOFA. A full list of [new, changed, and highlighted information](#) is on the HUD Exchange and can also be found on the [FY 2018 CoC Program Competition: Funding Availability page](#).

- *Transition Grants.* Project applicants can transition their project(s) from one CoC Program Component to another during the CoC Program Competition using the funds to wind down the previous project while ramping up the new project. (Section II.B.2).

- *Domestic Violence Bonus.* CoCs can apply for up to 10 percent of their PPRN or a minimum of \$50,000, whichever is greater, or a maximum of \$5 million, whichever is less, to create up to three DV Bonus Projects to serve survivors of domestic violence, dating violence, and stalking. (Section II.B.3). CoCs may create up to one of each of the following project types:
 - Permanent Housing-Rapid Rehousing (PH-RRH;
 - Joint Transitional Housing (TH) and Permanent Housing-Rapid Rehousing (PH-RRH) component project; and
 - Supportive Services Only-Coordinated Entry (SSO-CE).
- *Consolidated Project.* Eligible renewal project applicants will have the ability to consolidate two or more (limit of four) eligible renewal projects into one project application during the application process. (Section II.B.4).
- *CoC Merger.* CoCs that merged between the FY 2016 CoC Program Registration and FY 2018 CoC Program Registration process are eligible for merger bonus points. (Section II.B.5).

Listserv Communications

All information related to the FY 2018 CoC Program Competition is communicated via the [HUD Exchange Mailing List](#). Join the mailing list to receive important updates and reminders.

If you are aware or suspect that the Collaborative Applicant, CoC members, or interested stakeholders are not currently receiving these listserv messages, please forward the following link, <https://www.hudexchange.info/maillinglist/>, to them so that they may register for the listserv messages as this is the only form of communication used by HUD to the public.

If you have questions related to subscribing to the HUD Exchange mailing list or have issues receiving listserv messages in your inbox please contact info@hudexchange.info. Please be sure to add news@hudexchange.info and info@hudexchange.info to your contact list or safe senders list. This ensures that messages from the HUD Exchange go to your inbox and are not filtered to your spam or junk folder.

Questions

If you have questions pertaining to *e-snaps* technical issues, please submit your questions to the [e-snaps Ask A Question \(AAQ\) portal](#) on the HUD Exchange website. To submit a question to the *e-snaps* AAQ portal, select “e-snaps” from the “My question is related to” drop down list on Step 2 of the question submission process.

If you have questions related to the CoC Program interim rule or a policy related question, please submit your questions to the [CoC Program AAQ portal](#). To submit a question to the CoC Program AAQ portal, select “CoC Program” from the “My question is related to” drop down list on Step 2 of the question submission process.

The AAQ portal accepts question submissions 24/7. However, responses are usually provided between 8:00 AM and 5:00 PM Eastern Time, Monday through Friday, except for federal holidays. Additionally, per the FY 2017 CoC Program Competition NOFA,

starting 2 days prior to the application deadline for FY 2018 funds, the AAQ will respond only to emergency technical support questions up to the deadline of Tuesday, September 18, 2018 at 8:00 PM EDT.

2018 PPCoC NOFA Application Timeline (last updated on 7/9/2018)

This timeline is subject to change. Please check for updates at

www.ppchp.org/programs/continuum-of-care/2018-hud-coc-nofa/

June 20, 2018	HUD releases CoC Notice of Funding Availability
June 28, 2018 1:30pm MST CHP - 6005 Delmonico Dr.	CoC NOFA process input meeting
July 9, 2018	Request for Letters of Intent for new projects released. Materials available at www.ppchp.org/programs/continuum-of-care/2018-hud-coc-nofa/
July 16, 2018 5:00pm MST	DUE DATE – Letters of Interest due. Submit to PPCoC@ppchp.org
July 20, 2018	Invitations to Apply sent for new projects and renewals. Applicants must complete both an Evaluation Tool and an application in eSnaps
August 10, 2018 5:00pm MST	DUE DATE – Evaluation Tool due. Submit to PPCoC@ppchp.org
August 17, 2018 5:00pm MST	DUE DATE – Applications due in eSnaps
August 20, 2018	Applicants contacted with questions about applications
August 24, 2018	DUE DATE – Applicant responses to questions due. Submit to PPCoC@ppchp.org
August 31, 2018	Applicants notified in writing whether their applications will be accepted and ranked on the CoC Priority Listing, rejected, or reduced. Final Ranking and Prioritization will be posted at www.ppchp.org/programs/continuum-of-care/2018-hud-coc-nofa/
September 13, 2018	All parts of the CoC Consolidated Application (which are the CoC Application and CoC Priority Listing with all project applications accepted and ranked, or rejected and the Project Applications) posted to the website for public viewing www.ppchp.org/programs/continuum-of-care/2018-hud-coc-nofa/
September 18, 2018	2018 PPCoC NOFA Application due to HUD

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

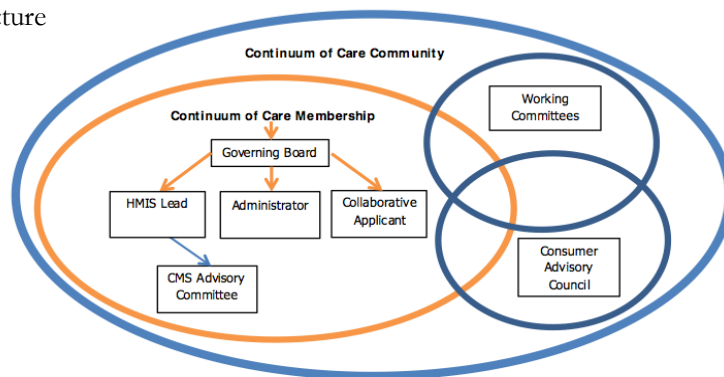
funds and reporting on and evaluating the performance of all CoC and ESG grant funded program recipients and subrecipients.

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 law¹
- d) Proxy voting is not permitted

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 care²
- 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.

² CRS § 7-128-401

At a minimum, our CoC will:

- 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 Colorado³

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

³ CRS § 7-128-401

- (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 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: March 19, 2018

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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 Continuum 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 Adsystem, Inc. Adsystem is the developer, provider, and host of the AES Engenuity Adaptive Enterprise Solutions software. Principally located in the Washington, DC, Silver Spring, Maryland, and Long Beach, California areas, Adsystem provides database management and information technology solutions nationally. Adsystem 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 Adsystem can be found at <http://www.adsystem.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 Adsystem for use of AES Engenuity. 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 Community Health Partnership (CHP) 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, CHP 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 Engenuity

- 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 Engenuity, 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 suggest 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 Engenuity 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:

Homeless Management Information Systems

Community Health Partnership

6005 Delmonico Drive, Colorado Springs, CO 80919

2. Upon receipt of the signed agreement, it will be signed by the representative of HMIS. One copy will be filed at HMIS; 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 Engenuity 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 Adsystem'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 Adsystem 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 Engenuity, before updating profiles in AES Engenuity.

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 Engenuity 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 CHP 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 CHP HMIS 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.
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 before 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 effect.

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 inoperative 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	During normal business hours, initiate problem resolution within 8 hours and

	Agency can continue with little impact to efficiency.	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 CHP/CMS website.

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 Engenuity 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.

2018 HDX Competition Report

PIT Count Data for CO-504 - Colorado Springs/El Paso County CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count	1302	1415	1551
Emergency Shelter Total	591	536	652
Safe Haven Total	0	0	0
Transitional Housing Total	400	422	386
Total Sheltered Count	991	958	1038
Total Unsheltered Count	311	457	513

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	387	374	345
Sheltered Count of Chronically Homeless Persons	239	120	90
Unsheltered Count of Chronically Homeless Persons	148	254	255

2018 HDX Competition Report

PIT Count Data for CO-504 - Colorado Springs/El Paso County CoC

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	122	125	128
Sheltered Count of Homeless Households with Children	117	117	122
Unsheltered Count of Homeless Households with Children	5	8	6

Homeless Veteran PIT Counts

	2011	2016	2017	2018
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	180	168	198	192
Sheltered Count of Homeless Veterans	116	124	126	111
Unsheltered Count of Homeless Veterans	64	44	72	81

2018 HDX Competition Report

HIC Data for CO-504 - Colorado Springs/El Paso County CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2018 HIC	Total Beds in 2018 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	592	33	559	100.00%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	438	0	394	89.95%
Rapid Re-Housing (RRH) Beds	106	0	106	100.00%
Permanent Supportive Housing (PSH) Beds	610	0	610	100.00%
Other Permanent Housing (OPH) Beds	31	0	31	100.00%
Total Beds	1,777	33	1700	97.48%

2018 HDX Competition Report

HIC Data for CO-504 - Colorado Springs/El Paso County CoC

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	174	552	557

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

Households with Children	2016 HIC	2017 HIC	2018 HIC
RRH units available to serve families on the HIC	9	17	16

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC
RRH beds available to serve all populations on the HIC	78	118	106

2018 HDX Competition Report

FY2017 - 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)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES and SH	3830	4682	33	34	1	15	15	0
1.2 Persons in ES, SH, and TH	4476	5304	79	108	29	25	30	5

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

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

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	3591	5007	77	176	99	21	34	13
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	4417	5677	137	219	82	37	51	14

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

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

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

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

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns
Exit was from SO	0	0		0		0		0	
Exit was from ES	544	89	16%	46	8%	38	7%	173	32%
Exit was from TH	301	18	6%	7	2%	2	1%	27	9%
Exit was from SH	0	0		0		0		0	
Exit was from PH	431	22	5%	27	6%	27	6%	76	18%
TOTAL Returns to Homelessness	1276	129	10%	80	6%	67	5%	276	22%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

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

	January 2016 PIT Count	January 2017 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	1302	1415	113
Emergency Shelter Total	591	536	-55
Safe Haven Total	0	0	0
Transitional Housing Total	400	422	22
Total Sheltered Count	991	958	-33
Unsheltered Count	311	457	146

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2016	FY 2017	Difference
Universe: Unduplicated Total sheltered homeless persons	4526	5333	807
Emergency Shelter Total	3885	4719	834
Safe Haven Total	0	0	0
Transitional Housing Total	783	788	5

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	144	140	-4
Number of adults with increased earned income	15	13	-2
Percentage of adults who increased earned income	10%	9%	-1%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	144	140	-4
Number of adults with increased non-employment cash income	33	30	-3
Percentage of adults who increased non-employment cash income	23%	21%	-2%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	144	140	-4
Number of adults with increased total income	47	39	-8
Percentage of adults who increased total income	33%	28%	-5%

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	289	150	-139
Number of adults who exited with increased earned income	60	48	-12
Percentage of adults who increased earned income	21%	32%	11%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	289	150	-139
Number of adults who exited with increased non-employment cash income	41	30	-11
Percentage of adults who increased non-employment cash income	14%	20%	6%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	289	150	-139
Number of adults who exited with increased total income	89	72	-17
Percentage of adults who increased total income	31%	48%	17%

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	4216	5042	826
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.	998	1091	93
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)	3218	3951	733

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

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	4760	5461	701
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.	1136	1144	8
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.)	3624	4317	693

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

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

This Measure is not applicable to CoCs in FY2017 (Oct 1, 2016 - Sept 30, 2017) reporting period.

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

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

	Submitted FY 2016	FY 2017	Difference
Universe: Persons who exit Street Outreach	345	14	-331
Of persons above, those who exited to temporary & some institutional destinations	1	0	-1
Of the persons above, those who exited to permanent housing destinations	0	4	4
% Successful exits	0%	29%	29%

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

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	4097	2525	-1572
Of the persons above, those who exited to permanent housing destinations	982	728	-254
% Successful exits	24%	29%	5%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in all PH projects except PH-RRH	673	623	-50
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	617	573	-44
% Successful exits/retention	92%	92%	0%

2018 HDX Competition Report

FY2017 - 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.

2018 HDX Competition Report

FY2017 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017
1. Number of non-DV Beds on HIC	266	256	270	497	563	348	453	446	419	508	582	636	171	347	78	118				
2. Number of HMIS Beds	247	235	249	497	485	297	427	418	400	508	582	636	171	347	78	118				
3. HMIS Participation Rate from HIC (%)	92.86	91.80	92.22	100.00	86.15	85.34	94.26	93.72	95.47	100.00	100.00	100.00	100.00	100.00	100.00	100.00				
4. Unduplicated Persons Served (HMIS)	2967	2924	3872	4641	807	734	783	765	492	587	673	648	827	679	760	750	345	445	474	522
5. Total Leavers (HMIS)	2725	2680	3663	2479	516	400	420	424	100	118	123	127	691	471	547	514	160	261	343	14
6. Destination of Don't Know, Refused, or Missing (HMIS)	1259	1655	2752	1826	58	30	37	71	14	21	35	34	17	47	60	83	142	260	343	6
7. Destination Error Rate (%)	46.20	61.75	75.13	73.66	11.24	7.50	8.81	16.75	14.00	17.80	28.46	26.77	2.46	9.98	10.97	16.15	88.75	99.62	100.00	42.86

2018 HDX Competition Report

Submission and Count Dates for CO-504 - Colorado Springs/El Paso County CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2018 PIT Count	1/28/2018	

Report Submission Date in HDX

	Submitted On	Met Deadline
2018 PIT Count Submittal Date	4/30/2018	Yes
2018 HIC Count Submittal Date	4/30/2018	Yes
2017 System PM Submittal Date	5/31/2018	Yes

**Pikes Peak Continuum of Care
Program Priorities for
US Department of Housing and Urban Development
2018 CoC Program NOFA**

On July 27, 2018, the PPCoC Governing Board approved the following funding priorities and empowered the Ranking and Prioritization Committee to complete the ranking and prioritization process for the US Department of Housing and Urban Development 2018 CoC Program NOFA.

The priorities were recommended by the Ranking and Prioritization Committee at its meeting on July 16, 2018. The priorities are largely consistent with HUD priorities and consider local data to tailor housing and supportive services to populations experiencing longer episodes of homelessness and to improve performance on exits to permanent housing:

Policy and Program Priorities

- Reducing Length of Homeless Episodes
- Rates of Exits to Permanent Housing
- Participation in Coordinated Entry
- Use of a Housing First Approach

Priority Housing

- Permanent Housing – PSH RRH
- Joint TH and PH-RRH

Priority Populations

- Chronically homeless
- Youth
- Families with Children
- Survivors of Domestic Violence

The Ranking and Prioritization Committee (R&P) is tasked with creating policies, procedures, forms and documents for monitoring, reviewing, ranking and prioritizing HUD-funded CoC projects. It reviews and monitors project performance, ranks and prioritizes projects during the CoC Program competition phase, and makes recommendations to the Governing Board.