Before Starting the CoC Application

The CoC Consolidated Application is made up of three parts: the CoC Application, the Project Listing, and the Project Applications. The Collaborative Applicant is responsible for submitting two of these sections. In order for the CoC Consolidated Application to be considered complete, each of these two sections REQUIRES SUBMISSION:
- CoC Application
- Project Listing

Please Note:

- Review the FY2013 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the application forms in e-snaps.
- As a reminder, CoCs are not able to import data from the 2012 application due to significant changes to the CoC Application questions. All parts of the application must be fully completed.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the application.

For Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

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

1A-2 Collaborative Applicant Name: City of Colorado Springs, Colorado

1A-3 CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1B-1 How often does the CoC conduct meetings of the full CoC membership? Monthly

1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation? Monthly

IB-3 Does the CoC include membership of a homeless or formerly homeless person? Yes

1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Select all that apply. Advisor, Volunteer, Community Advocate

1B-5 Does the CoC's governance charter incorporate written policies and procedures for each of the following:

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	Yes
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	Yes
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	No
1B-5.6 Code of conduct for board members that includes a recusal process?	No
1B-5.7 Written standards for administering assistance?	Yes

1C. Continuum of Care (CoC) Committees

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	Governing Board	Primary oversight/decision-making body for the CoC (see Structure & Membership attachments) ensuring work of the CoC is done. Approves, executes MOU's, & measures performance of CoC leads (Administrator, HMIS, Collaborative Applicant). Approves CoC-related documents & processes such as policies, procedures, agreements, and contracts. Develops/updates/approves strategic plan & performance goals. Determines priorities. Approves project ranking & reviews consolidated application. Reviews/approves the work of & recommendations made by the sub-committees. Reviews/monitors project & CoC system performance. Develops strategic funding plan for CoC programs. See membership attachment (CoC Governance section) for specific names/organizations.	Monthly	Some reps cover more than 1, limit 1/organization: CoC Leads; City of CS; El Paso Cty; ES/TH/PH; affordable hsg; PHA; Colo. Div. of Hsg; emergency srvcs; faith; education; mental/behavioral hlth; youth; hlth/respite care; consumer; funder; business.

1C-1.2	CMS (HMIS) Advisory Committee	Establishes and maintains policies and procedures, and minimum data requirements; monitors data quality & completeness; reviews/approves baseline forms and documents; reviews system updates; sets upgrade/development priorities; provides general oversight of HMIS function and usage in the CoC; ensures implementation and meeting of standards and requirements. Participates in & provides inputs on needs and priorities to the Colorado CIS which is an effort to address data and process needs at a state level. Participates in the development/deployment of the coordinated intake and assessment process, rapid entry process, & other new capabilities.	Monthly	All HMIS participating organizations, both required due to funding & voluntary, are members of this committee. See membership attachment in CoC Governance section for specific names/organizations.
1C-1.3	CoC Monitoring, Review, Ranking, & Prioritization Committee	Creates policies, procedures, forms & documents for monitoring/reviewing, ranking & prioritizing CoC projects including ESG projects. Reviews/monitors project performance (APR's, data quality/completeness, utilization, outcomes). Ranks & prioritizes projects during competition phase, & makes recommendation to Governing Board. Identifies projects needing attention & recommends to Board.	Monthly	CoC Leads required members, plus: Salvation Army, Homeward Pikes Peak, Peak Vista, Springs Rescue Mission, Partners In Housing, & Urban Peak. See membership attachment in CoC Governance section for specific names.
1C-1.4	CoC Structure and Governance Committee	Committee formed to oversee the restructure of the CoC due to change in CoC Lead. Reviews best practices & understands requirements. With input from membership, determines gaps & priorities. Develops or oversees development of structure, processes, & documentation needed to meet community purposes & HEARTH or other City, State, and Federal requirements. Makes recommendations to Governing Board. Ensures implementation of approved, modified or new processes. Long term: ensures on-going/regular review, maintenance or development of structure, processes, & documentation.	Monthly	CoC Leads required members, plus: Homeward Pikes Peak, Colorado Springs Housing Authority, AspenPointe, Peak Vista, & a citizen. See membership attachment in CoC Governance section for specific names.
1C-1.5	Coordinated Intake & Assessment Committee	Reviews and understands best practices and requirements for coordinated access, assessment, and assignment. Reviews current local practices. Develops and maintains processes, policies and procedures, forms and documentation needed for an effective system. Works with Governing Board, HMIS Lead, HMIS vendor, and consultant to integrate into HMIS. Develops guidelines and training to support implementation. Monitors progress and performance of the system, and makes adjustments as needed.	Monthly	CoC Leads required, plus: Partners In Housing, Urban Peak, Salvation Army, Homeward Pikes Peak, Aspen Pointe, Rocky Mountain Human Services, Dept. of Corrections, & a citizen. See membership attachment in CoC Governance section for specific names.

1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommitees, and workgroups.
(limit 750 characters)

CoC committed to be open, transparent, participatory & representative of entire community. Maintains distro list (402 members) open to all parties; gains new members regularly as word spreads. List used to disseminate general info, announce mtgs, distribute reports (AHAR/PIT/HIC/etc.) & CoC docs (Consolidated Application/plans/etc.), recruit participation in CoC activities, & seek input. Same info shared at mthly general provider mtg (CHAP – Community Homeless Assistance Providers; open invitation). All committees open. Pikes Peak United Way began Community Conversations process July 2013; homelessness one focus area; open-ended questions; broad community representation beyond usual groups, includes unsheltered homeless; feedback shared.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available.
(limit 750 characters)

Committee develops forms/processes (Board approves): Application/Evaluation form w/ budget & score rubric; proj performance & proj goals worksheets; HMIS-generated APR's & 2012 project apps. Perf review period = 7/1/12-6/30/13 for all projs. General mtg reviews process/forms/requirements/priorities. Proj nputs scored, data put in spreadsheet, prelim ranking created. Ranking mtg open to all applicants + committee non-applicants. Scores reviewed/corrected. Open discussion to achieve objectives: minimize impact on beds/clients; fund new proj thru reallocation; rank by perf; no SSO in Tier 1; Tier 2 $ close to calculated min; be mindful of impact on orgs/prgrms. See docs/forms in Rating/Review section & notices in Public Solicitation section.

1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis.
(limit 1000 characters)

CoC reviews: HMIS data quality/completeness reports (covering required data elements); e-snaps vs. HMIS APR's (verify & promote management & use of HMIS data); outcomes goals from prior project application vs. CoC goals & performance from APR's; new project application goals vs. prior year performance & CoC goals (solid performance & realistic goals); project budget incl. match/leverage amounts/sources (financial stability). CoC requires same 4 goals in all project applications: housing stability; earned income; income from sources other than employment; non-cash benefits (creates consistent base for comparison). Adjustments for differences in population served (severity of barriers) were made thru discussion for 2013. Based on that, application/evaluation form & rubric will be adjusted to account for populations. HMIS Lead has created report to measure length of stay; will be added to next round of review. Moving to shared client data in 2014 to enable measurement of recidivism.

1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions.
(limit 750 characters)

Governing Board has ongoing discussion re: gaps/needs. As competition nears, GB determines priorities for new projects. Request for letters of intent disseminated thru open community list (CHAP, 400+ members) & announced @ mtgs (see attachment in Public Solicitation section). Notices will be posted in future when website completed. Open to all; non-recipients actively encouraged; non-recipients w/ projects addressing priorities proactively targeted. Guidance provided to all. Requests which don't meet standards/priorities get feedback & coaching for future opportunities. Approved new projects receive extensive guidance thru application process, including organizational improvements needed to ensure successful award, & grant & program mgmnt.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application.	01/17/2014
1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?	01/17/2014
1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes?	Yes

1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number.
(limit 1000 characters)

No changes have been made to the final GIW submitted on 11/12/2013. NOTES: 1) Due to a change in CoC Administrator (Lead), web pages are under development; in the interim, all notifications have been made to wide distribution; emails are attached in “Public Solicitation” attachment section. 2) No changes were made to the final ranking after being posted on 1/17/2014. "Not Applicable" was not an option on 1D-5 so we have recorded the same date.

1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months?	No

1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved. (limit 750 characters)

Not applicable; no complaints were received.

1E. Continuum of Care (CoC) Housing Inventory

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1E-1 Did the CoC submit the 2013 HIC data in the HDX by April 30, 2013? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices.
(limit 1000 characters)

HMIS Lead & HMIS Advisory Committee hold primary responsibility for compliance with interim rule, 2010 data standards, & all relevant notices thru monitoring & reviewing all regulations & notices from HUD regarding HMIS requirements. 2013 draft standards have been reviewed & considered where feasible. HMIS Advisory Committee meets monthly. Updates & changes (final & anticipated) are reviewed & impact discussed. Policies, procedures, forms, etc., are reviewed annually or as needed to accommodate new requirements. HMIS Lead meets with vendor monthly to address gaps & priorities, & ensures vendor is current with requirements. Email updates & training (individual & group) are provided to address user compliance issues or convey significant system or process changes. Active clients & data quality reports are reviewed monthly, & CoC reports (AHAR, PIT, HIC) are reviewed when submitted. Site visits are conducted annually to review user compliance & address business needs. See attachments.

2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead? If yes, a copy must be attached.	Yes

2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan.
(limit 1000 characters)

Privacy plan/policy, security plan/policies, and data quality collection/quality requirements were developed by the HMIS Lead & HMIS Advisory Committee when HMIS launched in 2006. Documents were reviewed periodically as needed, but went to annual review in 2011 as we prepared to migrate to a new HMIS & in anticipation of HEARTH Act requirements. All documents underwent complete review/revision & were released in 2012. Documents are now reviewed annually or as needed to accommodate changes. Latest Policies & Procedures Manual review was January 2014. Documents will be reviewed/revised again as we move to sharing of client information in the next few months. New CoC structure and Governing Board were adopted in October 2013. All documents will be reviewed/approved by the Governing Board. See attachments.

2A-4 What is the name of the HMIS software selected by the CoC and the HMIS Lead? Applicant will enter the HMIS software name (e.g., ABC Software).	Adaptive Enterprise Solutions (AES)
2A-5 What is the name of the HMIS vendor? Applicant will enter the name of the vendor (e.g., ESG Systems).	Adsystech, Inc.
2A-6 Does the CoC plan to change the HMIS software within the next 18 months?	No

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

2B-1 Select the HMIS implementation coverage area: Statewide

2B-2 Select the CoC(s) covered by the HMIS: (select all that apply) CO-504 - Colorado Springs/El Paso County CoC, CO-503 - Metropolitan Denver Homeless Initiative, CO-500 - Colorado Balance of State CoC

2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	$200,353
ESG	$28,000
CDBG	$0
HOME	$0
HOPWA	$0
Federal - HUD - Total Amount	$228,353

2B-3.2 Funding Type: Other Federal

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

2B-3.3 Funding Type: State and Local

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

2B-3.4 Funding Type: Private

Funding Source	Funding
Individual	$11,800
Organization	$98,923
Private - Total Amount	$110,723

2B-3.5 Funding Type: Other

Funding Source	Funding
Participation Fees	$4,000
Other - Total Amount	$4,000

2B-3.6 Total Budget for Operating Year	$343,076

2B-4 How was the HMIS Lead selected by the CoC? Agency Applied

2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead. (limit 750 characters)

The agency originally applied and was awarded via RFP process in 2003 and was confirmed by the Interim Governing Board in November 2013. Note also that we have indicated a “statewide” implementation. We use a single instance of the Adsystech product in order to facilitate future statewide reporting, and we cooperate heavily in order to ensure consistent policies, processes, and baseline requirements. Each CoC has its own HMIS Lead and manages HMIS in such a way as to meet local and federal requirements/needs.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2C-1 Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

*** Emergency shelter**	86%+
*** Safe Haven (SH) beds**	Housing type does not exist in CoC
*** Transitional Housing (TH) beds**	86%+
*** Rapid Re-Housing (RRH) beds**	86%+
*** Permanent Supportive Housing (PSH) beds**	86%+

2C-2 How often does the CoC review or assess its HMIS bed coverage? Quarterly

2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

No categories fall in the 0-64% range.

2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage. (limit 750 characters)

No categories were in the 0-64% range last year, but would have been if VASH beds were included in the calculation. We indicated that discussions were underway between the VA and AspenPointe (another PSH provider) to do the HMIS data entry. That agreement was completed and data entry in HMIS is nearly completed for all current and some past clients. The data entry is retroactive to program entry, so we expect to be able to include VASH beds in the 2014 HIC as participating in HMIS and we expect to be able to include VASH beds in the 2013-2014 AHAR.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".

Type of Housing	Average Length of Time in Housing
Emergency Shelter	38
Transitional Housing	7
Safe Haven	0
Permanent Supportive Housing	25
Rapid Re-housing	3

2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.

Universal Data Element	Percentage
Name	0%
Social security number	0%
Date of birth	0%
Ethnicity	0%
Race	0%
Gender	0%
Veteran status	0%
Disabling condition	0%
Residence prior to program entry	2%
Zip Code of last permanent address	2%
Housing status	0%
Head of household	0%

2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (limit 1000 characters)

HMIS either generates the required reports directly (AHAR, APR, CAPER, and SSVF), or data from HMIS is used to create the reports (CDBG, PIT, HIC). HMIS APR's are used both at the program level for entry into e-snaps & at the CoC level for CoC & program measurement/management. HMIS data (APR's and program detail reports) was used to generate responses for Consolidated Application, both for baseline performance and goal setting by using APR's in required date range and APR's for calendar 2013. 2013 AHAR report was uploaded directly to HDX (after review & correction). HMIS generates monthly CSV file for SSVF for upload to VA system. Using HMIS data, we created smart spreadsheets to generate CDBG reports.

2D-4 How frequently does the CoC review the data quality in the HMIS of program level data? Monthly

2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges.
(Limit 1000 characters)

HMIS Lead reviews data quality & completeness reports monthly at HMIS Advisory Committee meetings & provides to Governing Board. A smart spreadsheet/report was created; it highlights missing data or mismatches/inconsistencies at the client level. Agencies are regularly reminded to review monthly. This report is also reviewed in conjunction with preparation for all major HUD reports (AHAR, PIT, CAPER) & periodically to keep data quality high. Specific program problems are addressed immediately with agency personnel, including remedial training & site visits if needed. HMIS Lead creates screenshots & tip sheets, & provides demos for common problem areas. To date no board intervention has been required but would be engaged if needed. Using HMIS APR's to assess performance & rank/prioritize projects has encouraged greater focus on data quality as well as program outcomes.

2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data? Monthly

2E. Homeless Management Information System (HMIS) Data Usage and Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

*** Measuring the performance of participating housing and service providers**	Semi-Annually
*** Using data for program management**	Monthly
*** Integration of HMIS data with data from mainstream resources**	Never
*** Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)**	Monthly

2F. Homeless Management Information System (HMIS) Policies and Procedures

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached. Yes

2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)

Pgs 26 & 34 addresses timeliness of entering intake & discharge (entry & exit) information. Pg 28 addresses data quality as referenced in User Agreement. Pg 33/34 address program entry & program exit. Pgs 34/35 address data quality/correction.

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

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/29/2013

2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/30/2013

2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	0%	55%	45%
Transitional Housing	0%	0%	33%	67%
Safe Havens	0%	0%	0%	0%

2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)

Total count up 44; sheltered up 90; unsheltered down 46; chronic up 45; veterans down 80. Sheltered up due to increased ES, ES Cold Weather, & TH beds (+16 ES, +47 Cold Weather, +28 TH through TBRA = 91 more ES & TH beds). Unsheltered down due to more ES, Cold Weather, VASH, & SSVF RRH capacity. Chronic up because we improved our survey data thru increased training; had necessary data elements to determine CH, particularly with Cold Weather & unsheltered populations. Veterans down due to more VASH vouchers, new SSVF grant, & increased focus on housing homeless veterans. NOTE: while % of ES and TH providers not on HMIS is relatively high, % of beds not in HMIS is very low (9%; programs are small & non-HUD funded).

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

*** 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:**

Survey providers:	X
HMIS:	X
Extrapolation:	
Other:	

2H-2 If other, provide a detailed description. (limit 750 characters)

Not applicable; “other” not selected.

2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

HIC is reviewed to ensure all providers are included in the PIT. Non-HMIS providers use survey form matched to HMIS intake covering data elements needed for CoC reports. Training is provided reviewing the required reports so that surveyors understand significance of data elements. After PIT, survey data is put into EXCEL spreadsheet. HMIS providers are reminded to ensure that data is current & accurate for active clients on the date of the PIT. Data completeness & quality are reviewed/fixed as needed, including review of active clients, required data elements & program entry/exit dates. Data from our HMIS is exported & added to the EXCEL spreadsheet to provide a single set of client data. Entire set reviewed for duplicates.

2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

*** 2I-1 Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

HMIS:	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy: (if Sample of PIT interviews plus extrapolation is selected)	
Provider expertise:	
Interviews:	X
Non-HMIS client level information:	X
Other:	

2I-2 If other, provide a detailed description. (limit 750 characters)

Not applicable; “other” not selected.

2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

Survey form for non-HMIS providers matches HMIS intake, covers data elements needed for subpops. Trng provided so surveyors understand significance of data for subpops. Survey data put into EXCEL spreadsheet. HMIS participants collect program-specific data elements, including most optional & some community-specific items. HMIS data covers items needed to determine subpops. HMIS providers reminded to ensure data is current & accurate for active clients on date of PIT. Data completeness & quality are reviewed/fixed as needed, including review of active clients, required data elements & program entry/exit dates. Data from HMIS is exported & added to EXCEL spreadsheet to provide a single set of client data. Entire set reviewed for duplicates.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

*** 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:**

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

2J-2 If other, provide a detailed description. (limit 750 characters)

Not applicable; “other” not selected.

2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

HMIS users are trained & data quality reviewed to ensure high level of data integrity. HMIS reports highlight problems; these are followed-up/fixed monthly w/ extra focus leading up to PIT. Required data & PIT timeline reviewed at mnthly HMIS meeting; email reminders provided. Paper surveyors attend required trng covering purpose of PIT, review reports to show relevance of data elements, detailed review of survey form, confidentiality, respectful approach to clients, & tips to encourage disclosure of requested info including identifying elements. Surveys reviewed & entered into a spreadsheet. Same information extracted from HMIS to create single data set. Identifying information used to de-duplicate between HMIS data & surveys.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2K-1 Indicate the date of the most recent unsheltered point-in-time count: 01/29/2013

2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX: 04/30/2013

2K-4 Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change.
(limit 750 characters)

Total count up 44; unsheltered down 46; sheltered up 90; chronic up 45; veterans down 80. Unsheltered down due to more ES, Cold Weather, VASH, & SSVF RRH capacity. Sheltered up due to increased ES, ES Cold Weather, & TH beds (+16 ES, +47 Cold Weather, +28 TH through TBRA = 91 more ES & TH beds). Chronic up because we improved our survey data thru increased training; had necessary data elements to determine CH, particularly with Cold Weather & unsheltered populations. Veterans down due to more VASH vouchers, new SSVF grant, & increased focus on housing homeless veterans.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

*** 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:**

Public places count:	
Public places count with interviews on the night of the count:	
Public places count with interviews at a later date:	X
Service-based count:	X
HMIS:	X
Other:	

2L-2 If other, provide a detailed description. (limit 750 characters)

Not applicable; “other” not selected.

2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

Geographic size/configuration of region prevent de-duplication using simple counts with no identifying information. Adopted policy of counting only if have adequate information to de-duplicate. Surveys taken day following PIT night at soup kitchen (only noon meal; most eat here regularly), service providers, homeless health clinic, VA srvcs, detox, & known gathering places. Outreach team/volunteers walked creek beds & known camping areas. Outreach counts extended several days to reach those who might not have accessed srvcs. Survey data was entered into the same EXCEL spreadsheet used for sheltered population (non-HMIS & extracted from HMIS). Identifying information ensured de-duplication & correct designation as sheltered/unsheltered.

2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count: A Combination of Locations

2M-2 If other, provide a detailed description. (limit 750 characters)

Not applicable; “other” not selected.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

*** 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:**

Training:	X
"Blitz" count:	
Unique identifier:	
Survey question:	X
Enumerator observation:	
Other:	X

2N-2 If other, provide a detailed description. (limit 750 characters)

For the street outreach part of the survey, the survey takers were the outreach team. Their knowledge of the people they were interviewing & level of trust already established helped to ensure accurate information was gathered from people who might otherwise have been reluctant. Extending over several days provided repeated contacts & higher participation. Spreadsheet w/ HMIS, non-HMIS sheltered, & unsheltered info allowed de-duplication & accurate designation as unsheltered or sheltered.

2N-3 For each method selected, including other, describe how the method was used to reduce the occurance of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to recieve credit for any selection, it must be described here. (limit 750 characters)

Paper survey contained identifying elements (name, DOB, SSN, gender) collected in HMIS. Surveyors were trained prior to the PIT, including detailed instructions on the form & significance of data elements w/ emphasis on un-duplicated counts. Copies of PIT reports provided to show context for data. Trusted surveyors helped participation & completeness. All forms examined prior to data entry for first pass data completeness review. Data entered into same EXCEL spreadsheet containing non-HMIS & extracted HMIS sheltered data. Eliminated entries lacking enough information to de-duplicate. EXCEL de-duplication tools & data analysis/review used to remove duplicates. Ensured people were counted once & in correct category (sheltered/unsheltered).

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

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		11	11	11
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	149	148	174	210
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		31	35	35
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		65%	71%	80%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		3	3	3

3A-1.2 Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015.
(limit 1000 characters)

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

3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness.
(limit 1000 characters)

CoC Governing Board is responsible for creating new beds through reallocation & ensuring new beds become available as committed. Provider directors are responsible for implementing agreed/required/best practices, monitoring program performance, & addressing issues quickly. HMIS Lead and Coordinated Intake & Assessment committees are responsible for development & deployment of coordinated intake in HMIS & development of support processes. HMIS Lead & CoC Governing Board responsible for enhancing capacity to monitor system performance monthly. City and County are responsible for the housing needs study. City and its Homelessness Trustee Committee will oversee the RFP process for housing, outreach services, and day center in alignment with CoC priorities; and together with CoC Governing Board will ensure development of awarded projects.

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

Objective 2: Increase Housing Stability

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013? Yes

3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	216	252	257
3A-2.2b Enter the total number of participants that remain in CoC-funded funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	199	209	213
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	92%	83%	83%

3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)

2013 actual = 92% due to significant # of clients receiving Section 8 vchrs. W/ budget cuts, Section 8 reducing total thru attrition; wait list on hold; reduced expected performance for 2014/15 to current levels until impact of more new clients determined. Objective = keep performance high. PSH strategies: frequent case mgmnt interaction in early months; fast benefits acquisition thru SOAR & Colorado PEAK (online system), & Resource Advocate Program (begins process during contact phase before program entry); access to health care, counseling & treatment resources; maintaining relationships w/ landlords & addressing issues quickly; Hsg 1st program provides monthly client meeting creating connections & peer support; enhancement of tools & capacity to monitor system performance monthly; City/County-funded hsg needs assessment to determine affordable hsg needs & allocation of funds to develop affordable housing to provide more units creating turnover from PSH to stable hsg.

3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects.
(limit 1000 characters)

CoC Governing Board responsible for monitoring performance & addressing issues; HMIS Lead responsible for providing reports allowing performance monitoring; HMIS Lead & CoC Governing Board responsible for enhancing capacity to monitor system performance monthly; SOAR Advisory Committee responsible for ensuring access to training & monitoring SOAR process outcomes; CoC Governing Board responsible for ensuring availability of relevant training (benefits acquisition, accessing resources, effective case management) for provider staff; provider directors responsible for implementing agreed/required/best practices, monitoring program performance, & addressing issues quickly; City & Homelessness Trustee Committee responsible for housing needs assessment & development of more affordable housing.

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

Objective 3: Increase project participants income

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-3.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	429

3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	42%	25%	25%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	43%	57%	57%

3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1	
Earned Income	137	31.93	**%**
Unemployment Insurance	6	1.40	**%**
SSI	41	9.56	**%**

SSDI	34	7.93	**%**
Veteran's disability	6	1.40	**%**
Private disability insurance	0		**%**
Worker's compensation	2	0.47	**%**
TANF or equivalent	29	6.76	**%**
General Assistance	1	0.23	**%**
Retirement (Social Security)	0		**%**
Veteran's pension	6	1.40	**%**
Pension from former job	1	0.23	**%**
Child support	29	6.76	**%**
Alimony (Spousal support)	0		**%**
Other Source	46	10.72	**%**
No sources	134	31.24	**%**

3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above.
(limit 1000 characters)

Consolidated app vs. project apps universes are different: 2013 baseline counts leavers only; project application goals count leavers & stayers; consolidated goals reflect expected performance based on calendar 2013 actuals & current strategies for leavers & stayers; 2013 calendar actuals are higher than APR period used for baseline. Strategies include: increased focus on benefits acquisition through SOAR Advisory Committee strategies including on-going staff training & development of funding for dedicated positions (SOAR Action Plan attached); continued development of case plan/service delivery guidelines (drafts attached); HMIS deployment & expansion of pilot coordinated intake process which includes common indicators assessment tool (included in attachments) & outcomes tracking (using ROMA); enhancement of tools & capacity to monitor system performance monthly.

3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.
(limit 1000 characters)

Consolidated app vs. project apps universes are different: 2013 baseline counts leavers only; project application goals count leavers & stayers; consolidated goals reflect expected performance based on calendar 2013 actuals & current strategies for leavers & stayers; % is lower than leavers only because stayers have not yet acquired employment. Strategies: seek funding to replicate SSVF pilot REHIRE program providing trainging, skills, & conditional employment period w/ employers; engage Pikes Peak Workforce center to identify REHIRE & other opportunities; engage Business Alliance & Downtown Partnership to develop business participation; develop day center & services including job readiness & assistance; convene subcommittee to develop other strategies appropriate to specific populations; enhance tools and capacity to monitor system performance monthly (employment is one of the indicators in the assessment matrix; see attachment).

3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)

CoC Governing Board responsible for monitoring performance & addressing issues; HMIS Lead responsible for providing reports allowing performance monitoring; HMIS Lead & CoC Governing Board responsible for enhancing capacity to monitor system performance monthly; SOAR Advisory Committee responsible for carrying out Action Plan items; provider directors responsible for implementing agreed/required/best practices, monitoring program performance, & addressing issues quickly; City & Homelessness Trustee Committee responsible for development of day center & services; Governing Board responsible for engaging workforce center & business community; Governing Board for developing capacity & funding for REHIRE-style program.

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

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-4.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.	429

3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	74%	59%	59%

3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	259	60.37 %
MEDICAID health insurance	112	26.11 %
MEDICARE health insurance	4	0.93 %
State children's health insurance	1	0.23 %
WIC	31	7.23 %

VA medical services	3	0.70	%
TANF child care services	22	5.13	%
TANF transportation services	2	0.47	%
Other TANF-funded services	5	1.17	%
Temporary rental assistance	1	0.23	%
Section 8, public housing, rental assistance	75	17.48	%
Other Source	127	29.60	%
No sources	120	27.97	%

**3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.
(limit 1000 characters)**

Consolidated app vs. project apps universes are different: 2013 baseline counts leavers only; project application goals count leavers & stayers; consolidated goals reflect expected performance based on calendar 2013 actuals & current strategies for leavers & stayers; % is lower than leavers only because stayers have not yet acquired non-cash benefits. Strategies include: continued development of case plan/service delivery guidelines (drafts attached) & enhance to cover benefit acquisition action steps; HMIS deployment & expansion of pilot coordinated intake process which includes common indicators assessment tool (included in attachments) & outcomes tracking (using ROMA); enhance tools & capacity to monitor system performance monthly; ensure regular access to training on tools/resources available to assist with benefits acquisition such as Colorado Peak (online benefits site) & Cover Colorado (ACA enrollment site).

**3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit.
(limit 1000 characters)**

CoC Governing Board responsible for monitoring performance & addressing issues; HMIS Lead responsible for providing reports allowing performance monitoring; HMIS Lead & CoC Governing Board responsible for enhancing capacity to monitor system performance monthly; provider directors responsible for implementing agreed/required/best practices, monitoring program performance, & addressing issues quickly; CoC Governing Board responsible for ensuring availability of regular training on available resources; Coordinated Intake & Assessment Committee & HMIS Lead responsible for continued development & deployment of assessment, case & self-sufficiency plan guidelines, & HMIS deployment of tools.

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

Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	0	0
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	0	13	13
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	10	43	65

**3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g.., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.
(limit 1000 characters)**

ESG funding from City & State is small but critical; process has improved so expect to serve same # w/ less $; units that will be reflected in the 2015 HIC stay flat. 2 other programs are growing: SSVF & One Congregation One Family (faith-based effort promoted by the Governor). Strategies include: align funding w/ providers who can refer & follow-up priority household (youth & w/ children); examine barriers to hsg & develop strategies to reduce/eliminate them; support application for 2nd SSFV grant designated for our community; support expansion of One Congregation One Family; HMIS deployment & expansion of pilot coordinated intake/assessment/assignment process to direct families to available spaces; continue process improvement to expand capacity w/ available funds; explore additional funding opportunities (TANF, CoC, City/County funds); support creation of additional affordable housing to provide more options for exiting clients.

3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)

CoC Governing Board responsible for monitoring performance & addressing issues; HMIS Lead responsible for providing reports allowing performance monitoring; HMIS Lead & CoC Governing Board responsible for enhancing capacity to monitor system performance monthly; provider directors responsible for implementing agreed/required/best practices, monitoring program performance, & addressing issues quickly; CoC Governing Board responsible for supporting SSVF grant application; CoC Governing Board responsible for increasing engagement with One Congregation One Family effort; CoC Governing Board responsible for engaging Dept. of Human Services in TANF discussion; City & Homelessness Trustee Committee responsible for development of affordable housing; CoC Governing Board responsible for exploring other funding opportunities.

**3A-5.4 Describe the CoC's written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable.
(limit 1000 characters)**

Policies and procedures are under development. Assessment matrix with score has been developed and is in use. Case plan form and self-sufficiency plan form are in draft state and in use. Proposals are in hand to engage our HMIS vendor and a local ROMA consultant to create needed policies/procedures and integrate into HMIS (work to begin in February). These 5 items are attached. Guidelines for assistance schedule (gradual move from provider assistance to client ownership) have been discussed and are in practice; development & documentation of consistent guidelines in progress. Lessons learned and system improvements will be assessed in February as we prepare for the RFP process and for the vendor/consultant work.

**3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs?
(limit 1000 characters)**

All providers know that the requirement is for monthly case management to be recorded in HMIS for ESG-funded programs (currently no CoC-funded RRH); system requires the service in order to count client in CAPER; CAPER reports reviewed w/ providers each month before submission to the City to ensure completeness & accuracy. Measurement & reporting of specific outcomes is an integral part of the ROMA development and deployment in HMIS and associated process documentation.

**3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends?
(limit 1000 characters)**

We have not yet had anyone exited from the ESG RRH program for 12 months, but follow-up is part of the process. ESG funds were allocated to providers who serve our priority populations: youth & households w/ children. Eligible clients are referred to or identified by providers who have the capacity to determine appropriate program (RRH, TH, or PH), provide necessary services thru the program, and then follow-up afterward. Clients are given contact information for provider & 2-1-1, & reminded to reach out should issues arise. Same encouragement is given at follow-up. CoC Governing Board and ESG Coordinated Intake & Assessment Committee responsible for development of additional follow-up capacity & measurement/reporting capacity.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3B-1.1 Is the discharge policy in place mandated by the State, the CoC, or other? Other

**3B-1.1a If other, please explain.
(limit 750 characters)**

Pathways Home Colorado, the Colorado 10-Year Plan, identifies discharge planning for foster care, health care, mental health, and corrections institutions as a priority. Efforts continue or are supported at the state level, but where there are gaps, local efforts are identified and implemented. The CoC works with the State to provide inputs and make modifications as needed. The state's CoC's cooperate to create consistent policies/processes where appropriate.

**3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

Office of Homeless Youth Services (OHYS): responsible for discharge plng practices for child welfare & juvenile justice; works w/ Corrections, Justice, Education, Health Care Policy & Financing, Human Services, Public Safety, Public Health & Environment, nonprofits, federal depts, other stakeholders; 2008 statewide survey; continues to develop policies/processes for youth exiting systems of care; annual report; action plan/resources @ http://www.colorado.gov/cs/Satellite/DOLA-Main/CBON/1251595346101. Child Welfare Div developed checklist for emancipation. El Paso County DHS implemented Vital Documents guidelines, Emancipation Services checklist, other best practices not formalized by state. Local youth srvcs providers work w/ OHYS & DHS, provide transitional housing & services to youth exiting foster care. Colorado extended Medicaid to Foster Care Youth 18-21 years of age. Destinations: AspenPointe Youth Directions; Griffith Centers for Children; Young Williams Child Support Services.

**3B-1.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

Colorado Office of Homeless Youth Services; Colorado Department of Human Services; El Paso County Department of Human Services and sub-contractors; AspenPointe Youth Directions; Griffith Centers for Children; Urban Peak Colorado Springs; Young Williams Child Support Services; Pikes Peak United Way 211 (for referrals) ; CoC Discharge Planning Committee. Mile High United Way is piloting a project, Bridging the Gap, in collaboration with local human service agencies, the CO. Dept. of Housing, nonprofits, school districts and foundations with the intention of replication.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3B-2.1 Is the discharge policy in place mandated by the State, the CoC, or other? Other

3B-2.1a If other, please explain. (limit 750 characters)

Pathways Home Colorado, the Colorado 10-Year Plan, identifies discharge planning for foster care, health care, mental health, and corrections institutions as a priority. Efforts continue or are supported at the state level, but where there are gaps, local efforts are identified and implemented. The CoC works with the State to provide inputs and make modifications as needed. The state's CoC's cooperate to create consistent policies/processes where appropriate.

3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

Discharge policies cover: guidelines to identify patients; find hsg; medication/access to medication; referral to health care options/support services; transportation. Emergency shelter has respite beds for clients discharged from hospital/referred by clinic. Peak Vista Homeless Health Clinic co-located with shelter. Expanded respite services to increase discharge options & decrease hospital costs. Detox/sobering beds facility for clients w/ intoxication, behavioral, or mental health issues. Long-term medical needs of clients: local SOAR TA & training grant created SOAR Advisory Council, identified/trained local resources to improve access to SSI/SSDI/Medicaid & other options thru Cover Colorado ACA exchange (www.covercolorado.org). Collaborate w/ regional SSA & CO Disability Determination Srvcs to expedite homeless applications, measure approval outcomes. Destinations: Ascending To Health; Peak Vista Homeless Health Clinic; S.E.T. Family Medical Clinics; other faith-based clinics.

3B-2.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

Penrose-St. Francis Health System; Memorial Health System; Peak Vista Homeless Health Clinic; Peak Vista Community Health Centers; Ascending To Health Respite Care; Community Health Partnership; S.E.T. Family Medical Clinics; Open Bible Medical Clinic; Mission Medical Clinic; Pikes Peak United Way 211 (for referrals); CoC Discharge Planning Committee.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3B-3.1 Is the discharge policy in place mandated by the State, the CoC, or other? Other

3B-3.1a If other, please explain. (limit 750 characters)

Pathways Home Colorado, the Colorado 10-Year Plan, identifies discharge planning for foster care, health care, mental health, and corrections institutions as a priority. Efforts continue or are supported at the state level, but where there are gaps, local efforts are identified and implemented. The CoC works with the State to provide inputs and make modifications as needed. The state's CoC's cooperate to create consistent policies/processes where appropriate.

3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

State discharge policy for mntl hlth orgs prevents discharging persons to ES/homelessness. CoC abides by protocol, participates in qtrly mtgs of system & policy review/revision (attended by state mntl hlth services office, mntl hlth orgs, community mntl hlth ctrs, state drug/alcohol division, ad hoc service providers. Local providers have guidelines based on state policies on admission, care, discharge of clients. AspenPointe works w/ El Paso County jail to reach inmates suffering from mental illness, provide discharge planning to reduce recidivism by ensuring services (clinical care, access to & receipt of mainstream benefits, housing, & vocational training) are available on release. AspenPointe & clients call 211 for referrals to appropriate services. If people w/ mntl hlth issues become homeless, Resource Advocacy Program & Homeless Outreach Team connect them to available resources. Destinations: AspenPointe Health Services; Ecumenical Social Ministries; Beth Haven; Fort Lyon.

3B-3.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

AspenPointe Health Services; El Paso County Community Justice Center; Colorado Mental Health Services; Colorado Drug & Alcohol Division; Beth Haven; Pikes Peak United Way 211 (for referrals); Fort Lyon Supportive Residential Community (new state-funded facility for short and medium term behavioral heath treatment); CoC Discharge Planning Committee.

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3B-4.1 Is the discharge policy in place mandated by the State, the CoC, or other? Other

3B-4.1a If other, please explain. (limit 750 characters)

Pathways Home Colorado, the Colorado 10-Year Plan, identifies discharge planning for foster care, health care, mental health, and corrections institutions as a priority. Efforts continue or are supported at the state level, but where there are gaps, local efforts are identified and implemented. The CoC works with the State to provide inputs and make modifications as needed. The state's CoC's cooperate to create consistent policies/processes where appropriate.

3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

CO law mandates access to benefits for exiting offenders. Council on Homelessness created treatment & diversion program. Dept. of Corrections began SOAR program to expedite enrollment for persons w/ disabilities, & Re-Entry Specialists work w/ parole officers, faith/community orgs, case managers, education staff, to create transition plans incl: resources for successful transition to community & self-sufficiency, & enhance public safety. Local Reintegration/Recovery program reduced recidivism 67%, & includes: needs assessment/diagnosis, life skills education (anger management, therapy, substance abuse treatment, family/parenting skills), employment program (during/after incarceration), legal assistance, housing, transportation. S.E.T. Clinic offers comprehensive health care re-entry prgrm to offenders. Outreach team identifies/assists offenders who become homeless & connects to srvcs. Destinations: Mesa House, Alano House, Grace Be Unto You, other faith-based/private organizations.

3B-4.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

Department of Corrections; El Paso County Community Justice Center; El Paso County Sheriff; Mesa House, Alano House, Grace Be Unto You; other faith-based or private organizations; Colorado Springs Police Department Homeless Outreach Team; Pikes Peak United Way 211 (for referrals); CoC Discharge Planning Committee.

3C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3C-1 Does the Consolidated Plan for the jurisdiction(s) within the CoC's geography include the CoC's strategic plan goals for addressing and ending homelessness? Yes

3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)

The City of Colorado Springs 2010-2014 plan references & supports the CoC's 10-year plan of record, addressing development & implementation of CoC strategic goals, provision of hsg to meet CoC goals, prevention & rapid re-housing, & provision of support in achieving other CoC goals. The 2012/13 annual action plans reference the current CoC plan of record. El Paso County developed its 2012-2016 Consolidated Plan & 2012/13 annual action plans in coordination with the CoC. The plan cites prevention, rapid re-housing, affordable hsg, & emergency assistance goals of the 10-year plan. Both Consolidated Plans cite & use the PIT/HIC/AHAR data provided by the CoC, as well as the output from planning sessions. Both plans include emphasis on permanent housing. City released 2-yr Initiative to End Homelessness to cover CoC priorities while 10-year plan is revised to align w/ Opening Doors & address HUD & HEARTH goals.

3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC's geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients. (limit 1000 characters)

2011/12 funds: CoC appointed City to apply for State funds so that funds could be allocated strategically as a whole; 2013 funds: State required that CoC appoint an applicant based on that model & City again appointed by CoC to create single RFP process. RFP is created with input from CoC, proposals are reviewed jointly, & funds are allocated in accordance with CoC priorities. CoC works w/ City to disseminate regulations/requirements, train grantees, & create processes & documents. Decision made to require same HMIS data elements (program-specific required) in concert w/ HMIS Lead. ESG program was used to develop pilot coordinated intake/assessment process & documents, & to share client information across agencies. HMIS Lead provides CAPER reports to City. CoC Governing Board, HMIS Lead, & City working together to develop/deploy coordinated assessment process in HMIS. ROMA model will be used to evaluate program performance @ system and project level.

3C-3 Describe the extent in which ESG funds are used to provide rapid re-housing and homelessness prevention. Description must include the percentage of funds being allocated to both activities. (limit 1000 characters)

The City was the recipient for both City & State ESG funds. 66.6% of total ESG funds were allocated to HP (21%) & RRH (45.6%); 20.4% to shelter operations; 5% to HMIS/Coordinated Assessment; 8% to Admin. Shelter operation allocation is necessary while other funding options are developed. HP funds were directed to rural El Paso County (~20% of population) where RRH is not feasible. RRH funds were directed primarily in the City to provide the foundation for the program. RRH funds were further targeted to households w/ children & youth populations thru organizations serving those groups. ESG funds ~23% of the total HP & RRH programs. The remainder comes from SSVF & One Congregation One Family programs. The ESG funds also provide funds for the development, deployment of Coordinated Assessment & integration into our HMIS; this will benefit all of the HP & RRH programs as well as housing & services programs.

3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area. (limit 1000 characters)

ESG prevention directed to rural El Paso County where we have high rate of poverty/low income & few resources due to low density. Difficult to access services in City due to distance/transportation barriers; priority is keep people housed. 226 people served in 2013. Allocated ESG HP funds to at risk youth in City due to housing instability of this group; 16 served. SSVF prevention funds served 509 people in 2013. CoC supports application for a 2nd SSVF grant designated for our region due large & low income military population w/ 5 military facilities. 211 took 23.5K calls & provided 9K referrals for rent/utilities/shelter to keep people housed. HMIS lead & coordinated assessment committee contracted w/ HMIS vendor & local consultant to integrate process into HMIS using 211 & other critical points of entry, create single wait list for clients & resources. City & PHA added TBRA units & will add more in 2014 to move unstably housed into housing. Efforts tie to City/County Con Plans.

3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects. (limit 1000 characters)

CoC Governing Board includes representation from all sectors interested/involved in addressing homelessness (see Committee Membership attachment in CoC Governance section). Thru this group, CoC brings together diverse range of inputs & options. Southern Colorado AIDS Project coordinates with State to serve regional population thru HOPWA. TANF funds were used in conjunction w/ HPRP & will be looked at to strategically support RRH & HP programs. Urban Peak's sole focus is on youth & they provide our link to state & local efforts. Head Start provided a best practice example of strength-based case mgmnt used to create our coordinated assessment guidelines & is key partner w/ many CoC providers. Pikes Peak United Way is CoC Lead & HMIS Lead & key partner w/ CoC. CoC makes intentional effort to include all providers serving homeless/at risk clients thru committees, monthly provider meetings, email distribution, & special events.

3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)

Colorado Springs Housing Authority is active member of CoC Governing Board, Structure & Governance committee, Housing & Services committee, & HMIS Advisory committee. CSHA manages CoC PSH grant for veterans, funds & refers clients to SRO program, manages transitional TBRA program & is working w/ City to add more units. CSHA provides housing inspection & rent assistance administration for CoC PH programs. CSHA is active participant in City/County housing needs study underway, & supplied data to inform City's 2-year plan. Current Section 8 wait list is ~10 years w/ not movement as cuts are made thru attrition, but CSHA is working with CoC to identify future opportunities for prioritization.

3C-7 Describe the CoC's plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)

CoC has opened discussions about barriers to increase awareness & examination of which can be removed. ESG recipients were required to drop employment requirement for ESG clients & encouraged to think about this approach for full client base. PSH programs are encouraged to follow housing 1st model, & Resource Advocate Program works to remove barriers while connecting clients to housing programs. TH programs are encouraged to examine which requirements are reasonable (background check for program serving high % of women w/ children fleeing DV) & where they can be relaxed. CoC will convene community conversations in 2014 to identify existing barriers & develop guidelines/suggestions for ways to remove them. CoC will use Metro Denver study funded by MEDICAID to understand barriers to health care & adopt solutions identified. Goal is to increase awareness & options for solutions.

3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach. (limit 1000 characters)

10 of our 12 PH projects use the housing 1st approach (83% of projects & 89% of beds). One program serves youth who generally go thru a series of programs to prepare for success before graduating to PH & age factor requires considerable structure/guidance. Other program serves veterans ready for stable housing & minimal case management. Providers have nurtured relationships with landlords & address issues quickly. PH programs focus heavy case management in early months & benefits acquisition in order to create stability. CoC is fully committed to the approach, & discussion on barriers will continue to promote the concept & create foundation for success.

3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need. (limit 1000 characters)

Developed coordinated assessment w/ ESG program. Covers entire geographic area (City/County). Includes assessment matrix & case/self-sufficiency plan forms/guidelines (see attachments). Clients referred to projects thru 211 & provider network. HMIS data requirements include program-specific & community data elements; launched w/ shared client demographic information (single HMIS client record). Developed proposal to use ROMA model & HMIS assessment, client & resource wait-list functions to integrate process into HMIS & extend to all CoC projects, including shared client records. Proposals for vendor & local consultant are attached; work begins February 2014. 211 provides easy & accessible point of entry (statewide database w/ local call center); other logical POE's are soup kitchen & mass shelter; entry will be possible anywhere. Model we are using matches needs from assessment w/ programs characteristics defined in HMIS. Working at State level to create common baseline as possible.

3C-10 Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach. (limit 1000 characters)

Fair Housing requirement training is provided annually & notices/materials are disseminated broadly through general provider meetings & distribution list. All service providers in the community are aware of the fair housing requirements as it relates to federal funding and are required if HUD funding is received by the agency to affirmatively market any services or available housing in a manner that does not discriminate on the basis of the categories listed above. Each agency is required to utilize or develop a plan to affirmatively market services and housing. In the coming year the CoC will look at developing a marketing template that can be utilized by all agencies in the community. This topic will also be covered in the barriers discussion and resulting strategies to expand the reach. 211 makes referrals without discrimination and is examining ways to expand its reach to populations who are less likely to use the service.

3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community. (limit 1000 characters)

Homeless service providers, both CoC & ESG recipients, are required to ensure that families are advised of their rights & available McKinney-Vento services. Each school district has a McKinney-Vento contact with whom the service providers work. School enrollment is a standard item on client case plans & agencies work with them to ensure this happens. If families leave a program with children not enrolled, the Department of Human Services is notified. The service providers are required to work with the school districts to ensure transportation is provided to the school of record. The community has an early learning initiative aimed at improving 3rd grade reading levels which providers support and participate in as appropriate for their programs. Providers work with child care providers to ensure that need is met. Primary early education provider is co-located w/ largest TH for families provider. Head Start is a standard connection w/ co-located partnerships in some cases.

3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services. (limit 1000 characters)

Governing Board includes reps from two lowest income districts. McKinney-Vento coordinators in CoC identified & list provided to agencies. Districts generally have services requested, including school lunches & transportation to home school of record, in place w/in 24 hours. Districts provide survey at beginning of year w/ questions to identify homeless or at risk families, & provide information to students & parents alerting them to services available. Teachers are trained to identify potentially homeless children & work with their coordinators to ensure services are made available. All districts are required to provide transportation to child’s school of record. Food bank & faith-based organizations provide weekend food back-packs. Several organizations provide school supplies & immunization/health clinics. Schools provide information on these services to families & refer people to 211 for additional resources in the community.

3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. (limit 1000 characters)

CoC programs, including ESG, are prohibited from denying admission because of children. Mass shelter is a dormitory-style facility so men occupy one side & women w/ children the other side but no family members are excluded. The separation is a security measure for the protection of the women & children (potential DV or un-identified sex offender). In order to compensate, the facility has a duplex on site where some family combinations can be accommodated. In all cases (program eligibility or capacity), families are prioritized for referral to our family emergency shelters and/or to TH or permanent housing programs as appropriate. City's 2-year plan includes expansion of shelter capacity for families w/ children (identified gap & priority). Coordinated assessment process, w/ single wait list, will provide method for ensuring compliance & will include written policy to prevent admission denial for families w/ children under 18.

3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness.
(limit 1000 characters)

Current emphasis is on minimal returns to homelessness thru programs' focus on successful exits to stable housing w/ sufficient resources to remain stable. Client assessment matrix is used to assess needs at entry. Case plan & self-sufficiency plan forms are intended to ensure clients receive resources needed. Projects w/ capacity to follow-up determine if additional resources are needed. CoC priorities include development of additional follow-up capacity to benefit all programs. ESG program launched with shared client data so providers can see if a client has been served before. Shared client data will be expanded to all clients in 2014. This will provide ability to monitor client contracts thru-out the system, including time between contacts. HMIS lead will work with vendor to develop tool or report to measure/monitor returns to homelessness. HMIS lead will research best practices to guide development.

3C-15 Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

3C-15.1 If yes, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan.
(limit 1000 characters)

Not applicable as none of our CoC-funded programs fits this category.

3C-16 Has the project been impacted by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2013 CoC Program Competition?	No

3C-16.1 If 'Yes', describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

Not applicable.

3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).

3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals. (limit 1000 characters)

While CoC's 10-year plan was issued before Opening Doors, its vision & goal "to house every citizen of Colorado Springs" thru "an optimized set of solutions for homelessness in the Pikes Peak Region" is on the same path. Plan is being revised to align specific goals w/ Opening Doors & Pathways Home Colorado: ending chronic/veteran homelessness by 2015: youth, families & children by 2020; a path to ending all types of homelessness. In practice, focus on VASH/SSVF resulted in significant decrease in unsheltered vets from 2012 (108) to 2013 (49). Additional VASH/SSVF capacity continues the focus on vets. Outreach efforts & increase in PH beds resulted in slight decline in unsheltered chronic (157 to 147). City's 2-year plan addresses outreach & day center (increase contact & engagement) & housing capacity (create destinations for current clients & spaces for new). 2014 PIT will show level of need for youth, & new 10-year plan will set targets & strategies for all types of homelessness.

3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children. (limit 750 characters)

Housing households w/ children remains our highest priority. Number of unsheltered HH's remains very low due to this focus. ESG RRH prioritizes HH's w/ children, as does SSVF RRH. One Congregation One Family is the State model & is increasing capacity. Housing orgs which serve this group notify local 2-1-1 of openings. Information is used for referrals, disseminated to provider distro list & at meetings. Eligible households are identified & connected with available resources. Soup kitchen expanded outreach services, connects families to resources & monitors progress toward stability. The City's 2-year plan funds outreach capacity, day center w/ critical resources including job-related, & affordable housing (a significant gap in region).

**3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population.
(limit 1000 characters)**

CoC has an emergency shelter dedicated for DV (City, County, State & non-CoC funding) and largest TH provider serves 75-80% DV victims (CoC funded). These resources provide a safe & stable environment to support a path to independence and self-sufficiency. Coordinated assessment process will provide more capacity to identify & prioritize this population, & provide data to CoC on extent of need & gaps in housing & services. City's 2-year plan provides additional resources, specifically recognizing extent of poverty among single women w/ children & percentage of them who are fleeing DV. Needs analysis will provide input to 10-year plan goals & strategies which currently addresses this population only indirectly.

**3D-4 Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24.
(limit 1000 characters)**

Urban Peak is primary City & County youth provider serving under 18 & 18-24 with: ESG-funded ES; CoC-funded PH for youth w/ disabilities & scattered site TH for youth w/ income; day services (showers, lockers/storage, meals, group spaces, admin/outreach/staff offices, computer lab, health clinic, & recreational space); full range of support services (intensive case mgmnt, counseling, substance use treatment, mental health services, life skills, employment, education including on-site GED). Reaches 300+ annually thru model outreach. Connects thru alternative schools. Positive Youth Development Model builds trust & guides youth to identify abilities/strengths & reach full potential. Youth earn a donated bicycle by enrolling in school, getting a job, or securing housing; they learn to build, repair & maintain bikes for use as transportation/exercise/recreation. Teen Court program & youth detention center that focus on life skills & support systems to assist youth exiting corrections.

**3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation.
(limit 750 characters)**

Homeless Outreach Team connects w/ unsheltered, begins dialog & builds trust, & provides referrals & transportation when ready to engage. Resource Advocacy Program (RAP) engages clients over extended period of time to build trust, provide counseling, introduce resources, & stabilize & house clients. Homeless health ctr has mobile van, serves City & County locations/encampments, engages & serves clients. Dinner truck provides evening meal @ central location; providers come & engage clients. Community mental health org outreach program @ soup kitchen, health clinic, & other locations engages clients & provides counseling. SAMHSA grant expanded effort & moved more CH into PSH. City plan expands outreach, creates day ctr w/ critical resources.

3D-6 Describe the CoC's current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans.
(limit 1000 characters)

VA homeless program director is member of CoC Governing Board & Housing/Services committee; works w/ CoC to address veteran homelessness. Agreement between VA & CoC PSH provider enables data entry into HMIS for inclusion in CoC reporting. VA supports PIT & outreach effort to identify veteran population. VASH vouchers nearly full; initial process did not adequately document or screen for homelessness or CH status; current director committed new & turnover w/ goal of meeting VA target of 65% CH. Region receives SSVF grant (thru Rocky Mountain Human Services); targets veterans not able to be served by VA programs. CoC will support application for 2nd SSVF grant to expand capacity. RMHS receives employment services grant which provides training & readiness services & trial employment. HCHV/EH funds small # of treatment beds & program has TH beds for next step in path to stability. Region does not have GPD funds. El Pomar (private foundation) supports local veteran programs extensively.

3E. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons?	Yes
3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families?	No

3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons.
(limit 1000 characters)

Not applicable as we are not creating any new RRH projects through reallocated funds.

3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified?	Yes

3F. Reallocation - Grant(s) Eliminated

CoCs planning to reallocate into new permanent supportive housing projects for chronically homeless individuals may do so by reducing one or more expiring eligible renewal projects. CoCs that are eliminating projects entirely must identify those projects.

Amount Available for New Project: (Sum of All Eliminated Projects)				
$34,807				
Eliminated Project Name	**Grant Number Eliminated**	**Component Type**	**Annual Renewal Amount**	**Type of Reallocation**
Colorado House Su...	CO0082L8T041204	SSO	$24,609	Regular
Transitional Housing	CO0087B8T040900	TH	$10,198	Regular

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name:	Colorado House Supportive Services
Grant Number of Eliminated Project:	CO0082L8T041204
Eliminated Project Component Type:	SSO
Eliminated Project Annual Renewal Amount:	$24,609

**3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)**

This is our only SSO project. It provides the support services for a 25-unit TH project. The provider offered this project for consideration to help the CoC achieve its goal of minimizing supportive services funded through the CoC program. The CoC, City, County, and Pikes Peak United Way have committed to assisting with replacing this funding so that the project can continue to operate.

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name:	Transitional Housing
Grant Number of Eliminated Project:	CO0087B8T040900
Eliminated Project Component Type:	TH
Eliminated Project Annual Renewal Amount:	$10,198

**3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)**

This is a very small project that is better served with ESG RRH funds as that is closer to the desired model. The provider has received ESG RRH funds and will continue to serve their special population – youth. This provider also offered the funds for reallocation due to the alternative funding available. The CoC, City, County, and Pikes Peak United Way are committed to assisting with replacing this funding.

3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new rapid rehousing or new permanent supportive housing for chronically homeless persons may do so by reducing the grant amount for one or more eligible expiring renewal projects.

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

3H. Reallocation - New Project(s)

CoCs must identify the new project(s) it plans to create and provide the requested information for each project.

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

$34,807				
Current Priority #	**New Project Name**	**Component Type**	**Transferred Amount**	**Reallocation Type**
21	ATH Permanen...	PH	$34,807	Regular

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing):	21
Proposed New Project Name:	ATH Permanent Housing
Component Type:	PH
Amount Requested for New Project:	$34,807

3I. Reallocation: Balance Summary

3I-1 Below is the summary of the information entered on forms 3D-3H. and the last field, "Remaining Reallocation Balance" should equal "0." If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new projects.

Reallocation Chart: Reallocation Balance Summary

Reallocated funds available for new project(s):	$34,807
Amount requested for new project(s):	$34,807
Remaining Reallocation Balance:	$0

4A. Continuum of Care (CoC) Project Performance

Instructions

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals? (limit 1000 characters)

APR's are the primary tool for evaluating performance on HUD goals, but other monitoring tools help ensure consistent focus on good data. CoC uses HMIS data quality, program enrollment, APR & AHAR reports to monitor data accuracy/completeness & project outcome performance. Data quality & program enrollment are monitored monthly, w/ extra emphasis prior to CoC-wide reports (PIT, CAPER & AHAR). Full AHAR is generated annually but run about 3 times/year to catch problems early. Program APR's are run at least annually plus whenever we are assisting providers. All providers are monitored annually through a site visit which includes a review of data quality & outcomes performance. We & Metro Denver Homeless Initiative counterparts are working with our HMIS vendor to enhance the APR report to allow selection by provider, program type, all- CoC, or selections of our choice. We are creating a self-report tool to be required quarterly & confirmed by APR's until HMIS tool is available.

4A-2 How does the CoC assist project recipients to reach HUD-established performance goals? (limit 1000 characters)

We put emphasis on the HUD performance goals by creating a performance & goals matrix that aligns with the HUD goals & required consistent input for all projects. This created dialog about the goals & how CoC & programs could achieve them. Goals were framed as CoC objectives to be achieved collectively. CoC provides presentations on best practices thru monthly provider meetings. Topics include accessing cash and non-cash benefits, identifying & removing barriers, identifying ways to successfully move clients to other forms of permanent housing. CoC will lead an effort to replicate & fund 2 successful programs that provide employment for PSH clients. City created 2-year plan supporting CoC priorities, specifically: funding for expanding outreach to engage chronic homeless; housing needs study & expanded funding for housing (jointly w/ County); day center to provide resources & contact/engagement opportunities.

4A-3 How does the CoC assist recipients that are underperforming to increase capacity? (limit 1000 characters)

HMIS Lead conducts site visits at least annually with all providers. These cover HMIS requirements, but also project performance issues. Process includes assessment of business/management processes, gaps & needs. Solutions are jointly identified & include suggestions/tools for process improvements, operational or management reports, demos/tutorials on better use of HMIS tools, redesign of forms or documents. Annual performance assessment also identifies projects needing attention. CoC provides coaching/mentoring & links to resources, including other high performing projects in the community. Move to quarterly performance assessment will provide earlier intervention. CoC broadly distributes webinars, documents & best practice examples from OneCPD, USICH, & other such sources, & targets them to specific issues as appropriate both individually & at monthly provider meetings when particularly relevant to our challenges.

**4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless?
(limit 1000 characters)**

Increased RRH beds & improved process to allow serving more households w/ same level of funds. Pilot coordinated assessment process created consistent evaluation tool & process for rapid rehousing; integration into HMIS & expansion to all CoC projects begins February 2014; will create system reporting on outcomes. Largest TH program halved program duration while improving outcomes & doubling capacity. CoC using as example to examine other programs. Regional challenge is shortage of affordable housing creating log jam. City & County funded housing study; will assess how many & where, particularly w/ respect to transportation & services. Funds committed to create more housing based on results of the study. City worked with Housing Authority to create TBRA beds; working to expand capacity. HMIS Lead created report to measure length of stay by project or program type (labor intensive); will work w/ vendor to create system report. Knowing what it is will allow focus on how to shorten it.

**4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC's geography?
(limit 1000 characters)**

ESG prevention funds were targeted to rural El Paso County where low income families are vulnerable and RRH opportunities are limited. SSVF grant provided significant jump in homeless prevention capacity, with a priority for female veteran households w/ children. Due to our military population, this was critical. CoC will support the grant application for a 2nd SSVF grant to further boost capacity. Pilot ESG program (RRH & HP) demonstrated HMIS feasibility of sharing client demographic data while protecting confidential & agency-specific information where needed. This set the stage for moving to a single client record in HMIS which will facilitate analysis & reporting on recidivism. Discussion is underway to do this at the statewide level which will take reporting/analysis to that level. Integration into HMIS & expansion of coordinated assessment process will improve capacity to identify & prioritize at risk families.

**4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1000 characters)**

City created the Homeless Outreach Team of 4 officers who connect w/ & engage people on their regular duty & in concert with outreach teams from Urban Peak (youth) & AspenPointe (mental health). Relationship with providers & access to 2-1-1 provide basis for referrals to programs. Soup kitchen (only large noon meal) expanded efforts to connect w/ & engage clients, especially households w/ children. Springs Rescue Mission (SRM) took on & expanded Resource Advocate Program (RAP) which engages difficult/resistant clients, builds trust, & connects clients w/ resources including housing. SRM opened winter shelter, includes pet facilities, & creates more connection w/ RAP. CoC offers annual Project Connect connecting providers w/ clients. City's 2-year plan commits additional funds to support provider outreach staff, & funds for a day center offering facilities/services that create more opportunities to connect & engage.

4B. Section 3 Employment Policy

Instructions

*** TBD ****

4B-1 Are any new proposed project applications requesting $200,000 or more in funding? No

4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons? (limit 1000 characters)

Not applicable. We have no projects in this category.

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions? No

4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons:

4C. Accessing Mainstream Resources

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:

*** Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.**	100%
*** Homeless assistance providers use a single application form for four or more mainstream programs.**	100%
*** Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.**	100%

4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually? Yes

4C-3.1 If yes, indicate the most recent training date: 11/06/2013

**4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options.
(limit 1000 characters)**

Enrollment in non-cash benefits, including health care coverage, is already a standard part of our program process, with 27% of our clients receiving MEDICAID or MEDICARE. The Peak Vista Homeless Health Center, a program of Peak Vista Community Health Centers, is co-located with our large emergency shelter and provides access to benefits enrollment. Annually, the CoC provides training on benefits acquisition. With the Colorado ACA enrollment site (Cover Colorado, www.covercolorado.org) and health care exchange site (Connect for Health Colorado, www.connectforhealthco.com) now available, the CoC will arrange current training on new resources in early 2014. The City's 2-year plan includes a day center with health & benefits acquisition resources (RFP expected April 2014). Metro Denver Homeless Initiative received a grant from the State MEDICAID office to identify needs and barriers to access for the homeless. Our CoC will use the results of that study to guide our efforts.

4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs?
(limit 1000 characters)

The CoC formed a Funding Matrix Committee to assess current funding sources, eligible activities funded by those sources, & CoC program funding needs. 2013 application/evaluation form included a budget page to collect budget, match, & leverage information as well as the sources of funds. The City, County, and Pikes Peak United Way have stepped up efforts to be strategic funding partners, using CoC project priorities to guide their funding allocations. The City's 2-year plan directs funds to CoC priorities. El Paso County is co-sponsoring the housing needs study which will help direct funds in the long term. PPUW's community conversations and Quality of Life Indicators report show significant overlap with CoC priorities & will be considered in PPUW's strategic plan. With these efforts, the CoC will look at strategically moving supportive services dollars from the HUD CoC funds to other funding sources. See Committee Membership, City & PPUW plans in CoC Governance attachments section.

Attachment Details

Document Description: CO-504 Certificates of Consistency

Attachment Details

Document Description: CO-504 Governance Structure Planning Docs

Attachment Details

Document Description: CO-504 HMIS Agreements Forms Policies Procedures

Attachment Details

Document Description: CO-504 Monitor Performance-Rank-Prioritize Docs

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: CO-504 Grant Inventory Worksheet Final HUD-approved

Attachment Details

Document Description: CO-504 Project Priority Ranked List

Attachment Details

Document Description: CO-504 Coordinated Intake Assessment Docs

Attachment Details

Document Description: CO-504 SOAR Planning Forum Action Plan

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/22/2014
1C. Committees	02/01/2014
1D. Project Review	02/01/2014
1E. Housing Inventory	01/22/2014
2A. HMIS Implementation	01/30/2014
2B. HMIS Funding Sources	01/30/2014
2C. HMIS Beds	01/22/2014
2D. HMIS Data Quality	01/30/2014
2E. HMIS Data Usage	01/22/2014
2F. HMIS Policies and Procedures	01/30/2014
2G. Sheltered PIT	01/30/2014
2H. Sheltered Data - Methods	01/30/2014
2I. Sheltered Data - Collection	01/31/2014
2J. Sheltered Data - Quality	01/30/2014
2K. Unsheltered PIT	01/30/2014
2L. Unsheltered Data - Methods	01/30/2014
2M. Unsheltered Data - Coverage	01/22/2014
2N. Unsheltered Data - Quality	01/30/2014
Objective 1	01/31/2014
Objective 2	01/31/2014
Objective 3	02/01/2014
Objective 4	02/01/2014
Objective 5	02/01/2014
3B. CoC Discharge Planning: Foster Care	01/30/2014
3B. CoC Discharge Planning: Health Care	01/30/2014

3B. CoC Discharge Planning: Mental Health	01/30/2014
3B. CoC Discharge Planning: Corrections	01/30/2014
3C. CoC Coordination	02/02/2014
3D. Strategic Plan Goals	02/02/2014
3E. Reallocation	01/22/2014
3F. Grant(s) Eliminated	01/22/2014
3G. Grant(s) Reduced	No Input Required
3H. New Project(s)	01/24/2014
3I. Balance Summary	No Input Required
4A. Project Performance	02/01/2014
4B. Employment Policy	01/22/2014
4C. Resources	02/01/2014
Attachments	01/31/2014
Submission Summary	No Input Required