

## **Before Starting the CoC Application**

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

The Collaborative Applicant is responsible for reviewing the following:

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

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

### **Instructions:**

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

**1A-1. CoC Name and Number:** CO-503 - Metropolitan Denver CoC

**1A-2. Collaborative Applicant Name:** Metro Denver Homeless Initiative

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

**1A-4. HMIS Lead:** Metro Denver Homeless Initiative

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

**Instructions:**

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

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

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	No
Local Jail(s)	No	No
Hospital(s)	Yes	No
EMS/Crisis Response Team(s)	No	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	No
Disability Advocates	Yes	No
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	No
School Administrators/Homeless Liaisons	Yes	No
CoC Funded Victim Service Providers	Yes	No
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Yes	No
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Mental Illness Advocates	Yes	Yes
Substance Abuse Advocates	Yes	Yes

<b>Other:(limit 50 characters)</b>		
Veteran Service Providers	Yes	Yes
Racial Equity Advocates	Yes	Yes
Faith Community	Yes	No

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

1.MDHI solicits and considers opinions from a broad array of organizations and individuals through several avenues. MDHI convenes two stakeholder meetings per year for all stakeholders within the CoC. At these meetings, MDHI holds interactive sessions to gather new ideas and receive feedback regarding CoC activities and priorities. MDHI regularly convenes committees, work groups, and affinity groups providing an opportunity for stakeholders to voice their opinion. MDHI routinely publishes draft policies and other documents for public comment. OneHome (CE) holds quarterly Town Halls to hear from people with lived experience about coordinated entry, resource gaps, and service provider ethics. MDHI Board meetings are public and there is a standing agenda item for public comment. CoC staff convene ad-hoc meetings as needed, most recently a series of Listening Sessions was held to solicit feedback in preparation for the move to a new HMIS Lead Agency and software vendor. MDHI staff and Board of Directors members also solicit feedback by attending community meetings and meeting one-on-one with community partners.

2. MDHI communicates public meetings and forums by posting invitations to MDHI meetings and trainings on the MDHI website and sharing to the email list of 1,500+ registrants, larger meetings (e.g. stakeholder meeting) are also posted to social media.

3. MDHI takes into consideration information gathered in public meetings or forums to address improvements or new approaches to prevent and end homelessness. MDHI has a structure for stakeholder feedback to be communicated to CoC Board and staff. This feedback informs CoC planning. For example, stakeholder feedback from the most recent CoC meeting was used to inform training opportunities offered by the CoC. Stakeholders were also invited to test and score potential new HMIS vendors as part of the recent procurement process.

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

1.MDHI staff attend community meetings and meet one-on-one with potential new partners to issue invitations to CoC meetings, community trainings, and open board meetings. MDHI hosts several trainings and forums throughout the year that appeal to a diverse audience and serve as a mechanism for engaging new stakeholders. MDHI hosts a Coordinating Committee that is open to all who are interested in learning more about the work being done to end homelessness. This meeting serves as a forum for information sharing, networking, and getting technical assistance, and often serves as a first-step for new stakeholders becoming more engaged with the CoC.

Until recently, CoC ‘stakeholder’ and ‘member’ were synonymous. Following an update of the CoC Governance Charter in June 2018, CoC membership has been formalized and a membership application process has been implemented. The membership application is posted on the front page of the website.

2.Invitations to all MDHI meetings and trainings are posted on the MDHI website. Trainings, events and r meetings are sent directly to a list of over 1,500 registered email recipients, and larger events are shared on social media. MDHI staff and board extend personal invitations to their contacts and attend community meetings to outreach to potential new members.

3.The membership process is open year-round. Members are actively recruited via the website, social media, the email list and through outreach by CoC staff and Board. New members can join anytime by filling out a form posted on the website and submitting a conflict of interest form.

4.The CoC is committed to having people with lived experience on the Board, committees, and work groups.Outreach is done one-on-one, by asking agency partners to identify potential CoC participants with lived experience, and by looking to persons with lived experience that MDHI has worked with through the peer navigator program and VISTA. MDHI convenes a Youth Action Board, as well.

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

1. MDHI notifies the public that it is accepting project application proposals, including from organizations that have not previously received CoC funding via the website and via public meetings. For example, during May and June 2018, MDHI held five “NOFA Office Hours” sessions to inform potential new partners regarding the NOFA process during small group sessions that allowed for an in-depth dialogue. Invitations to these sessions were posted on the MDHI website and shared to MDHI’s list of over 1,500 email recipients. In addition, MDHI staff and board members attend community meetings and meet one-on-one with potential new partners throughout the year. The method for which proposals should be submitted is posted on the MDHI website and explained during an annual CoC Program Workshop.

2. To determine whether a project applicant will be included in the FY2018 competition, MDHI solicits letters of intent from all new and renewal applicants. Applicants and potential applicants are required to attend a mandatory CoC Program Workshop where the NOFA timeline, scoring rubric (for new and renewal applications), HUD and CoC requirements, and other relevant details are presented. Submissions for new and renewal grants are reviewed and scored by the NOFA Review Committee, and recommendations are approved by the CoC Board of Directors.

3. On June 21, 2018, MDHI notified the public that it was accepting project application proposals, including applications from organizations that had not applied before, MDHI sent an email notice to MDHI's stakeholder list of over 1,500 registered subscribers and posted a notice on the website announcing the opportunity to apply for new projects and requesting letters of interest. MDHI received 15 letters of interest for new projects including 5 new applicants and ultimately received 8 applications including one first time applicant.

# 1C. Continuum of Care (CoC) Coordination

## Instructions:

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

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

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

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

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

1. In 2017, MDHI brought the administration of State ESG funds for HP and RRH in-house. MDHI coordinated planning and allocation of ESG funds with other local recipients (City of Denver, City of Aurora). MDHI issued an RFP in late 2017. Current funded agencies were evaluated on their ESG project

performance and HMIS participation. New applicants were invited and encouraged to apply. MDHI hosted a mandatory “RFP Bidder’s Conference” for interested applicants and gave an overview of program requirements. MDHI included Aurora and Denver on the review panel which made funding recommendations to the MDHI Board. MDHI was invited to review Aurora’s ESG applications to make sure the programs recommended for funding were in alignment with the CoC’s priorities and will do the same during Denver’s upcoming RFP process. MDHI coordinated with Aurora and Denver to update and implement RRH Standards for all ESG RRH programs.

2. MDHI’s decision to hire a Grants Manager to administer ESG in-house (vs.designating a Lead Agency) was a result of reviewing the previous year’s program data and wanting to set higher standards for performance and data quality. MDHI coordinated with Aurora and Denver ESG recipients on mechanisms to improve ESG performance: a) implementing a new set of RRH standards to be used by all CoC and ESG funded RRH programs; b) reviewing program performance data c) convening a two-day RRH Summit facilitated by ICF International and Focus Strategies; c) facilitating an ESG/OneHome (Coordinated Entry) workshop. All ESG RRH recipients and subrecipients were invited to attend and participate in ongoing planning conversations; MDHI convenes a “Prevention Affinity Group” to discuss how to incorporate homelessness prevention into OneHome (CE) and ensure that we target households that are most likely to end up in literally homeless situations. MDHI has convened an “RRH Affinity Group” to provide training and TA, review program data, and receive feedback from providers.

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

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

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

- (1) the CoC’s protocols, including the existence of the CoC’s emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and**
  - (2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.**
- (limit 2,000 characters)**

1. The CoC has a victim services working group that meets quarterly to address the CoC’s protocols, including the CoC’s emergency transfer plan, that prioritize



safety and trauma-informed, victim-centered services. This group has made recommendations to adopt an addendum to the CoC's policies and procedures specifically focusing on survivor-centric elements, including emergency transfer plans, which takes VAWA and HUD guidance around housing protections for survivors and further address gaps within the CoC to ensure that survivors have access to emergency transfer within any housing program in the CoC, survivors can bifurcate a lease, and tenants are aware of VAWA protections. These steps better ensure not only safety for survivors, but choice in where they want to be housed, choice in services, and the ability to retain safe, stable housing. MDHI manages a flex fund (local dollars from Metro Mayors Caucus) that help with move-in costs that can be used to respond to the needs of survivors in an expedient, Trauma Informed manner.

2. The CoC's coordinated entry (CE) system uses a de-identified workflow to match clients to housing opportunities that best fit their personally identified needs without jeopardizing safety, and helps screen all persons experiencing homelessness for referral to victim service providers. The process includes opportunity for any person entering into the system to keep their information confidential and to have choice in where they are housed and what services they receive. All decisions made related to serving survivors are reviewed by the working group, and the CoC Board of Directors and CE Regional Governing Council have seats for victim advocates.

The working group coordinates DV trainings, improves relevant CE processes, and implements safety planning. The CoC is transitioning to a new HMIS vendor which offers a comparable database that will meet HUD and VAWA guidance.

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

1.As a result of a victim services working group, victim service providers and advocates came together in 2017 to co-host a workshop focused on training homeless service providers in best practices of serving survivors of domestic violence, dating violence, sexual assault and stalking. The training covered the differences between victim service provider eligibility and programming in the CoC geography, referral options and how to enhance partnerships between victim service providers and homeless service providers. The working group plans to continue to offer training throughout the year related to domestic violence, sexual assault, and stalking as well as to cross-train victim service advocates to increase their capacity to work with survivors on housing.

2.Each coordinated entry training that reviews the process for access points and administering assessments includes a specific section highlighting survivor-focused workflow, including assessment for violence and referral to victim services providers, trauma-informed care, and confidentiality and safety precautions. These trainings are offered quarterly. Coordinated entry staff and victim service providers use aggregate coordinated entry data to define the scope of survivor needs to help assess effectiveness of the region's current response to domestic and sexual violence and to identify strategies to improve

effectiveness. Aggregate data helps the CoC educate stakeholders about the prevalence of violence and oppression and their intersection with housing and homelessness and prevents the topic from being hidden or glossed over when discussing important homeless system improvements.

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

Currently, victim service providers in the CoC use a variety of different databases to collect information on their clients and services. Part of the process of moving to a new statewide HMIS vendor (Bitfocus/Clarity) will include a comprehensive solution to victim service providers having a comparable database which will allow for stronger community data. Victim service providers continue to be an integral partner in the process to ensure the system meets the requirements necessary. This process may also help to more accurately capture survivors during the Point in Time count. The CoC adjusted the 2018 Point in Time survey to include the HUD required language, and improved trainings related to the definition for this data point - to reflect those currently experiencing homelessness because they are fleeing domestic violence, dating violence, sexual assault, or stalking, as opposed to reporting on survivors who have ever experienced these circumstances.

Although they may be using different databases, victim services providers have data they collect and report on that is accessible by the CoC and is used in assessing and addressing need. One example is the use of the Domestic Violence Counts data that is collected annually by the National Network to End Domestic Violence. This data mirrors the Point in Time count process and collects a one-day 'snapshot' on services requested, services provided, and services unmet. Over the past several years, housing has been identified as the largest unmet need of survivors in victim service programs. In 2017 in Colorado, 79% of unmet requests by survivors were directly related to housing.

Much of the data and research currently collected locally mirrors national statistics which are often cited by victim service providers and other partners.

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

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

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

**1C-4b. Applicants must describe:**

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

1) 384 persons including 75 people in households with children, 309 individuals, 19 youth. Of the 384, 83 people (21.6%) were staying in unsheltered locations (PIT)

2) The data is from the annual Point in Time count conducted on January 29, 2018. (Please note: MDHI is working with the other Colorado CoCs to implement a DV comparable database through the new HMIS vendor, Bitfocus/Clarity, as we onboard in the coming months.

3) The CoC adjusted the 2018 Point in Time survey to include the HUD required language, and improved trainings related to the definition for this data point - to reflect those currently experiencing homelessness because they are fleeing domestic violence, dating violence, sexual assault, or stalking, as opposed to reporting on survivors who have ever experienced these circumstances. (Please note: MDHI is working with the other Colorado CoCs to implement a DV comparable database through the new HMIS vendor, Bitfocus/Clarity, in the next few months. Our Coordinated Entry will also be integrated into the new HMIS, providing additional data available to our community in planning and serving survivors.)

**1C-4c. Applicants must describe:**

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

1) (a) A minimum of 384 persons including 75 people in households with children, 309 individuals, 19 youth. Of the 384, 83 people (21.6%) were staying in unsheltered locations (PIT) (b) 1,250 households annually requesting assistance with shelter or housing (c) In 2018, an average of 179 domestic violence reports are made each month in the City and County of Denver.

2) (a) Annual Point in Time count conducted on January 29, 2018. (b) Data reported by the Rose Andom Center, a local Family Justice Center where twenty partner agencies are co-located to provide comprehensive services for victims of domestic violence

3) (a) The CoC adjusted the 2018 Point in Time survey to include the HUD required language, and improved trainings related to the definition for this data point - to reflect those currently experiencing homelessness because they are fleeing domestic violence, dating violence, sexual assault, or stalking, as opposed to reporting on survivors who have ever experienced these circumstances. (b) local provider data (c) Denver Post, Domestic Violence 2018 Crime Report

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

- (1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current**

**Coordinated Entry is inadequate to address the needs of DV survivors;  
 (2) quantify the unmet need for housing and services for DV survivors;  
 (3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and  
 (4) describe how the CoC determined the unmet need for housing and services for DV survivors.  
 (limit 3,000 characters)**

1) Per the National Domestic Violence Hotline, “financial abuse is common, and a victim may be financially dependent on their abusive partner. Without money, access to resources or even a place to go, it can seem impossible for them to leave the relationship. This feeling of helplessness can be especially strong if the person lives with their abusive partner.” The very first question on the CoC’s initial screening assessment (OneHome/CAS) is “are you unsafe in your current living situation or are you fleeing domestic violence”. If the participant answers in the affirmative, they are asked if they are open to exploring referrals to a domestic violence service provider. If yes, they are connected, and if not they continue with the coordinated assessment process. In either case, it is critical that there are available housing resources to meet the needs of survivors. Currently, one RRH program specifically for survivors of domestic violence is funded by the CoC. This program, Home at Last, is run by Family Tree and serves 25 households per year.

2) (a) In September 2017, Colorado domestic violence programs participated in the National Census of Domestic Violence Services. On that single day, there were 299 unmet requests for services, including 218 for housing. These requests could not be met because programs lacked the resources to meet the survivors’ needs. Domestic violence hotline staff responded to an average of 13 calls per hour on the day of the survey. (b) In the City and County of Denver alone (one portion of the seven county Metro Denver CoC), an average of 5.9 domestic violence crimes are reported each day. (c ) 384 persons including 75 people in households with children, 309 individuals, 19 youth. Of the 384, 83 people (21.6%) were staying in unsheltered locations

3) (a) National Network to End Domestic Violence, 12th annual Domestic Violence Counts Colorado Summary (b) Denver Post, Domestic Violence 2018 Crime Report (c ) Point in Time

4) Need determined by data from CoC (PIT), NNEDV data, and other local data

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

The domestic violence bonus projects will use evidence-based and promising practices to meet the unmet needs of survivors of domestic violence, dating violence, sexual assault, and/or stalking. These practices include Critical Time Intervention, trauma informed care, and the core components of rapid rehousing (along with joint transitional housing) that include intensive supports, housing location services, and progressive rental subsidies and engagement. Family Tree (TH-RRH) proposes to serve 15 households (40 persons) in households with at least one adult and one child and 10 individuals in households without children. VOA (RRH) proposes to serve 10 households (26 persons) in households with at least one adult and one child and 6 individuals in households without children. Both of these organizations have deep ties to mainstream supports as well as formal and informal relationships with other service providers to help households stabilize in housing as quickly as possible.

These services include: therapeutic services for the children while in our preschool setting (DenverHealth Mental Health), assistance with navigating the legal system and staff consultation (Denver Police Department Detective who works with survivors of domestic violence), trauma healing yoga (Center for Trauma and Resiliency), financial health classes (Financial Health Institute), etc.

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

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

**(limit 4,000 characters)**

1. Family Tree (TH-RRH) projects that 80% of program participants will exit to permanent housing. Volunteers of America Colorado (VOA) (RRH) projects that 80% of their program participants will exit to permanent housing.

2. Both Family Tree and VOA project an 80% housing retention rate for survivors.

3. Both Family Tree and VOA will serve participants anywhere in the seven county CoC area to best meet the needs of the family while taking into account their safety and security. Both projects will adhere to a Housing First model re-housing families and individuals quickly and without pre-conditions.

Both agencies have a track record of managing programs targeted to survivors of domestic violence and will offer services relevant to the special needs of their program participants (safety planning, legal assistance). Family Tree is the only organization in Metro Denver addressing the interconnectedness among child abuse, domestic violence, and homelessness. As such, they operate utilizing three programmatic pillars of Child and Youth Services, Domestic Violence Services, and Housing and Family Stabilization Services to address the holistic needs of each client. Twenty-nine years ago, the Family Tree Homelessness Program grew out of an identified need for housing assistance for survivors of domestic violence, and the organization has been administering housing programs targeted solely to survivors of domestic violence since 2006, in collaboration with Family Tree's Domestic Violence Services programs. VOA currently runs a domestic violence shelter in Durango, Colorado, and previously has run a domestic violence shelter in Denver for over 20 years before transitioning the program to a rapid re-housing program utilizing ESG funds. VOA is fully aware of the needs of this population.

4. Family Tree and VOA will address multiple barriers preventing a speedy exit to economic independence. Some of the specialized supportive services include: safety planning, advocacy, temporary emergency and confidential shelter, and legal support to apply for temporary and permanent protection orders and services to address custody issues. Additional supportive services will include adult education including high school equivalency preparation and basic reading, writing and math instruction and tutoring; education and

employment counseling on-site or in-home, specific to the needs of each survivor; life skills training in the areas of landlord and tenant rights and responsibilities, understanding the cycle of domestic violence, budget and credit management, stress management; emergency and supplemental food, clothing, personal hygiene supplies and household furnishings; crisis intervention providing resource information and linkages to community partners.

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

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

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
Aurora Housing Authority	0.00%	Yes-HCV	No
Denver Housing Authority	50.00%	Yes-Both	No
Jefferson County Housing Authority	0.00%	No	No
Boulder Housing Partners	26.00%	No	Yes
Colorado Division of Housing	63.00%	Yes-Both	No

**If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.**

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

MDHI leadership met one-on-one with leaders from local housing authorities who have not yet implemented a homeless admission preference to provide information about the state of homelessness, the work of the CoC, and options such as a Move On strategy that can be implemented with CoC support. MDHI recommended OneHome, the regional CES, as a mechanism for receiving appropriate referrals for vouchers set aside for people experiencing homelessness. MDHI’s Deputy Director also serves on the Homeless Solutions for Boulder County (HSBC) Housing Exits Work Group. The group recently finalized a formal recommendation to the HSBC Executive Board recommending several strategies to better use existing current resources including streamlining access to mainstream resources through PHA limited preferences. The work group is seeking approval from the Executive Board to work with PHAs to establish limited preferences for a total of 50 vouchers

distributed proportionately across the three Boulder County PHAs (Boulder County Housing Authority, Boulder Housing Partners, Longmont Housing Authority). Finally, the Executive Director of the Jefferson County Housing Authority joined the CoC Board in 2017. Her presence has helped CoC stakeholders understand the roles, complexities, and opportunities to engage PHAs around admission preferences and other best practices.

**1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)?** Yes

**Move On strategy description. (limit 2,000 characters)**

Denver Housing Authority has set aside ten vouchers to people currently living in Denver PSH (scattered site) who are have been identified as no longer needing PSH and would benefit from a Housing Choice Voucher. Clients are being identified from CoC PSH utilizing data to inform which households would be successful with retaining housing pending a move from PSH to HCV. After reviewing client files for a variety of factors, case managers are consulted, and finally clients are asked if they would be interested in making the change. Denver Housing Authority also put nine vouchers through One Home (local CAS). The OneHome identified household thorough case conferencing and deliberately selected two veterans, two families, two chronically homeless adults, two youth with one voucher to be determined.

Boulder Housing Partners (BHP) has a Move On preference for one household per year from the CoC Housing First PSH Program. This preference has been in place since 2011 and BHP has graduated one Housing First PSH client each year in order to free up the space with intensive supportive services for someone who needs it. MDHI’s Deputy Director serves on the Homeless Solutions for Boulder County (HSBC) Housing Exits Work Group. The group recently finalized a formal recommendation to the HSBC Executive Board recommending several strategies to better use existing current resources including streamlining access to mainstream resources through PHA limited preferences and Establishing pathways out of PSH (i.e. using a portion of the vouchers to implement a Move On strategy). MDHI staff recently met with Unison Housing Partners (formerly Adams County Housing Authority) and started the conversation regarding a future Move On strategy and shared relevant resources.

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

The CoC's CES P&P clearly states that it: works to create an inclusive system that is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. The following language is in MOUs for all grants: Each party agrees to be bound by and abide by all anti-discrimination statutes, regulations, policies, and procedures that are applicable to the party under any federal or state contracts, statutes, or regulations or under the party's own policies and procedures. This includes the HUD Equal Access Rule, which ensures non-discrimination for unmarried and non-traditional families, persons who identify as LGBTQ or transgender, and gender non-conforming clients.

In late 2017, the CoC convened a workgroup focused on identifying access concerns for marginalized populations including LGBTQ individuals and family members. The CoC shared resources and published briefs on the CoC website and in a weekly email to over 1700 recipients, including info and training on the Equal Access and Gender Identity rules and Chapin Hall's Missed opportunities, LGBTQ youth homelessness.

The Denver LGBTQ commission surveyed service providers in the CoC to assess agencies' P&P and training needs. The CoC reviewed non-discrimination language related to LGBTQ in city contracts.

The GLBT Center, Gender Identity Center, The Gathering Place, and Delores Project have provided LGBTQ specific trainings regionally and serve as local subject matter experts. The Delores Project, whose mission statement includes providing "safe, comfortable shelter and personalized services for unaccompanied women and transgender individuals experiencing homelessness" is increasing shelter and permanent housing opportunities. They broke ground in August 2017 on a new shelter and permanent housing complex and are hiring for a transgender advocate to work onsite with residents.

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

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	No
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	No

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

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
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Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
Other:(limit 50 characters)	
Support project to house jail high-utilizers	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

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

1. OneHome, the CAS for the MDHI CoC, covers the entire geography using a ‘no wrong-door’ approach. Any provider serving households experiencing a housing crisis can access OneHome through the standardized assessment tool, the Vulnerability-Index Service Prioritization Decision Assistance Tool (VI-SPDAT). In July 2017, OneHome VI-SPDAT trainings were held in-person across the region, offering coverage to all providers interested in attending. Subsequently, a digital webinar for the OneHome VI-SPDAT training was made available.

2. OneHome has a regional street outreach sub-committee focused on ensuring street outreach coverage across the entire geography. By mapping out coverage & identifying gaps, the regional street outreach group has worked to increase funding, training & resources for street outreach providers. Additionally, our ‘no-wrong-door’ approach allows us to ensure that households are able to access OneHome even if they present at non-homeless specific locations like hospitals, businesses, or libraries.

3. OneHome uses a phased assessment to prioritize vulnerable households. Initially, persons experiencing a housing crisis are determined to be either at risk or literally homeless. Diversion staff work with households to attempt to reunite people into safe housing quickly & reduce shelter or street homeless time. If diversion is unsuccessful, we complete a VI-SPDAT. The VI-SPDAT score is factored into the prioritization of our By Name List (BNL) which is specific to each sub-population. The prioritization factors include longer lengths

of time homeless, presence of substance abuse, mental and/or physical health issues, & age. Client choice is always a factor in making a housing match. OneHome also has an alternate process to ensure the VI-SPDAT score matches the vulnerability of the household. An example of when this would be used is if a household has a Traumatic Brain Injury & is unable to self-report their vulnerabilities or report their history.

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

### Instructions:

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

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

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

Foster Care:	<input checked="" 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"/>

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

## Instructions

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

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

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

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

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

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

**(limit 2,000 characters)**

1. MDHI partners with community service providers to craft policies around severity of needs and vulnerabilities. The specific vulnerabilities the CoC considers are as follows: length of time homeless, fleeing domestic violence (all populations); age, tri-morbidity, and VI-SPDAT score (individuals); disability, age of the youngest child, unsheltered status, and F-SPDAT score (families); and co-occurring mental health and substance abuse issues, age, and TAY-SPDAT score (youth).

Current CoC policies require housing programs to use coordinated entry to fill bed/unit vacancies, and CoC grantees or potential grantees are required to enter into a formal MOU agreeing to house people experiencing homelessness who have the highest needs based on the aforementioned vulnerabilities. All (100%) of program vacancies must be filled in this manner, and all programs must adhere to a Housing First model.

2. Additional points were assigned during the review, rating and ranking process based on performance measures: increasing income, access to benefits, PH

destination at exit, coordinated entry participation, and compliance with Housing First. The review committee also gives consideration to projects that are serving a special homeless subpopulation that is underserved.

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

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

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

**1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC’s ARD between the FY 2014 and FY 2018 CoC Program Competitions.**

**Reallocation: No**

**1E-4a. If the answer is “No” to question 1E-4, applicants must describe how the CoC actively reviews performance of existing CoC Program-funded projects to determine the viability of reallocating to create new high performing projects. (limit 2,000 characters)**

The CoC actively determines the need for reallocation based on the analysis of data, outcomes, and strategies to end homelessness. MDHI reviews annually the options for possible reallocation, and any opportunities are communicated throughout the CoC via email and website postings to encourage both new and existing providers to apply for new projects through reallocation. The goal of reallocation is to optimize existing CoC funding and resources so that more

households exit homelessness. In recent years, the CoC reallocated funds from all renewing projects to make available more funding for the HMIS vendor transition. Without a viable HMIS, it is very difficult to use regional homeless data to inform reallocation, resource allocation in general, and planning. The CoC also reallocated a low-performing project to create a new rapid rehousing project in response to the clear need to scale up that intervention in the region.

**1E-5. Local CoC Competition. Applicants must indicate whether the CoC:**  
**(1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline—attachment required;**  
**(2) rejected or reduced project application(s)—attachment required; and**  
**(3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline—attachment required. :**

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

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

### Intructions:

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

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

**2A-1a. Applicants must:** 1. pp.12-13 2. CoC Governance Charter  
**(1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and**  
**(2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).**

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

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

**2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area.** Statewide HMIS (multiple CoC)

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

**(3) total number of beds in HMIS.**

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	3,257	269	518	17.34%
Safe Haven (SH) beds	25	0	25	100.00%
Transitional Housing (TH) beds	1,930	35	1,554	82.01%
Rapid Re-Housing (RRH) beds	1,331	0	1,231	92.49%
Permanent Supportive Housing (PSH) beds	3,012	0	1,982	65.80%
Other Permanent Housing (OPH) beds	246	0	246	100.00%

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

Most of the strategies for increasing HMIS bed coverage rates relate to the ongoing acquisition of a new HMIS database, BitFocus/Clarity, for all Colorado CoCs. BitFocus is being designed to meet the needs of providers that have previously not had enough incentive to operate within HMIS.

Emergency shelter beds are not funded by the CoC, but MDHI has been working with their funders, including the State of Colorado and county entities such as Denver’s Road Home, to include HMIS participation among their requirements. These efforts, along with technical assistance from CSH and Focus Strategies that is helping to address shelters’ required functionality within BitFocus, are paving the way for shelters to participate in HMIS. Technical stipends have been awarded to support barcode scanners, newer computers, and desktop document scanners that can expedite intake from shelters.

Several strategies are expected to increase the HMIS coverage rate for transitional housing (TH) beds. The CoC is encouraging non-CoC funded TH providers to switch to rapid re-housing (RRH) models based on best practices and community buy-in for RRH. For the remaining beds, including those funded under the VA Grant Per Diem program, MDHI has initiated conversations aimed at getting these beds into HMIS, noting that as many of the agencies involved have other projects already in HMIS that will be switched to BitFocus, their TH beds can be brought into the new database at the same time.

The majority of PSH beds that are not yet in HMIS are from public housing authorities (PHA), who use separate databases to report to HUD as not all of their resources are dedicated to homeless tenants. MDHI is working to set up integrations between BitFocus and PHA databases so that PHA datasets can be uploaded to HMIS on a recurring basis for tenants experiencing homelessness.

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

12



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

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

### Instructions:

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

**2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy).** 01/29/2018

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

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

### **Instructions:**

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

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

1. In 2018, a dedicated CoC staff member was assigned to manage all aspects of the count. There was an increase in coordination and effort to ensure all sheltered locations, regardless of CoC engagement, were represented and supported in the PIT effort. The CoC sheltered count came from direct interview surveys, and a portion came from the shelter's databases.

In 2018 the CoC implemented mobile survey technology and offered this option regionally. The mobile survey improved completion and accuracy of the survey at sheltered locations. This option eliminated challenges like handwriting errors, unanswered questions, and other missing information. It gave prompts to surveyors resulting in more consistent administration of the questions.

The CoC increased the amount of PIT in person trainings, produced an online training, and created quick guides for volunteers and agency point of contacts. Feedback and data quality errors were reviewed from 2017 to help inform the development of the trainings. The trainings focused on consistency and improving the accuracy of the survey data.

2. The CoC improved support and oversight at high volume shelter locations on the night of the count, and more surveys in 2018 were collected as a result. In 2017, approximately 25% of the residents at these large shelters were surveyed. The CoC started planning earlier with these shelters to plan and improve the process, and also developed a plan for several CoC staff and lead partners to be present to survey and support volunteer coordination. For the 2018 count, this resulted in closer to 50% of residents of the large shelters being surveyed. This increase provided the CoC with a better sample pool and a led to a more accurate extrapolation of characteristics to the full sheltered number that evening.

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

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

Beds Added:	699
Beds Removed:	194
Total:	505

**2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, transitional housing, or Safe Haven inventory because of funding specific to a Presidentially declared disaster, resulting in a change to the CoC’s 2018 sheltered PIT count?** No

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

Beds Added:	0
Beds Removed:	0
Total:	0

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

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

1. The CoC increased capacity for the 2018 unsheltered PIT count, improving outreach coverage of our seven-county geography (urban, suburban, rural, and mountain) and engaging new service providers to reach more people. The CoC used a census approach combining known locations and service-based count methodology over a shortened 24-hour period. The PIT count was branded Everyone Counts to help with survey and volunteer identification.

The CoC began PIT planning earlier and organized a community launch event to engage new partners. Local planning groups were supported by the CoC PIT coordinator, including special populations. CoC increased in-person and online

trainings and created guides for volunteers and agency leads. Feedback and data quality errors were reviewed from 2017 to inform improved trainings.

The CoC engaged persons with lived experience and provided stipends to those who participated. Their expertise in engagement and location identification during the unsheltered count was invaluable. Mobile survey and mapping technology was implemented. The mapping platform was utilized to identify "hot spots" for unsheltered persons and create zones for team assignments.

New in 2018, magnet events were held to identify and survey more people living in unsheltered situations. The events were most effective in areas that have few services, and persons living unsheltered were specifically invited. 15 events were held--3 that were specific to youth and veterans. Incentives for attendance and participation included showers, laundry, hot meals, outdoor gear, and bus tickets.

2. Improvements in coordination led to greater agency participation and street outreach coverage. Across the region, 108 agencies, including 33 new agencies, participated at 159 sites, an increase over the 125 sites participating in 2017. The number of unsheltered persons surveyed increased from 924 in 2017 to 1308 in the 2018 PIT count due to these efforts.

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

**2C-5a. If "Yes" was selected for question 2C-5., applicants must describe: (1) how stakeholders serving youth experiencing homelessness were engaged during the planning process; (2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and (3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count. (limit 2,000 characters)**

1 and 2. The regional PIT committee included the State's Office of Homeless Youth Services Specialist (OHYSS), who acted as a liaison with the CoC. The OHYSS along with the CoC PIT coordinator participated in planning, training and implementation of a Youth Supplemental Survey (YSS) for any youth surveyed during the PIT who were under age 25. This was done with the support of Colorado's Advisory Council on Homeless Youth (ACHY) which has participation from RHY providers and other youth serving agencies from across the state.

The CoC PIT coordinator directly engaged regional youth providers in multiple youth-specific planning meetings to develop plans for hotspot outreach, engagement with larger outreach efforts across the region, and youth specific magnet events as referenced in the Voices of Youth count toolkit. County specific planning groups also had youth provider and McKinney-Vento liaison

representation who identified methods to increase the success of the youth count. These included: recommendations on outreach and event locations, creating survey questions to gain additional insight, and reaching out to new partners to help with the count.

3. Youth were engaged in the YSS process by participating in focus groups to provide feedback and input on the questions, flow, length of survey, and process to be asked questions. Youth outreach and shelter staff in the CoC asked youth in their programming about hot spot identification, and invited participation in the planning and surveying at the Youth Magnet event. Youth provided feedback regarding which incentive items would be most appreciate and would encourage youth to attend the magnet event and participate in the survey.

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

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

**(limit 2,000 characters)**

The CoC made improvements and increased outreach and engagement efforts for those experiencing both sheltered and unsheltered homelessness which led to a more complete and accurate count for all populations, including those who are chronically homeless, families, and veterans. There was a 20% increase in PIT sites for 2018. The CoC PIT Committee was comprised of agency representatives from across the region with geographical and special population focus. Magnet events proved useful in areas that have few if any shelters and day service centers. 15 events were held across the region, and provided resources and services to encourage participation, such as: showers, hot meals, cold weather gear, bus tickets.

Additional population specific improvements include:

- 1) Increased unsheltered outreach efforts in regions previously not well surveyed resulted in more chronically homeless persons being identified. Also, the survey was adjusted (two questions added, and one updated) to more accurately capture those that fit the updated definition of chronic homelessness. Trainings for surveyors on these specific questions were also improved, and a role-playing portion was included to practice asking about episodes and length of homelessness.
- 2) Homeless liaisons were given information to share with families about the magnet events. Family shelters received more volunteer and supports to survey those families calling or stopping in for services within the 24 hour PIT count, to ensure all possible were interviewed.
- 3) There was also increased focus on identifying and surveying veterans. The CoC worked with the VA, local HCHV sites, VA street outreach staff, and a veteran’s day service center site held a magnet event as well. In one county, two service members participating in a fellowship program assisted the community to more accurately count veterans through outreach and engagement.

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

### Instructions

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

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

Number of First Time Homeless as Reported in HDX.	5,958
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### 3A-1a. Applicants must:

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

1,2. The CoC coordinates ESG prevention funds and other prevention and diversion resources in the CoC geography. The homeless prevention component is being built into the coordinated entry system to help identify and prioritize individuals and families that are most at-risk of homelessness. For prevention programs, the CoC is determining targeting criteria based on information about households entering shelter and transitional housing, as households seeking prevention assistance do not often resemble households that actually enter shelter. The new HMIS will be used to develop a profile of individuals and families in the homeless system and seek to target prevention resources to households that more closely resemble those who use homeless services in the region. The CoC will also implement prevention closer to the front door of the homeless system (for example, in coordination with Diversion Specialists) to increase the likelihood that those served would actually experience homelessness without assistance. The CoC is also working with McKinney-Vento liaisons in schools to identify families who are at-risk. The CoC convenes a Prevention Affinity Group monthly made up of prevention and diversion specialists to discuss and strategize how to utilize limited prevention resources for those that are at-risk of experiencing literal homelessness most effectively. The group also is focusing on tracking prevention and diversion services in HMIS to help us better identify households who are at-risk and determine their vulnerability and other risk factors. Analyzing prevention data in HMIS enhances coordination, reduces duplication of services, and helps determine when a household needs a different type of intervention to resolve their housing crisis.

3. The MDHI OneHome Program Manager and MDHI Grants Manager are the

positions responsible for overseeing this strategy.

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

1. For persons in ES and SH, the average length of time homeless for FY17 was 127 days, and for persons in ES, SH, and TH, the average length of time was 205 days.

2. and 3. To shorten the length of time homeless, the CoC identifies and houses individuals and families with the longest histories homeless through its coordinated entry process. Length of time homeless is a major prioritization factor in the overall prioritization method of the coordinated entry system. MDHI monitors performance data by housing type (for example, rapid rehousing) and by individual grantee to track whether the system as a whole and individual projects are reducing lengths of stay and helping reduce the overall length of time homeless for individuals and families. Other strategies include: increasing HMIS coverage to emergency shelter and street outreach providers so that system-wide data around length of time homeless is more accurate, securing funding for specialized teams to engage long-term shelter residents with housing-focused solutions, and making performance data available to CoC board members and other key stakeholders. The goal is for all CoC meetings to have performance data on the agenda.

4. MDHI is the organization that is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.

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

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	39%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	96%



**3A-3a. Applicants must:**

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

**(limit 2,000 characters)**

1.To increase housing placements, community partners are working across the spectrum of crisis interventions to make sure exit destination data is being captured within HMIS. CoC members attended the 2018 NAEH conference to learn how peer communities are making emergency shelter more housing focused through the use of the NAEH toolkit. MDHI also engages consultants like Focus Strategies, ICF International, and the Corporation for Supportive Housing to help train front-line staff, managers, and funders on best practices within rapid rehousing and permanent housing so that more households are placed in housing. The goal is to optimize our CoC funding and any other dedicated homeless funding to ensure we are serving the most households as possible. Other strategies include: working with non-CoC-funded housing providers to connect housing resources to the coordinated entry system, providing incentives to housing providers through a risk mitigation fund and flex fund for landlords, and contracting out housing navigation services so potential tenants have all required documentation ready before signing a lease agreement.

2.To increase housing retention, MDHI provides training to housing providers on best practices like trauma-informed care, housing-focused case management strategies, high-fidelity rapid rehousing models, and other elements of effective housing crisis response systems. MDHI’s goal is to provide these trainings for free to the CoC on a quarterly basis like Connecticut and other peer communities. MDHI also monitors housing placement and housing retention data and presents this information to stakeholders for discussions around continuous improvement.

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

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	5%

**3A-4a. Applicants must:**

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

**(limit 2,000 characters)**

1. MDHI's strategy to identify common factors of individuals and families who return to homelessness is to query HMIS and develop profiles of households that return to homelessness. MDHI partners with the VA to query veteran data, as VA data systems are national and can identify veterans returning to homelessness in other continua of care.

2.To reduce returns, MDHI provides consistent training and resources to providers on housing-focused case management, high-fidelity PSH and RRH models, and other housing stabilization best practices. MDHI provides leadership to better coordinating and targeting prevention and diversion interventions, so that the homelessness system is the very last resort. MDHI is increasing coverage of emergency shelter providers in HMIS so that data on returns to homelessness is more complete and accurate. Most of the strategies for increasing HMIS bed coverage rates relate to the ongoing acquisition of a new HMIS database, BitFocus/Clarity, for all Colorado CoCs. BitFocus is being designed to meet the needs of providers that have previously not had enough incentive to operate within HMIS. Emergency shelter beds are not funded by the CoC, but MDHI has been working with their funders, including the State of Colorado and county entities such as Denver's Road Home, to include HMIS participation among their requirements. MDHI's Employment Committee works with service providers to connect program participants to employment and to assist with job retention. Assisting program participants with finding and keeping employment in a job that pays a living wage is part of the CoCs strategy to reduce the rate of returns to homelessness. Finally, MDHI will present data on returns to homelessness at every MDHI board meeting and create easily digestible data dashboards on returns to help keep the focus on this critical performance measure.

3. MDHI is the organization responsible for reducing the rate of individuals and families' returns to homelessness.

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

**(1) describe the CoC's strategy to increase access to employment and non-employment cash sources;**

**(2) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and**

**(3) provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase job and income growth from employment.**

**(limit 2,000 characters)**

1. MDHI has convened an Employment Committee for over seven years. The committee has developed a work readiness curriculum for providers and hosts employer forums throughout the region. They facilitate quarterly trainings for CoC and ESG program participants with employers present for interviews to increase access to gainful employment opportunities. The Employment Committee is developing a Non-Profit Hiring Network and training program to help create career pathways for participants interested in working in the nonprofit sector. The CoC staff and Employment Committee partner with benefit acquisition and navigation teams in the CoC and regularly discuss how to make non-employment cash sources more accessible to individuals and families experiencing homelessness and/or enrolled in housing programs. The

Community Coordinator at MDHI participates in a statewide coalition to address issues related to obtaining and maintaining SSI and SSDI benefits (SOAR). This year local homelessness organizations in the CoC advocated to raise the amount of TANF assistance for families.

2. The Employment Committee includes representation from over twelve mainstream employment organizations across the CoC. These organizations receive referrals and collaborate with CoC and ESG grantees and other homeless service providers. The Employment Committee facilitates discussions with Rapid Re-housing (RRH) grantees in the CoC and host regular job trainings for active RRH program participants. MDHI collaborates with workforce centers in all seven counties.

3. The Community Engagement Manager at MDHI coordinates the Employment Committee and is responsible for overseeing the CoC's strategy in this area.

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

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

### Instructions

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

- 3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:**
- (1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and**
  - (2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.**

Total number of beds dedicated as DedicatedPLUS	1,667
Total number of beds dedicated to individuals and families experiencing chronic homelessness	162
<b>Total</b>	<b>1,829</b>

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

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

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

**3B-2.2. Applicants must:**

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

1. The CoC’s RRH Written Standards require CoC and ESG RRH programs to house literally homeless households within 30 days or less and set that as a performance benchmark. The Coordinated Entry System identifies and prioritizes families that are experiencing homelessness (both sheltered and unsheltered) for assistance. RRH programs are required to recruit and engage landlords/property owners and be actively involved in the family’s housing search and placement. All RRH programs in the CoC use a Housing First approach and “screen-in” households. In 2018, MDHI began administering ESG funding and allocating it to homelessness prevention and RRH programs. MDHI chose to allocate most of the available ESG dollars to RRH. This change increased availability of permanent housing options for those currently living on the street or in emergency shelters.
2. The Written Standards require all ESG and CoC RRH programs to develop a “Housing Stability Plan” with each family, and programs start planning for the family to take over rent at program entry. At minimum, RRH programs assess the family’s income resources and monthly expenses at intake, 3 months after move-in, and every month thereafter to ensure that the household is moving toward housing stability. Families are encouraged to search for the most affordable housing options available and are given choice in their placement. RRH programs connect families to mainstream services and resources and follow up with households for at least one year after the program’s assistance ends to make sure that the family remains housed. ESG Homelessness Prevention dollars are available for those at risk of losing their housing.
3. MDHI developed and maintains the CoC’s RRH Written Standards. MDHI’s Grants Manager, oversees the strategy to rapidly re-house families within 30 days of becoming homeless.

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

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

**3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC’s strategy to address the unique needs of unaccompanied homeless youth includes the following:**

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

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

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

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

1. The CoC & RHY leads (Urban Peak Denver (UP), Volunteers of America (VOA), Attention Homes (AH)) & other youth-focused providers pursue options for new housing resources for youth experiencing homelessness (e.g. applying for YHDP, funding opportunities from HHS & SAMHSA, increasing partnerships & sponsorships with faith based and corporate entities, & local & state governments). The CoC has increased engagement with regional PHAs & the Colorado Division of Housing to secure project-based vouchers (PBV) to help build a new PSH building for youth through AH, & a portion of PBVs at existing PSH properties in Denver. LIHTC helped to finance a new housing-focused shelter (UP) & PSH (UP, AH). Several local PHAs have applied for additional FUP funds specifically for youth, in collaboration with the CoC. Diversifying funding stabilizes organizations & has opened opportunities for expanded clinical services to include experiential therapies, crisis & mental health

services, & substance use treatment.

CoC providers utilize interventions aimed at strengthening protective factors & core outcomes outlined in the federal framework for ending youth homelessness - stable housing, permanent connections, education/employment, & well-being. Integrating these core outcomes with trauma informed care & housing first models for service delivery lead to improved housing outcomes. The ability to provide housing for youth to build community & have services, such as case management, on-site has also proven successful. Low caseloads (1:12-14) enable youth & staff to build trusting relationships & develop youth-driven, strengths-based service plans that result in self-sufficiency. In working toward self-sufficiency, youth are able to move on from CoC programs enabling the most effective use of existing resources. At the CoC's largest RHY agency, UPD, the 2017-18 APRs showed that 95.5% of youth exited PSH to permanent destinations, which successfully opens up units to other youth.

The CoC supports a Youth Action Board comprised of currently and recently homeless youth to learn about, inform, & help improve the CoC engagement and effectiveness in service delivery, as well letting other homeless youth know they have a voice, & avenue to be heard. The CoC has developed RRH standards which require agencies to follow the RRH model. This moves youth into housing stability more expediently & opens up RRH resources for others.

2.The efforts & strategies detailed above also apply to youth exp. unsheltered homelessness. The CoC has street outreach teams across the region that focus solely on engaging this population. Outreach staff meet youth "where they are" & provide basic needs, connections to additional services, & housing resources. With additional shelter being built for youth, this will allow more youth access to temporary housing & improve the ability to provide services with a focus on moving to permanent housing.

**3B-2.6a. Applicants must:**

- (1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;**
  - (2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and**
  - (3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies.**
- (limit 3,000 characters)**

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

- (1) youth education providers;**
- (2) McKinney-Vento State Education Agency (SEA) and Local Education**

**Agency (LEA);  
(3) school districts; and  
(4) the formal partnerships with (1) through (3) above.  
(limit 2,000 characters)**

1-3. CoC providers partner with a variety of youth education providers to ensure that the education rights and needs youth and families are met. Colorado Youth for a Change (CYC) meets with school-age youth to help them return to school. They also assist youth with FAFSA forms and with GED preparation and testing as appropriate. Community Education Outreach (CEO) also provides GED/HSE classes and tutoring for youth. There are additional agencies that meet student with varying needs, such as those in need of ESL supports, pregnant and parenting youth, technical schools, criminal justice involved, and Youthbuild programming. CoC providers also have relationships with local community colleges to support youth furthering their education goals.

The CoC and providers maintain relationships with McKinney-Vento homeless liaisons throughout metro Denver and these liaisons often use RHY providers as a resource for students who are experiencing homelessness. School districts each have assigned McKinney Vento liaisons, and participate regularly in CoC meetings and coordination.

4. Formal Partnerships exist with RHY providers, McKinney-Vento liaisons locally and at the state level, local school districts, and other youth education providers such as CYC, CEO, Florence Crittenton (parenting youth), Emily Griffith (technical school), Work And Gain Employment and Education Skills Program (Wagees) (justice involved).

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

Per the CoC's CAS (OneHome) Policies and Procedures, all CoC and ESG recipients are required to ensure that homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services.

Individuals and families experiencing homelessness and engaging in services within the CoC are informed of their right to access education and are connected with the local McKinney-Vento Homeless liaison for supportive services, such as enrollment, transportation, and school supplies. CoC providers and the CES collaborate directly with local school districts, as well as the State McKinney-Vento coordinator and Office of Homeless Youth Services. The CoC policies mirror the McKinney-Vento laws, ensuring that youth and families have access to education services from their school or origin, if feasible, or school district where they are residing, regardless of their ability to prove residency and produce identification documents at enrollment. Direct service staff support enrollment in education services and ensure there are not barriers to accessing these services.

**3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or**



**partnerships with one or more providers of early childhood services and supports? Select “Yes” or “No”. Applicants must select “Yes” or “No”, from the list below, if the CoC has written formal agreements, MOU/MOA’s or partnerships with providers of early childhood services and support.**

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	Yes	
Head Start	Yes	
Early Head Start	Yes	
Child Care and Development Fund	Yes	
Federal Home Visiting Program	Yes	
Healthy Start	Yes	
Public Pre-K	Yes	
Birth to 3 years	Yes	
Tribal Home Visting Program	Yes	
Other: (limit 50 characters)		

**Applicant must select Yes or No for all of the agreements listed in 3B-2.8.**

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

MDHI has a plan to address and end Veteran homelessness and works closely with the local VA health care system and Veteran service providers. For the past two years, a veteran-specific workgroup has been identifying and implementing process improvements within the system to connect Veterans to the right resources including participation in the diversion workgroup and deep participation in coordinated entry processes. OneHome, the CoC’s coordinated entry system, maintains a by-name list of Veterans and convenes monthly case conferencing to target outreach and match Veterans with resources. Using the Veteran’s coordinated assessment score and VA eligibility, OneHome refers Veterans to HUD-VASH or rapid re-housing (SSVF). Grant and Per Diem (GPD) is available for Veterans interested in service-intensive transitional housing in limited instances, after they have been offered a permanent housing intervention. Veteran coordinators track the flow of Veterans into and out of the OneHome assistance system and report to the community the number of Veterans on the by-name list. Community leaders enlisted by OneHome convene quarterly to identify system gaps for Veterans. SSVF operates in a co-located space with the VA CRRC and non-VA service providers. Providers participate in community Stand Downs, and Veterans identified by non-VA providers are referred to the VA for benefits through OneHome. Any person who self-identifies as a Veteran while being assessed by OneHome is reviewed by a VA social worker for VA eligibility, if he or she is not already connected to a VA or SSVF service provider. If they are an eligible Veteran, they are contacted

by or connected to a VA program.

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

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

**3B-3.4. Does the CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?** No

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

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

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

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

The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	<input type="checkbox"/>
The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	<input type="checkbox"/>
The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	<input type="checkbox"/>
The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups	<input type="checkbox"/>
The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	<input type="checkbox"/>

The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	<input type="checkbox"/>
The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness.	<input type="checkbox"/>
The CoC is educating organizations, stakeholders, boards of directors for local and national non-profit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	<input type="checkbox"/>
The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	<input type="checkbox"/>
The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	<input type="checkbox"/>
The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	<input type="checkbox"/>
Other:	<input type="checkbox"/>

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

**Instructions:**

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

- 4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC:**
- (1) assists persons experiencing homelessness with enrolling in health insurance; and**
  - (2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.**

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

- 4A-1a. Mainstream Benefits. Applicants must:**
- (1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;**
  - (2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and**
  - (3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy for mainstream benefits. (limit 2,000 characters)**

1. The CoC facilitates access to benefit programs by linking homeless assistance providers in the region to information about available benefits, to benefit application assistance, and to the benefit programs staff. The CoC organizations coordinate and work directly with SNAP and Employment First offices in each of the seven MDHI counties. Employment First is the SNAP Employment and Training Program in Colorado. The CoC’s Coordinating committee hosts agencies providing mainstream benefits to speak directly to agency leads and answer questions regarding access. The CoC’s Employment Committee members work with SNAP staff to improve coordination, and directly with benefits navigation staff within their own and partner organizations.

The CoC works with national, state, and local SOAR leads to establish an MOU with the SSA and the state Disability Determination Service (DDS) designed to improve access and approval rates for SSI/SSDI among adults experiencing homelessness.

2. Through stakeholder and committee meetings and online communications, the CoC disseminates info on updated benefits information. CoC participation has brought together representatives of county human service agencies and nonprofit homeless assistance providers, facilitating collaboration in helping homeless clients apply to mainstream benefits. As a result, most have regularly scheduled days when their personnel go to homeless service and day centers to help people apply for benefits.

Another local resource is the Colorado Program Eligibility and Application Kit (PEAK), an online portal maintained by the State of Colorado that enables users to learn about, assess eligibility for, and apply for a comprehensive array of cash, medical, food, WIC and more. PEAK holds regular trainings for CoC providers, enabling them to better help their clients access these benefits.

3. MDHI's Community Engagement Manager oversees the CoC's strategy for mainstream benefits.

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

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

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	38
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.	36
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	95%

**4A-3. Street Outreach. Applicants must:**

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

1. Street outreach is conducted throughout the CoC by local government and nonprofit agencies working both independently and collaboratively. Their

common objective is to find and engage persons experiencing homelessness who have not yet obtained the assistance they need to exit homelessness. Outreach personnel work to build trusting relationships with individuals and families, meet immediate needs, and link to programs and resources they need to become housed and move toward self-sufficiency.

2. The agencies involved in street outreach collectively serve 100 percent of the geographic area within the CoC, 3. daily and on a year-round basis, though their individual service areas, outreach methods, and target populations vary.

4. Urban Peak, for example, is a Denver-based nonprofit that serves youth who are experiencing or at risk of homelessness throughout the Denver metropolitan area. They reach out through a mobile outreach team that seeks out youth living on the streets. Urban Peak also participates in the Denver Street Outreach Collaborative (DSOC) along with the Colorado Coalition for the Homeless, the City and County of Denver, and the St. Francis Center. The DSOC serves persons experiencing homelessness in the city of Denver, using mobile outreach teams that engage people "where they are" in places such as parks, doorways, alleys, vehicles, tents, and bridges. DSOC teams address immediate safety needs, provide crisis intervention services, and connect people to housing, medical and mental health care, public benefits, clothing, food, and other supports. The teams include Behavioral Health Navigators, who clinically engage persons suffering from debilitating mental illness and assess, diagnose, consult with, educate, treat, and coordinate care for these clients. Agencies in Jefferson & Boulder County connect to people least likely to request assistance by making concerted efforts to conduct outreach in less populated mountain areas.

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

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

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

**(limit 2,000 characters)**

1. The policies and procedures for the CoC's coordinated entry system (OneHome) designate specific accessibility and culturally appropriate standards, along with compliance with Fair Housing. Grievance procedures for participants are publicly available and on releases of information. Mobile assessment is done at locations where minority populations may access services. Cultural anti-oppression and trauma-informed education is a component of coordinated entry training.

2. Coordinated assessments and related documents are available into Spanish, the predominant non-English language in the CoC. Local funds administered by the CoC are leveraged to provide translation services for people with disabilities (such as large print, sign language interpretation, Braille, etc.) and for people with limited English proficiency. Prioritization of resources are not based on factors that

would violate fair housing laws and CoC-funded providers provide documentation that they follow fair housing regulations.

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

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	1,223	1,331	108

**4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction?** No

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

## Submission Summary

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

<b>Page</b>	<b>Last Updated</b>
<b>1A. Identification</b>	09/11/2018
<b>1B. Engagement</b>	09/14/2018
<b>1C. Coordination</b>	09/15/2018
<b>1D. Discharge Planning</b>	09/11/2018
<b>1E. Project Review</b>	09/14/2018
<b>2A. HMIS Implementation</b>	09/14/2018
<b>2B. PIT Count</b>	09/14/2018
<b>2C. Sheltered Data - Methods</b>	09/14/2018
<b>3A. System Performance</b>	09/15/2018
<b>3B. Performance and Strategic Planning</b>	Please Complete
<b>4A. Mainstream Benefits and Additional Policies</b>	09/14/2018
<b>Submission Summary</b>	No Input Required