

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

- Reviewing the FY 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.

- Using the CoC Application Detailed Instructions while completing the application in e-snaps.

- Answering all questions in the CoC application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing this keep in mind:

- This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.

- For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.

- For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.

- Some questions require the Collaborative Applicant to attach a document to receive credit. This will be identified in the question.

- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

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

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

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

1A-3. CoC Designation: CA

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

1B. Continuum of Care (CoC) Engagement

Instructions:

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

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

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

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

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

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

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
Urban Peak Colorado Springs	Yes	Yes	Yes
Inside Out Youth Services	No	Yes	No

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area.

Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
TESSA	Yes	Yes

1B-2. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for new projects in 2016. (limit 1000 characters)

Governing Board has ongoing discussion re: local and HUD priority gaps/needs. When competition opened, request for letters of intent disseminated thru open community list (CHAP 409 members), announced @ mtgs, & posted on website. Open to all; non-recipients actively encouraged; non-recipients w/ projects addressing priorities proactively targeted. Guidance provided to all. Requests which don't meet standards/priorities get feedback & coaching for future opportunities. Approved new projects receive extensive guidance thru application process, including organizational improvements needed to ensure successful award, & grant & program mgmnt. Fit w/ priorities, capacity to manage grants, adherence to principles (hsg 1st, low barrier) are factors considered in selection; current or prior participation in CoC awards is not a requirement nor is it considered. 2016: New DV RRH project created from 2 reallocated projects: new org; new population focus.

1B-3. How often does the CoC invite new members to join the CoC through a publicly available invitation? Monthly

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Not Applicable
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Federal, State and local government resources.	Yes

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

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

	Number
Number of Con Plan jurisdictions with whom the CoC geography overlaps	2
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	2
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	2
How many of the Con Plan jurisdictions are also ESG recipients?	2
How many ESG recipients did the CoC participate with to make ESG funding decisions?	2
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	2

1C-2a. Based on the responses provided in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

City of Colorado Springs & El Paso County are entitlement communities & prepare Consolidated Plans. City receives CDBG, HOME & ESG. County receives CDBG. Reps for City & County agencies administering funds serve on CoC Board: 2 hrs monthly for to discuss issues & take actions. City & County reps serve on CoC Board's Executive Committee (EC) to set strategy & plan activities: 3 hrs monthly. City & County reps consult with the CoC in the development of the CP priorities annually. City & County CP representatives participate in the ranking & prioritization (R&P) process for CoC competitive funding, serve on the R&P committee, & recommend use of entitlement funds to help fill gaps: 2 hours monthly. City/County lead or support initiatives of the CoC such as strategic planning, Mayors Challenge to End Veteran Homelessness, and Summer Action plan to address encampments: 4 hours monthly. CoC Lead & other CoC members attend public CP meetings & provide inputs on priorities: 12 hours annually.

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

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

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

We have only 1 victim service provider (TESSA), not CoC funded but has submitted a project in 2016; does not participate in HMIS, so all client confidentiality maintained. Clients served by HMIS participating agencies have choice to remain anonymous/private in HMIS as well as choice to identify as victim. Providers – homeless & victim services – use trauma-informed care practices. Information is shared as directed/approved by clients thru releases. When client presents at homeless svcs provider: evaluate full range of needs & create case plan; refer clients to all needed resources, including TESSA for counseling & other victim services; safety & security are considered in hsg placement, & services are by choice. Client presents at TESSA: similar process except reversed referrals; needs are evaluated & case plan created; safety & security are paramount in referrals to other providers, including housing; services are client’s choice, not required.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Housing Authority of the City of Colorado Springs	11.00%	No
Housing Authority of the City of Fountain	5.00%	No

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

City funds Tenant Based Rental Assistance program w/ HOME funds. Program administered by CSHA as 2 year transitional program for homeless households & uses Section 8 model for rental assistance. City & CoC are working w/ Coordinated Entry process to prioritize clients. Referrals received from CoC participating providers who then provide case management support. Clients complete a housing assessment matrix to determine that transitional housing is the best option. Participants are assisted to obtain employment, utilize qualified benefits & resources, & obtain self-sufficiency & stable permanent hsg. Program serves 35 households; 75% find permanent hsg. In addition to HVC, Fountain PHA has 40-unit hsg for elderly & disabled (including homeless); 14 unit family project; & 64 unit RTC project. Fountain uses local (geographic) preference, no

homeless preference, but does not exclude. CoC is working w/ both PHA's to change current rules to allow homeless preference & reduce barriers.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 1000 characters)	
Moratorium on enforcement of solicitation ordinances: the city has declared a moratorium on enforcement of solicitation ordinances in response to community input and pending reviews. No camping bans are not enforced if there are no housing options for people, except in instances of safety (flooding) or on private property where owner requests enforcement. Homeless Outreach Team updates CoC members/providers on current status or changes.	<input checked="" type="checkbox"/>
A sit/lie ordinance was originally proposed in response to a vagrancy issue in part of downtown. It was then dramatically reduced in scope based on feedback from the community. Was passed but now is limited to blocking of passage on a public right-of-way.	<input checked="" type="checkbox"/>
City and CoC providers are engaging landlords in an effort to reduce barriers and accept more clients by demonstrating the value of case-managed tenants. Governor's Office on Homeless Initiatives is seeking funding for a Landlord Engagement fund and technical assistance to assist communities with an "Open Doors Atlanta" type of process.	<input checked="" type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

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

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons

**discharged are not discharged into homelessness.
(limit 1000 characters)**

Not applicable

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

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

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

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

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

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If there are other organizations or persons who participate but are not on this list,

enter the information in the blank text box, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

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

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

Instructions

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

1F-1. For all renewal project applications submitted in the FY 2016 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?	19
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	5
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?	14
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

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

Performance outcomes from APR reports/HMIS:	
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
Monitoring criteria:	
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
Need for specialized population services:	

Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

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

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

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

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

attached.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached). 09/12/2016

1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) Yes

1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 08/29/2016

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

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

Instructions

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

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

The project evaluation forms must be submitted along with the HUD e-snaps application and HUD APR's. The form includes a rubric for evaluation of performance and includes: APR submission; drawdowns; unexpended funds; findings; populations served; utilization rates; housing stability (destination on program exit) & income & mainstream benefits outcomes goals & performance; HMIS participation & performance; program type; special populations; & use of non-HUD funds for supportive services. It also includes: program & project budget for evaluation of other sources of funding as well as match & leverage; collaboration to provide services; compliance w/ educational requirements (McKinney-Vento); consumer involvement; and outreach. Forms are attached. Financial statements are evaluated if capacity concerns exist. Length of time homeless is evaluated at the system level and addressed at the program/project level.

1G-2. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or attached MOU/MOA. Charter: Pages 4 and 11. MOU: Pages 3-5

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

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

2A-4. What is the name of the HMIS software Adaptive Enterprise Solutions (AES) Enginuity

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

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

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

Instructions

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

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

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

2B-2.1 Funding Type: Federal - HUD

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

2B-2.2 Funding Type: Other Federal

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

2B-2.3 Funding Type: State and Local

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

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$15,930
Organization	\$98,088
Private - Total Amount	\$114,018

2B-2.5 Funding Type: Other

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

2B-2.6 Total Budget for Operating Year	\$367,371
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

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

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

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

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

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

Not applicable

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

VA Grant per diem (VA GPD):	<input type="checkbox"/>
VASH:	<input type="checkbox"/>

Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
Voucher beds (non-permanent housing):	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input checked="" type="checkbox"/>

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

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

Instructions:

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

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" within the last 10 days of January 2016.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	3%	0%
3.3 Date of birth	0%	0%
3.4 Race	0%	0%
3.5 Ethnicity	0%	0%
3.6 Gender	0%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	0%	0%
3.9 Residence prior to project entry	0%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	0%	4%
3.15 Relationship to Head of Household	0%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	2%	1%

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

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

None	<input type="checkbox"/>
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2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 12

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

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

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

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

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

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

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

Instructions:

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

The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. Accurate, high quality data is vital to inform Congress' funding decisions.

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

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

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD? Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: (mm/dd/yyyy) 04/29/2016

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

Instructions:

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

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

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

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

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

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

The CoC used unduplicated HMIS data and interviewing of sheltered persons for agencies not participating in HMIS such as the DV shelter. The survey forms contain all of the data elements included in HMIS and required for the HUD PIT

reports. The CoC has high HMIS participation, including non-HUD funded participants, and therefore the CoC is able to use HMIS data and minimal surveying to complete the sheltered PIT count.

2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the PIT count). (limit 1000 characters)

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

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

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

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

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

Instructions:

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

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

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

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g. change in sampling or extrapolation methods). (limit 1000 characters)

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

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

Instructions:

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

HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days in January 2015.

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

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

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 04/29/2016

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

Instructions:

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

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

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

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

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

2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the count). (limit 1000 characters)

The 2016 PIT included more planning and mapping of known campsites and hangout spots for the homeless population, and a much larger staff & volunteer base to provide more coverage. Planning and mapping are key to ensuring accurate unsheltered PIT counts.

2I-4. Has the CoC taken extra measures to identify unaccompanied homeless youth in the PIT count? Yes

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

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

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

Instructions:

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

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

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

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes in actual methodology (e.g. change in sampling or extrapolation method). (limit 1000 characters)

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

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

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

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

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

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

Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	3,602
Emergency Shelter Total	2,886
Safe Haven Total	0
Transitional Housing Total	716

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

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

(limit 1000 characters)

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

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

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

(limit 1000 characters)

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

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

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

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

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

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

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

**3A-4b. Exit To or Retention Of Permanent Housing:
In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2014 and September 31, 2015.**

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	591
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	550
% Successful Retentions/Exits	93.06%

**3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness.
(limit 1000 characters)**

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

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

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

CoC has challenged providers to change view of employability of clients & what employment means. All projects are required to set (non-zero) goals for employment income & income from other sources. Goals & performance are reviewed as part of the application review; performance is considered during ranking/prioritization. 1 provider has Colorado Rehire grant w/ an innovative approach for veterans: RMHS works w/ employers to ensure job readiness; employs clients for a 6-mos probation period; then employer takes over. Jobs are flexible (part/full time), build client resume as well as job skills, etc.. Program is an example for other populations. See next question for mainstream approach to employment. Several organizations have SOAR certified staff to assist clients with SSI/SSDI applications to assure access to non-employment income. CoC hosts monthly meeting of benefits acquisition staff to share learnings & explore solutions to issues w/ assisting clients access benefits.

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

Pikes Peak Workforce Center is our primary mainstream employment organization and provides the full range of employment services, including skill-building classes. Other organizations (CoC-funded and non-CoC-funded) collaborate with PPWFC to create opportunities for clients. These include job fairs, as well as on-site skill building such as resume writing, interview skills, computer and standard software (e.g. Microsoft Office products) skills to better prepare for jobs. PPWFC presents annually to our monthly provider meeting to disseminate information about services and receive feedback on what is needed. Excluding HMIS, 12 of our 13 renewal projects provide employment assistance directly and in conjunction with PPWFC. The 1 that does not as a standard practice is a respite care PSH program which houses medically very vulnerable clients who cannot work.

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

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

locations to survey (see 2I.2 & 3A-7b for more on inclusion/exclusion).

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

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

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

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

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

Not applicable; we did submit.

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

Objective 1: Ending Chronic Homelessness

Instructions:

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

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

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

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

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

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2016 compared to 2015.
 (limit 1000 characters)**

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

3B-1.2. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	367	175	-192

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

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

3B-1.3. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status? Yes

3B-1.3a. If “Yes” was selected for question 3B-1.3, attach a copy of the CoC’s written standards or other evidence that clearly HMIS P&P p18

shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found.

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

This question will not be scored.

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

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

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

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

Instructions:

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

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

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

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

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

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

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

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

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

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

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

PIT Count of Homelessness Among Households With Children

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

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

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

3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth ages 18-24, including the following.

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

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

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

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

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

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

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2015)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	150	169	19

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why. (limit 1000 characters)

The number of unaccompanied youth and children did NOT decrease from 2014 to 2015; it increased. We continue to increase our efforts to find and connect with youth through expanded outreach (added another outreach worker) and creation of safe spaces, and the number of at risk youth who are served and who come from unsheltered situations continues to rise.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2016 and CY 2017.

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$564,518.00	\$249,095.00	(\$315,423.00)
CoC Program funding for youth homelessness dedicated projects:	\$202,518.00	\$249,095.00	\$46,577.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$362,000.00		(\$362,000.00)

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

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	5
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	16
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	78

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

Districts survey at beginning of yr w/ questions to identify homeless/at risk families, provide info to students/parents on srvcs available. Teachers trained to identify homeless children & work w/coordinators to ensure srvcs provided. CoC/ESG funded providers have list of McKinney-Vento Homeless Liaisons w/ whom to connect when families w/ children enroll in prgrms. CoC places high priority on providing youth w/ or referring to educational resources, srvcs & opportunities. Coordinate srvcs w/ public schools McKinney-Vento Homeless Liaisons & State Coordinator for the Education of Homeless Children & Youth, to remove barriers for youth: immediate enrollment, residency, & transportation

– educational rights under the McKinney-Vento Act. Staff members work w/ Homeless Liaisons to help youth stay current w/ home school curriculum. 2 low income districts & Head Start provider are CoC members & participate in CoC activities. District liaisons provide unidentified aggregate numbers for PIT.

3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. (limit 2000 characters)

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

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

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

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

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

Objective 3: Ending Veterans Homelessness

Instructions:

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

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

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

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

The modest increase in Veteran homelessness (168/2016 vs 161/2015 vs 145/2014) is primarily attributable to continued improved outreach during PIT and the creation of a by-name list. Outreach workers accompanied our local Police Homeless Outreach Team (HOT) in searching for homeless Veterans in areas that were previously inaccessible without the HOT Team (ie, newly-discovered campgrounds in remote locations, parking areas with homeless people in vehicles, local caves, etc.). Our community's SSVF grantee also employed a small group of trained volunteers to support outreach, increasing the number of volunteers supporting the PIT count. We used the Veteran Stand Down in October to connect with and engage veterans and alert them to PIT. The increase in low barrier winter shelter beds allowed us to decrease the number of unsheltered veterans.

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

CoC's SSVF grantee, RMHS, created outreach for homeless Vets thru group of ~ 25 trained outreach volunteers who conduct street & shelter outreach, & thru Vet Hsg Resource Ctr (VHRC), a 1-stop for Vets to access srvcs. Walk-in screening to determine eligibility for SSVF/VA programs is conducted at VHRC & at VA Community Based Outpatient Clinic (CBOC). RMHS & VA program staff meet wkly w/ emergency shelter staff (funded thru CDBG, ESG & private funding) to identify new Vets presenting for srvcs. SSVF staff screen identified Vets twice weekly for VA/SSVF program eligibility. Non-VA funded orgs (incl. CoC Program funded orgs) refer Vets to RMHS for screening for VA/SSVF srvcs. RMHS hosts mthly Community Advisory Council on Veteran Homelessness where community stakeholders, esp. non-VA funded orgs, address service identification/screening/enrollment processes & track progress toward ending Vet homelessness in CoC. Use VI-SPDAT, by-name list, & case conferencing to prioritize & house vets.

3B-3.3. Compare the total number of homeless Veterans in the CoC and the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2016 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	129	168	30.23%
Unsheltered Count of homeless veterans:	32	44	37.50%

3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016. No

This question will not be scored.

3B-3.4a. If "Yes", what are the strategies being used to maximize your current resources to meet this goal? If "No" what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2016? (limit 1000 characters)

CoC embraced functional 0 for Veteran homelessness, incl endorsement of

Mayor's Challenge to End Veteran Homelessness (Oct14), CoC endorsement of Community Plan to End Veteran Homelessness (Jan15), creation of Community Advisory Council on Veteran Homelessness as ad hoc committee of CoC (Apr15), CoC endorsement of community functional 0 def. (goals & criteria) for Veteran homelessness (May15), & engagement w/ state PSH Toolkit process for generating Low Income Tax Credit Hsg projects (Mar-Sep 15). Most criteria for functional 0 are met. Barriers to full functional zero: lack of affordable hsg, low vacancy rate, insufficient low-barrier shelter beds (158 beds open 11/16 will address). CoC was awarded HUD Vets@Home TA. TA is underway & CoC is reviewing capacity to meet Federal Criteria & Benchmarks for ending Vet homelessness, announced Oct15. Participated in Coming Home Colorado Action Lab (100 day process for veterans). Use VI-SPDAT, by-name list, & case conferencing to prioritize.

4A. Accessing Mainstream Benefits

Instructions:

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

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

4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	23
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	23
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

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

Colorado is Medicaid expansion state. Governor's office on homeless initiatives completed a Medicaid crosswalk; pilot program launched July 2016; 2 local providers participating. Plan overview and crosswalk report are included as attachments. Peak Vista Community Health Centers, SET Clinics of Colo Spgs, & Memorial Hospital Health Systems are CoC's points of entry for Medicaid application. Regional Accountable Care Organization manages comprehensive care coordination (through Community Health Partnership, Peak Vista, AspenPointe, Memorial Hospital staffing, & Ascending To Health care

coordinators) of all patients admitted & is responsible for capitation & cost containment for all participants. All homeless clients are considered primary in this enrollment process, whether chronically homeless, in transitional/rehabilitation housing, or permanent supportive housing. CoC's enrollment for homeless clients improved from 12% to 85% w/ ACA.

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

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

4B. Additional Policies

Instructions:

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

4B-1. Based on the CoCs FY 2016 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH), and SSO (non-Coordinated Entry) projects in the CoC are low barrier?

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	23
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	15
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	65%

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

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	23
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	15
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	65%

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

Direct outreach and marketing:	<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/>
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Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

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

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

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

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

(limit 1000 characters)

Not applicable.

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

4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons

defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

Not applicable.

4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition? No

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

(limit 1500 characters)

Not applicable.

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application. Yes

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

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>

Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input checked="" type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
ESG written standards	<input checked="" type="checkbox"/>
Not applicable:	<input type="checkbox"/>

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

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
Vets@Home	10/19/2015	
ESG written standards		

4C. Attachments

Instructions:

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

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

Attachment Details

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Submission Summary

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

Page	Last Updated
1A. Identification	08/25/2016
1B. CoC Engagement	09/04/2016
1C. Coordination	09/05/2016
FY2016 CoC Application	Page 61
	09/05/2016

1D. CoC Discharge Planning	08/28/2016
1E. Coordinated Assessment	09/04/2016
1F. Project Review	09/04/2016
1G. Addressing Project Capacity	09/04/2016
2A. HMIS Implementation	08/28/2016
2B. HMIS Funding Sources	08/28/2016
2C. HMIS Beds	09/04/2016
2D. HMIS Data Quality	09/03/2016
2E. Sheltered PIT	09/04/2016
2F. Sheltered Data - Methods	08/28/2016
2G. Sheltered Data - Quality	08/28/2016
2H. Unsheltered PIT	09/04/2016
2I. Unsheltered Data - Methods	08/28/2016
2J. Unsheltered Data - Quality	08/28/2016
3A. System Performance	09/05/2016
3B. Objective 1	09/05/2016
3B. Objective 2	Please Complete
3B. Objective 3	09/05/2016
4A. Benefits	09/04/2016
4B. Additional Policies	09/03/2016
4C. Attachments	Please Complete
Submission Summary	No Input Required