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 2019 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2019 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:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
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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

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1B-1. CoC Meeting Participants.

For the period of May 1, 2018 to April 30, 2019, applicants must indicate whether the Organization/Person listed:
1. participated in CoC meetings;
2. voted, including selecting CoC Board members; and
3. participated in the CoC's coordinated entry system.

Organization/Person	Participates in CoC Meetings	Votes, including selecting CoC Board Members	Participates in Coordinated Entry System
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	No	Yes
Local Jail(s)	No	No	Yes
Hospital(s)	Yes	Yes	Yes
EMS/Crisis Response Team(s)	No	No	Yes
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Disability Service Organizations	Yes	No	Yes
Disability Advocates	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes

Youth Advocates	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	No	Yes
CoC Funded Victim Service Providers	Yes	No	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Domestic Violence Advocates	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	Yes
LGBT Service Organizations	Yes	No	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Mental Illness Advocates	Yes	Yes	Yes
Substance Abuse Advocates	Yes	Yes	Yes
Other:(limit 50 characters)			
Veterans Administration	Yes	No	Yes

1B-1a. CoC's Strategy to Solicit/Consider Opinions on Preventing/Ending Homelessness.

Applicants must describe how the CoC:
1. solicits and considers opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2. communicates information during public meetings or other forums the CoC uses to solicit public information;
3. takes into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness; and
4. ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats, e.g., PDF.
(limit 2,000 characters)

1. At quarterly stakeholder meetings, MDHI holds interactive sessions to gather new ideas/receive feedback regarding CoC activities and priorities. MDHI has implemented a structure for councils & committees which provide an opportunity for stakeholders to provide input to the MDHI board & staff. MDHI strives to have representation from persons with lived experience on each committee. MDHI publishes draft policies and other documents for public comment. The Youth Action Board has conducted surveys with people with lived experience to inform recommendations to the CoC. MDHI Board meetings have a standing agenda item for public comment. MDHI staff and board also attend community meetings and meet one-on-one with community partners.
2. MDHI has several public meetings monthly to communicate CoC updates and to solicit stakeholder input. Information is communicated via presentations & interactive sessions, as well as informal networking.
3. MDHI considers input 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 to inform CoC planning. For example, stakeholder feedback from the most recent CoC meetings was used to make improvements to increase the menu of trainings offered by the CoC.
4. MDHI ensures that individuals with disabilities can access CoC documents, engage in CoC meetings, and learn from training materials. MDHI created an Accessibility Checklist for producing written documents to minimize jargon and use appropriate reading levels, the Flesch-Kincaid scale. Written client-facing documents for HMIS/Coordinated Entry are available in English and Spanish, and formatted as PDF to be readable by translation software. Training videos have closed captioning for people with a hearing impairment. In-person CoC meetings have translation services available for language or American Sign Language at no cost to attendees.

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 the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats;
4. how often the CoC solicits new members; and
5. 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 with potential new partners to issue invitations to CoC meetings/trainings. MDHI hosts several trainings and forums yearly to appeal to a diverse audience and engage new stakeholders. MDHI hosts a monthly Coordinating Committee which serves as a forum for information sharing and networking, and serves as a first step for engaging new stakeholders.
2. Invitations to meetings and trainings are posted on the website and shared with a list of over 1,800 registered email recipients. Larger events are shared on social media. MDHI staff and board extend personal invitations to their contacts and attend community meetings to outreach potential new members.
3. Meetings are posted on the website and downloadable materials are formatted as PDFs, allowing accessibility software to review them. Translation services for American Sign Language or other languages are available for CoC-sponsored meetings at no cost to attendees. Public meetings can be recorded and closed captioning added for people with a hearing impairment. The CoC has engaged providers predominantly serving people with disabilities to support inclusive participation.
4.The membership process is open year-round. Members are recruited via the website, social media, the email list and through outreach by CoC staff and board. The application process is ongoing, and new members can join any time by filling out a form posted on the website.
5. MDHI conducts outreach to encourage current or formerly homeless persons to join the CoC. MDHI works with service providers, advocacy groups, and other partners to identify potential new members with lived experience. The staff and

board meet with potential new members to identify their interests as potential board, council, or committee members. MDHI recruits year-round to ensure that the voice of lived experience is well represented. MDHI convenes a Youth Action Board which recommends policy to the board.

1B-3. Public Notification for Proposals from Organizations Not Previously Funded.

Applicants must describe:
1. how the CoC notifies the public that it is accepting project application proposals, and that it is open to and will consider applications from organizations that have not previously received CoC Program funding, as well as the method in which proposals should be submitted;
2. the process the CoC uses to determine whether the project application will be included in the FY 2019 CoC Program Competition process;
3. the date(s) the CoC publicly announced it was open to proposal;
4. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats; and
5. if the CoC does not accept proposals from organizations that have not previously received CoC Program funding or did not announce it was open to proposals from non-CoC Program funded organizations, the applicant must state this fact in the response and provide the reason the CoC does not accept proposals from organizations that have not previously received CoC Program funding.
(limit 2,000 characters)

1. MDHI notifies the public that it is accepting project application proposals (incl.from orgs. that have not previously received CoC funding) via the CoC website, public meetings,and targeted outreach. The method for which proposals should be submitted is posted on the website, shared with an email list of 1,800+, and explained during the annual CoC NOFA Meeting for New and Renewal Applicants.
2. To determine whether a project applicant will be included in the FY2019 competition, MDHI solicits letters of interest from new applicants. Applicants and potential applicants are required to attend a mandatory CoC NOFA Meeting where the NOFA timeline, scoring rubric (for new & 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 July 3, 2019, MDHI notified the public that it was accepting project application proposals, including applications from organizations that had not previously applied via the website and email to a list of over 1,800 subscribers. MDHI received five letters of interest for new projects including one new applicant and ultimately received six new project applications including one applicant who had applied in the previous year, but who had not previously been awarded. MDHI hosted a NOFA Meeting on August 1, 2019. Several new agencies attended, but did not apply in this round. MDHI will reach out to those agencies to support them in developing plans to apply in the future.
4. Meetings are posted on the website and downloadable materials are formatted as PDFs, allowing accessibility software to review them. Translation services for American Sign Language or other languages are available for CoC-sponsored meetings.Public meetings can be recorded and closed captioning added for people with a hearing impairment to access.

5. n/a

1C. Continuum of Care (CoC) Coordination

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1C-1. CoCs Coordination, Planning, and Operation of Projects.

Applicants must select the appropriate response for each federal, state, local, private, other organizations, or program source the CoC included in the planning and operation of projects that serve individuals experiencing homelessness, families experiencing homelessness, unaccompanied youth experiencing homelessness, persons who are fleeing domestic violence, or persons at risk of homelessness.

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;
2. participated in the evaluating and reporting performance of ESG Program recipients and subrecipients; and
3. ensured local homelessness information is communicated and addressed in the Consolidated Plan updates.
(limit 2,000 characters)

1. MDHI coordinated planning and allocation of ESG funds with other local recipients (Colorado Division of Housing, City of Aurora, City and County of Denver). MDHI is a fiscal agent of State ESG funds and issued an RFP in late 2018 for ESG homelessness prevention and rapid re-housing. Applicants were evaluated on their previous 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 also invited to review City of Aurora and City and County of Denver ESG applications to make sure the programs recommended for funding were in alignment with the CoC's priorities.

2. MDHI coordinated with Aurora and Denver to provide technical assistance and support for implementing CoC RRH Standards for all ESG RRH programs. MDHI coordinated with Aurora and Denver ESG recipients on mechanisms to improve ESG performance: a) implementing written RRH standards to be used by all CoC and ESG funded RRH programs; b) reviewing program performance data c) facilitating monthly RRH Affinity Group meetings to provide training and TA, review program data, and receive feedback from providers; d) convening 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.

3. MDHI responded to applicants of the Consolidated Plan by providing HMIS data on system performance, demographics, and context for narrative, as well as HIC and PIT data. Since HMIS data improved from the previous HMIS software last year, MDHI felt it was important to update community Consolidated Plan applicants with validated information.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. **Applicants must indicate whether the CoC provided 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.	Yes
Applicants must indicate whether the CoC ensured local homelessness information is communicated to Consolidated Plan Jurisdictions within its geographic area so it can be addressed in Consolidated Plan updates.	

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 protocols for coordinated entry and the CoC's emergency transfer plan, that prioritize safety and incorporate trauma-informed, victim-centered services; and
2. how the CoC, through its coordinated entry, 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 semi-monthly to address CoC protocols, including the CoC's emergency transfer plan and coordinated entry, 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 pool of flexible assistance dollars that help with move-in costs and 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 housing needs without jeopardizing safety. This process maximizes client choice by allowing participants to choose which program model, location, service provider, and other housing preferences (e.g. proximity to school). All persons experiencing homelessness are asked safety questions multiple times throughout the phased assessment, and can be referred to a victim service provider and have their information removed from HMIS as appropriate.All decisions made related to serving survivors are reviewed by the working group. The CE leadership group (Regional Governing Council) has a designated seat for a DV provider/advocate. The CoC has transitioned to a new HMIS over the last year and is working to implement a comparable database that will meet HUD & VAWA guidance.

1C-3a. Training–Best Practices in Serving DV Survivors.

Applicants must describe how the CoC coordinates with victim services providers to provide training, at least on an annual basis, for:
1. CoC area project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence; and
2. Coordinated Entry staff that addresses safety and best practices (e.g., Trauma Informed Care) on safety and planning protocols in serving survivors of domestic violence.
(limit 2,000 characters)

1.As a result of a victim services working group, victim service providers and advocates came together to co-host a workshop focused on training homeless service providers in providing trauma informed, victim centered services, assessment, and referral to survivors of domestic violence, dating violence, sexual assault and stalking. These trainings cover 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 CES phased assessment has an initial safety screener, but also continues to ask safety, DV, questions in case a program participants safety changes or they provide details about their lives after trust is built with the provider. This allows CES to ensure safety is considered at every stage of assessment which is a critical aspect of CES safety planning protocols for survivors of domestic violence.

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. Domestic Violence–Community Need Data.

Applicants must describe how the CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking.
(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. MDHI recently moved to a new statewide HMIS vendor (Bitfocus/Clarity) and is currently working to identify a comparable database that will be implemented statewide. . Victim Service Providers (VSP) meet with CoC HMIS and Coordinated Entry leadership on a regular basis to make progress towards a feasible comparable database, with VSPs acting as experts and advocates for ensuring privacy and confidentiality. Although they may currently be using different databases, VSPs do have data they collect and report on that is accessible by the CoC and is

used in assessing and addressing need. As MDHI now has a survivor-focused CoC-funded RRH project within the continuum, MDHI is working with that provider to identify differences and nuances on project evaluation and coordinated entry referrals. 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. PHAs within CoC. Attachments Required.

Applicants must submit information for the two largest PHAs or the two PHAs with which the CoC has a working relationship within the CoC's geographic area.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2018 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., Moving On
Colorado Division of Housing (DOH)	48.00%	Yes-Both	Yes-Both
Denver Housing Authority (DHA)	7.80%	Yes-Both	No

1C-4a. PHAs' Written Policies on Homeless Admission Preferences.

Applicants must:
1. provide the steps the CoC has taken, with the two largest PHAs within the CoC's geographic area or the two PHAs the CoC has working relationships with, to adopt a homeless admission preference–if the CoC only has one PHA within its geographic area, applicants may respond for one; or
2. state that the CoC does not work with the PHAs in its geographic area. (limit 2,000 characters)

1. The CoC works with both DHA and DOH directly on a frequent basis, meeting monthly with both partners to identify ways to improve access for homeless households. DOH meets with CoC staff monthly to address data quality issues, ways to integrate their PHA data with HMIS data, and how to coordinate upcoming DOH project openings with coordinated entry referrals. DHA meets with CoC staff monthly as MDHI has a representative on DHA's PSH Advisory Board, helping to guide the development of project-based PHA units targeting chronically homeless households. Additionally, DHA provides coordinated entry with housing choice vouchers targeting formerly homeless individuals. MDHI's Executive Director serves on the Executive Board, a Commissioner appointed position, for Homeless Solutions of Boulder County (HSBC). Additionally, the Deputy Director also serves Housing Exits Work Group. The workgroup presented formal recommendations to the HSBC

Executive Board to adopted several strategies to better use existing current resources including streamlining access to mainstream resources through PHA limited preferences. The recommendation (50 vouchers distributed proportionally across the counties PHA's) was formally adopted in March 2019 and is supported with leveraging resources, vouchers, and additional supports to increase the number of PSH opportunities.Finally, the Executive Director of the Jefferson County Housing Authority sits on the CoC Board of Directors. Her presence has helped CoC stakeholders understand the roles, complexities, and opportunities to engage PHAs around admission preferences and other best practices.

1C-4b. Moving On Strategy with Affordable Housing Providers.

Applicants must indicate whether the CoC has a Moving On Strategy with affordable housing providers in its jurisdiction.

Yes

**If "Yes" is selected above, describe the type of provider, for example, multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs.
(limit 1,000 characters)**

The CoC is working with local PHAs. 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). 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.

1C-5. Protecting Against Discrimination.

**Applicants must describe the actions the CoC has taken to address all forms of discrimination, such as discrimination based on any protected classes under the Fair Housing Act and 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing.
(limit 2,000 characters)**

In fall 2018, the CoC conducted a presentation on sexual harassment, discrimination and Fair Housing. This presentation was facilitated by Department of Justice staff to provide Federal legal requirements and guidance on reducing discrimination and complying with Fair Housing regulations.

In the spring of 2019, the CoC led a community training on HUD's Equal Access

and Gender Identity Rules for CoC and ESG funded service providers to create more inclusive housing and shelter programs.

Additionally, Denver Metro Fair Housing Center operates within the CoC's jurisdiction to eliminate housing discrimination through comprehensive education, advocacy and enforcement of the Fair Housing Act. CoC-funded agency staff serve on the board of Denver Metro Fair Housing Center.

Finally, the CoC reviews CoC policies and procedures (including policies and procedures for CoC and ESG funded programs) to ensure clear and comprehensive anti-discrimination and Fair Housing language. Policies and procedures are posted on the CoC website and training is provided to agencies on an ongoing basis.

*1C-5a. Anti-Discrimination Policy and Training.

Applicants must indicate whether the CoC implemented an anti-discrimination policy and conduct training:

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 address discrimination based on any protected class under the Fair Housing Act?	Yes
3. Did the CoC conduct annual training on how to effectively address discrimination based on any protected class under 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing?	Yes

*1C-6. Criminalization of Homelessness.

Applicants must select all that apply that describe the strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area.

1. Engaged/educated local policymakers:	X
2. Engaged/educated law enforcement:	X
3. Engaged/educated local business leaders:	X
4. Implemented communitywide plans:	
5. No strategies have been implemented:	
6. Other:(limit 50 characters)	

1C-7. Centralized or Coordinated Assessment System. Attachment Required.

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 for homelessness assistance in the absence of special outreach; and
3. demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner. (limit 2,000 characters)

1. OneHome, MDHI's CES, covers the entire geography using a 'no wrong-door' approach. Any provider can access OneHome through completion of the standardized assessment tool, the Vulnerability-Index Service Prioritization Decision Assistance Tool (VI-SPDAT). In March 2019, OneHome was integrated into the new HMIS platform (Bitfocus/Clarity). In the last year, OneHome held 4 assessment trainings & 10+ CES/HMIS trainings for 200+ people.
2. OneHome reaches people least likely to be served as follows: by partnering with regional street outreach teams to ensure regional coverage of outreach to people least likely to seek services and to connect them to OneHome, a 'no-wrong-door' approach combined with outreach to non-homeless service provider partners (jails, hospitals, etc.) to ensure that households are able to access OneHome even if they present at non-homeless specific locations (hospitals, businesses, libraries, jails).
3. OneHome uses a phased assessment to prioritize vulnerable households with long histories of homelessness. Initially, persons experiencing a housing crisis are determined to be either at-risk or literally homeless then connected with services that meet their immediate needs, including shelter or diversion. 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 length of time homeless, tri-morbidity, & 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. In the last year, OneHome has increased the frequency of case conferencing as well as created a schedule so that households are matched to housing resources weekly and assistance is otherwise received in a timely manner.

1D. Continuum of Care (CoC) Discharge Planning

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1D-1. 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:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1E. Local CoC Competition

Instructions

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*1E-1. Local CoC Competition–Announcement, Established Deadline, Applicant Notifications. Attachments Required.

Applicants must indicate whether the CoC:

1. informed project applicants in its local competition announcement about point values or other ranking criteria the CoC would use to rank projects on the CoC Project Listings for submission to HUD for the FY 2019 CoC Program Competition;	Yes
2. established a local competition deadline, and posted publicly, for project applications that was no later than 30 days before the FY 2019 CoC Program Competition Application submission deadline;	Yes
3. notified applicants that their project application(s) were being rejected or reduced, in writing along with the reason for the decision, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline; and	Yes
4. notified applicants that their project applications were accepted and ranked on the CoC Priority Listing in writing, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline.	Yes

1E-2. Project Review and Ranking–Objective Criteria.

Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2019 CoC Program Competition:

1. Used objective criteria to review and rank projects for funding (e.g., cost effectiveness of the project, performance data, type of population served);	Yes
2. Included one factor related to improving system performance (e.g., exits to permanent housing (PH) destinations, retention of PH, length of time homeless, returns to homelessness, job/income growth, etc.); and	Yes
3. Included a specific method for evaluating projects submitted by victim services providers that utilized data generated from a comparable database and evaluated these projects on the degree they improve safety for the population served.	No

1E-3. Project Review and Ranking–Severity of Needs and Vulnerabilities.

Applicants must describe:
1. the specific severity of needs and vulnerabilities the CoC considered when reviewing and ranking projects; and
2. how the CoC takes severity of needs and vulnerabilities into account when reviewing and ranking projects.
(limit 2,000 characters)

1. The CoC considers the severity of needs and vulnerabilities of participants as part of the scoring and ranking of CoC-funded project applications. The specific severity of needs and vulnerabilities the CoC considers are tailored to the specific needs of each population as follows: All Populations - length of time homeless, fleeing domestic violence and sexual assault victimization; Individuals - age, tri-morbidity (i.e., addictions, physical and mental health), and VI-SPDAT score; Families – a household member with a disabling condition, age of the youngest child, unsheltered status, and F-SPDAT score; and Youth - co-occurring mental health and substance abuse, age, and TAY-SPDAT score.

2. The CoC scores all renewal applications within project type (e.g., Permanent Supportive Housing & Rapid Rehousing) by the Coordinated Entry priority score of households entering the program in the prior grant year. For example, Permanent Supportive Housing (PSH) projects are scored in comparison to other PSH projects based on the severity and vulnerability of the persons these projects serve as opposed other project types designed for people with less severe needs. The CoC Scorecard generates a Project Score based on each project's outcomes for HUD's System Performance Measures related to income, stability, and exits to permanent housing. Renewing grants were ranked based on performance with the highest performing programs serving the most severe and vulnerable clients ranked ahead of those projects serving less severe and vulnerable people; new grants were ranked based on the severity and vulnerability of targeted population, experience, capacity, and cost effectiveness

1E-4. Public Postings–CoC Consolidated Application. Attachment Required.

Applicants must:
1. indicate how the CoC made public the review and ranking process the CoC used for all project applications; or
2. check 6 if the CoC did not make public the review and ranking process; and
3. indicate how the CoC made public the CoC Consolidated Application–including the CoC Application and CoC Priority Listing that includes all project applications accepted and ranked or rejected–which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the FY 2019 CoC Program Competition application submission deadline; or
4. check 6 if the CoC did not make public the CoC Consolidated Application.

Public Posting of Objective Review and Ranking Process	Public Posting of CoC Consolidated Application including: CoC Application, CoC Priority Listing, Project Listings

1. Email	X	**1. Email**	X
2. Mail		**2. Mail**	
3. Advertising in Local Newspaper(s)		**3. Advertising in Local Newspaper(s)**	
4. Advertising on Radio or Television		**4. Advertising on Radio or Television**	
5. Social Media (Twitter, Facebook, etc.)	X	**5. Social Media (Twitter, Facebook, etc.)**	X
6. Did Not Publicly Post Review and Ranking Process		**6. Did Not Publicly Post CoC Consolidated Application**	

1E-5. Reallocation between FY 2015 and FY 2018.

Applicants must report the percentage of the CoC's ARD that was reallocated between the FY 2015 and FY 2018 CoC Program Competitions.

Reallocation: 3%

1E-5a. Reallocation–CoC Review of Performance of Existing Projects.

Applicants must:
1. describe the CoC written process for reallocation;
2. indicate whether the CoC approved the reallocation process;
3. describe how the CoC communicated to all applicants the reallocation process;
4. describe how the CoC identified projects that were low performing or for which there is less need; and
5. describe how the CoC determined whether projects that were deemed low performing would be reallocated.
(limit 2,000 characters)

1. MDHI has a written policy to reallocate based on low performance, including underutilization of funds. Projects that have underspent more than 10% of their award or $50,000, whichever is less, may be reduced and those funds reallocated. Projects that have under-expended more than 10% or $50,000 of their award in two consecutive program years will have their funding reduced through reallocation in the next CoC NOFA competition. To meet the renewal threshold, renewal projects must score at least 20% of the score of the highest scoring renewal project. Projects scoring below the threshold will be asked to develop a plan to address performance issues. Performance plans will be reviewed and approved by the System Performance Council. If a performance plan is not submitted or progress is not made, funds may be subject to reallocation. Providers may also reallocate funding voluntarily.
2. The CoC board has approved the reallocation process.
3. The reallocation process is posted on the website and communicated in-person to grantees/potential grantees at a mandatory meeting.

4. Projects are monitored by the CoC quarterly, and performance is addressed on an ongoing basis. During the NOFA competition, scoring of renewal projects is largely based on data obtained from the most recent, completed APR and HMIS and aligns with the HUD approved System Performance Measures. As described above, to meet the renewal threshold, renewal projects must score at least 20% of the score of the highest scoring renewal project or will be considered low performing.
5. The CoC will determine reallocation for low performing projects via quarterly monitoring conducted by the CoC. The monitoring results are evaluated by the CoC System Performance Council and recommendations regarding reallocation will go before the CoC NOFA Committee and ultimately to the CoC Board of Directors.

DV Bonus

Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
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1F-1 DV Bonus Projects.

Applicants must indicate whether the CoC is requesting DV Bonus projects which are included on the CoC Priority Listing: Yes

1F-1a. Applicants must indicate the type(s) of project(s) included in the CoC Priority Listing.

1. PH-RRH	X
2. Joint TH/RRH	
3. SSO Coordinated Entry	

Applicants must click "Save" after checking SSO Coordinated Entry to view questions 1F-3 and 1F-3a.

*1F-2. Number of Domestic Violence Survivors in CoC's Geographic Area.

Applicants must report the number of DV survivors in the CoC's geographic area that:

Need Housing or Services	

the CoC is Currently Serving	

Applicants must provide a value for both entries in 1F-2.

1F-2a. Local Need for DV Projects.

Applicants must describe:
1. how the CoC calculated the number of DV survivors needing housing or service in question 1F-2; and
2. the data source (e.g., HMIS, comparable database, other administrative data, external data source).
(limit 500 characters)

1F-4. PH-RRH and Joint TH and PH-RRH Project Applicant Capacity.

Applicants must provide information for each unique project applicant applying for PH-RRH and Joint TH and PH-RRH DV Bonus projects which the CoC is including in its CoC Priority Listing–using the list feature below.

Applicant Name	DUNS Number
---	---

1F-4. PH-RRH and Joint TH and PH-RRH Project

Applicant Capacity

DUNS Number:	
Applicant Name:	
Rate of Housing Placement of DV Survivors–Percentage:	
Rate of Housing Retention of DV Survivors–Percentage:	

1F-4a. Rate of Housing Placement and Housing Retention.

Applicants must describe:
1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and
2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)

1F-4b. DV Survivor Housing.

Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing.
(limit 2,000 characters)

The project applicant, Family Tree (FT) Homelessness Program, is on-site at FT Roots of Courage (ROC), a residential facility for survivors of domestic violence. This allow for team members to safely and quickly assess for program eligibility. FT Homelessness Program does not have additional eligibility criteria, allowing participants to access permanent housing much faster.
FT complies with Housing and Urban Development's (HUD) requirements of preferred order of priority. ROC is an established victim service provider and the facility is confidential for those fleeing domestic violence. Due to these additional safety requirements, ROC staff assist the Homelessness Program in documenting category one and four of HUD's homeless definitions to determine eligibility. Program acceptance is strictly based on eligibility.
Participants are assigned a case manager who will work with each household with a focus on safety and housing stabilization. FT utilizes a scattered site housing approach. Case managers will review and provide each program participant with information on basic tenant/landlord rights, housing discrimination policies, and lead based paint. Housing stability case management is provided while a program participant is seeking permanent housing. Program participants, along with assistance from their case manager, identify their own housing units. To ensure a quicker move in, FT can assist with application fees, deposit and rental assistance, or issue emergency checks operating outside of our traditional finance processes. FT's average move-in timeframe for rapid rehousing projects in the last quarter was 23 days.

1F-4c. DV Survivor Safety.

Applicants must describe how project applicant:
1. ensured the safety of DV survivors experiencing homelessness by:
(a) training staff on safety planning;
(b) adjusting intake space to better ensure a private conversation;
(c) conducting separate interviews/intake with each member of a couple;
(d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
(e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;
(f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and
2. measured its ability to ensure the safety of DV survivors the project served.
(limit 2,000 characters)

1a. All staff at ROC complete 15 hrs. of DV training incl. safety planning. FT collaborates with Violence Free Colorado (VFC) and Colorado Organization for Victim Assistance (COVA) to ensure staff are aware of best practices and additional safety options. Safety planning is engrained in case management and reviewed regularly with all program participants. FT recognizes there is not a one size fits all safety plan, and as part of our victim-centered approach, we recognize survivors are their own experts. Case managers guide survivors toward safety options but allow survivors to determine the options that allow them to feel most safe.
1b. FT conducts assessments within a private room where no other individuals are present. Assessment safety is a priority for FT and the CoC.
1c. If a household is referred to FT and DV is suspected, a separate intake would be conducted for each adult to ensure safety and an opportunity for safety planning.
1d. FT utilizes a scattered site housing approach. Participants work with staff to identify units that will meet their individual safety needs.
1e. ROC considers safety of survivors the priority. The facility is in a confidential location. Additional safety measures include: security doors lock automatically; any visitor, resident, or staff needs to be buzzed in; large peepholes on all exterior doors; exterior cameras and interior cameras throughout congregate areas; solid metal grates over basement window wells; and panic buttons to alert law enforcement.
1f. ROC is a confidential facility and outside any mandatory reporting, FT does not share any client information. If info. is to be shared, a signed “authorization to release information” is obtained from the clients.
2.Staff are trained in safety planning. FT is a member of VFC, COVA, and CO Coalition Against Sexual Assault (CCASA), and regularly reviews best practices and resources regarding safety planning. FT regularly reviews safety plans with program participants.

1F-4d. Trauma-Informed, Victim-Centered Approaches.

Applicants must describe:
1. project applicant’s experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and
2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:
(a) prioritizing participant choice and rapid placement and stabilization in

permanent housing consistent with participants' preferences;
(b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
(c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;
(d) placing emphasis on the participant's strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
(e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
(f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
(g) offering support for parenting, e.g., parenting classes, childcare.
(limit 4,000 characters)

1.FT acknowledges that all FT clients have experienced trauma and operates programs from a trauma-informed/victim-centered approach. These approaches are woven into policies, procedures, and client services. Through our victim centered approach, we believe that individuals are their own best experts, and we follow their lead.
2A. All FT housing programs, regardless of funding source, operate from a Housing First approach. All participation is voluntary and driven by the household. Individuals will work directly with Homelessness Program staff to identify a unit of their choosing that meets their safety and community support needs and is likely to become affordable through a progressive engagement rent model.
B. FT recognizes that just by their role there is an unintended power differential, however, under no circumstances is participation in services a condition of occupancy. FT will not terminate a program participant solely for refusing to participate in supportive services. Through the Housing First model, FT's primary focus is on moving households into stable housing quickly, without preconditions. Staff utilizes motivational interviewing to ensure participants are involved in their self-sufficiency journey and decisions, allowing conversation to be based on equality.
C. FT offers weekly groups focused on trauma with topics such as: how trauma impacts the individual; working through trauma; exploring self-care; co-parenting with a perpetrator; and healthy support networks.
D. Staff work alongside clients to develop a housing stabilization plan, a strengths based approach designed to address program participant's barriers to maintaining housing by utilizing the participant's strengths and available resources. Housing Stabilization Plans are directed by program participants and supported by the case manager. The sole premise of a housing stabilization plans starts with believing that the participant can end their homelessness.
E. FT's Inclusiveness Committee addresses ways the agency can prioritize providing a more inclusive environment for clients and staff, with a mission to increase the respect, understanding, awareness, celebration, and sensitivity of diversity across FT as a function of the broader goal to develop inclusiveness in our staff, our clients, and our community. Priority issues include: language access (other than English); immigration status; and gender and sexual identity and expression. Some recent changes include: implementing interpretation

services ; providing training for staff, including an Immigration 101 and "Dismantling Oppression through Advocacy"; converting a restroom at the main building into a single stall, all gender restroom; and increasing Spanish signage
F. The FT Domestic Violence Outreach Program offers weekly support groups regarding trauma and other related domestic violence challenges. These groups bring together a variety of individuals that have experienced domestic violence, allowing them to journey together to safety, strength, and self-reliance, if they choose to do so. FT can also assist program participants through partnerships and formal agreements with other behavioral health organizations, allowing program participants have access to groups within their organizations.
G. FT recognizes that many program participants rely on additional supports for parenting and childcare. Program participants have access to additional parenting support through the FT SafeCare Program, which is a nationally renowned intervention proven to significantly reduce incidences of child abuse and neglect. FT has partnered with mental health providers who offer additional parenting classes. FT works closely with county partners to connect clients with child care assistance.

1F-4e. Meeting Service Needs of DV Survivors.

Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:

- Child Custody
- Legal Services
- Criminal History
- Bad Credit History
- Education
- Job Training
- Employment
- Physical/Mental Healthcare
- Drug and Alcohol Treatment
- Childcare

(limit 2,000 characters)

In working with survivors of domestic violence, FT works quickly to identify permanent housing options, which also addressing various safety needs of clients .These include:
• Child Custody: FT offers a pro-bono legal clinic twice/ month with volunteer attorneys and paralegals to assist with divorce and custody issues.
• Legal Services: FT offers legal services to program participants for Temporary and Permanent Protection Orders.
• Criminal History: An individual's criminal history does not play a role in program eligibility. FT has developed relationships with landlords who are willing to accept tenants with a criminal history.
• Bad Credit: Credit does not play a role in program eligibility, and FT has developed relationships with landlords who will accept tenants with low credit scores/evictions.
• Education, Job Training, and Employment: FT employs an Education and Employment Coordinator who assists clients with determining goals and action

steps to advance towards their educational and career aspirations. FT has partnered with workforce agencies and other county programs, such as Temporary Assistance for Needy Families (TANF)
• Physical and mental healthcare: FT has current Memorandum of Understanding's with physical and behavioral health organizations, allowing FT clients access to services. FT operates a safe clinic within Roots of Courage allowing for immediate access to physical health needs. Through relationships with Jefferson Center for Mental Health, program participants have access to mental health services on-site at Roots of Courage.
• Drug and Alcohol treatment: Program participants can access behavioral health services including substance abuse treatment, though formal partnerships with mental health centers.
• Child care: Program participants are connected to the Colorado Child Care Assistance Program (CCCAP) for financial support with child care. FT Homelessness programs can occasionally assist financially with childcare needs.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

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2A-1. HMIS Vendor Identification. Bitfocus

Applicants must review the HMIS software vendor name brought forward from FY 2018 CoC Application and update the information if there was a change.

2A-2. Bed Coverage Rate Using HIC and HMIS Data.

Using 2019 HIC and HMIS data, applicants must report by project type:

Project Type	Total Number of Beds in 2019 HIC	Total Beds Dedicated for DV in 2019 HIC	Total Number of 2019 HIC Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	2,986	159	743	26.28%
Safe Haven (SH) beds	63	25	38	100.00%
Transitional Housing (TH) beds	2,157	0	1,363	63.19%
Rapid Re-Housing (RRH) beds	785	28	785	103.70%
Permanent Supportive Housing (PSH) beds	3,167	0	1,987	62.74%
Other Permanent Housing (OPH) beds	604	0	274	45.36%

2A-2a. Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-2.

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-2., applicants must describe:

1. steps the CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2. how the CoC will implement the steps described to increase bed coverage to at least 85 percent.
(limit 2,000 characters)

In August 2018, MDHI brought the HMIS Lead Agency (LA) in-house and hired a new HMIS team. In December 2018, MDHI launched a new HMIS software, Bitfocus/Clarity, along with the other Colorado CoCs. The new HMIS implementation was designed to meet the needs of providers that have previously not had enough incentive to operate within HMIS.

Following the migration into Clarity, the LA quickly moved to increase emergency shelter coverage by developing and implementing a Denver Shelter HMIS Expansion Project. Through this project, agencies were offered training, swipe card hardware (barcode scanners, desktop document scanners, etc.), and staff support for the front-end set-up at no cost to them. Agencies were provided with technical assistance to integrate data from their existing databases into HMIS. The expansion project resulted in the onboarding of the 3 largest emergency shelters, 2 day centers, and an increase of 1,711 emergency shelter beds covered in HMIS. This increased CoC HMIS bed coverage for emergency shelters from 23% to 71%. Work is currently underway (Fall 2019) in Adams County, Boulder County and the City of Aurora where the remaining large shelters are located.

The VA has recently agreed to use HMIS, and MDHI is working to add VASH participation in HMIS, beyond SSVF and GPD projects that currently use HMIS. The LA is committed to offering HMIS at no cost to private orgs providing TH and the LA has a new agency recruitment and onboarding strategy to engage them over the course of 2019 and 2020.The majority of PSH beds that are not in HMIS are from public housing authorities (PHA), and MDHI is working to set up integrations between BitFocus and PHA databases to upload PHA datasets into HMIS for tenants experiencing homelessness. Since 40% of the Safe Haven beds serve survivors, there is not a likelihood of them participating in HMIS, but MDHI is working on access to a comparable database for them.

*2A-3. Longitudinal System Analysis (LSA) Submission.

Applicants must indicate whether the CoC submitted its LSA data to HUD in HDX 2.0.	Yes

*2A-4. HIC HDX Submission Date.

Applicants must enter the date the CoC submitted the 2019 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy)	04/29/2019

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

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
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2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2019 PIT count (mm/dd/yyyy).	01/28/2019
2B-2. PIT Count Data–HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).	04/29/2019

2B-3. Sheltered PIT Count–Change in Implementation.

Applicants must describe:
1. any changes in the sheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and
2. how the changes affected the CoC's sheltered PIT count results; or
3. state "Not Applicable" if there were no changes.
(limit 2,000 characters)

1. Changes to the sheltered count incl. expansion of the mobile survey and changes in methodology (i.e. extrapolation).
In 2019, MDHI extrapolated PIT count cases within each HUD Housing Type (e.g. TH, ES) to match the overall PIT count to the HIC total. MDHI extrapolated within each HUD Housing Type for each county in order to match the numbers of people known to be in sheltered situations with the reported HIC number. Extrapolation was used to estimate information about the total sample based on information from a subset of individuals. Frequencies of key demographic and descriptive variables (e.g. gender, veteran status) were taken before and after

extrapolation to ensure that the extrapolated population was similar to the original sample.

The use of an electronic survey for sheltered locations not in HMIS has been expanded over the last three years. A mobile option increases the data quality of the surveys received.
Feedback from the 2018 mobile survey lead to improved functionality in 2019, clearer wording and prompts for volunteers, more options for noting locations including fill-in or a GIS “pin drop”, and beta testing prior to the final survey. Overall mobile survey use increased exponentially from 2018 (24% of surveys that did not come from a database were completed on the mobile platform as opposed to a paper form) to 2019 (72%).

2. Use of the mobile survey across sheltered locations increased how quickly the CoC received the data, accuracy due to fewer handwritten surveys, and easier de-duplication of surveys, however did not affect the overall sheltered count numbers. The extrapolation technique, completed in alignment with the HUD HIC/PIT guidance, helped the CoC accurately determine characteristics such as chronically homeless according for the known number of people in sheltered locations which were not utilizing HMIS at the time of the 2019 PIT and were not able to individually survey 100% of their guests that night.

*2B-4. Sheltered PIT Count–Changes Due to Presidentially-declared Disaster.

Applicants must select whether the CoC added or removed 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 2019 sheltered PIT count.	No

2B-5. Unsheltered PIT Count–Changes in Implementation.

Applicants must describe:
1. any changes in the unsheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and
2. how the changes affected the CoC’s unsheltered PIT count results; or
3. state “Not Applicable” if there were no changes.
(limit 2,000 characters)

1. In 2019, MDHI focused on data quality improvements by expanding, documenting, and evaluating unsheltered outreach efforts across the region. Previous outreach efforts were managed by local area coordinators and the detailed plans were not shared or evaluated on a regional level. Changes from year to year in local outreach coverage were not well documented or communicated to the CoC. This year, coordinators were asked to prepare outreach plans to identify where outreach coverage was expected to occur. Coordinators were asked to track outreach teams and track/map current and

historical unsheltered living activity. There were no methodological changes from 2018 to 2019 in the unsheltered count.

MDHI added a short questionnaire, the Veteran Supplemental Survey (VSS), to the PIT survey for Veterans living unsheltered. MDHI developed this addition with the support of the Department of Veteran Affairs (VA) representative on the PIT committee. Individuals who self-identified as being a veteran were offered the opportunity to give their full name and best method and location to be contacted if they were interested in engagement from Veteran specific outreach staff for housing or other service determination.

MDHI partnered with and compensated people with lived experience, including Youth Action Board members, to assist with the unsheltered count. The knowledge of unsheltered locations and visual cues to identify new ones, familiarity with how and where people move about in the community, increased credibility and transparency of the PIT count efforts, and inclusivity.

2. The number of unsheltered persons surveyed decreased from 1,308 in2018 to 946 in 2019, however on the day/night of the 2019 PIT count, we had a major winter weather event in the metro Denver region. Such low temperatures combined with snow have not occurred on a PIT night in several years, which increased the number of people seeking shelter and a subsequent rise in the sheltered number.

*2B-6. PIT Count–Identifying Youth Experiencing Homelessness.

Applicants must:

Indicate whether the CoC implemented specific measures to identify youth experiencing homelessness in their 2019 PIT count.	Yes

2B-6a. PIT Count–Involving Youth in Implementation.

Applicants must describe how the CoC engaged stakeholders serving youth experiencing homelessness to:
1. plan the 2019 PIT count;
2. select locations where youth experiencing homelessness are most likely to be identified; and
3. involve youth in counting during the 2019 PIT count.
(limit 2,000 characters)

The State's Office of Homeless Youth worked with the CoC to implement a Youth Supplemental Survey (YSS) for any youth under age 25 surveyed during the PIT. 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 and the CoC’s Youth Action Board (YAB) which includes a dozen regular participants who are youth with current or recent lived experience.

The CoC PIT coordinator engaged youth providers in 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 had youth provider and McKinney-Vento liaison representation who identified methods to increase the success of the youth count. These included: recommendations for outreach and event locations and reaching out to new partners to help with the count. Stakeholders gathered feedback from youth regarding which incentive items would encourage survey participation. One of the large youth drop-in center expanded their hours on the day or the count and provided haircuts, additional meals, and special incentives. This event lead to 50 additional youth being counted at this site compared to the prior year.

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. Outreach and shelter staff asked youth in their programming about hot spot identification, and invited participation in the planning and surveying at the Youth Magnet event. The YAB took the lead on refining the YSS for 2019. The YAB assisted with the unsheltered youth count by providing feedback on locations and volunteering to be part of unsheltered PIT outreach teams covering areas youth frequent.

2B-7. PIT Count–Improvements to Implementation.

Applicants must describe the CoC's actions implemented in its 2019 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)

For all populations, magnet events proved useful in areas that have few if any shelters and day service centers. A total of 16 events were held across the region, and provided resources and services to encourage participation, such as: showers, laundry, hot meals, veterinary services, and more.

1) Magnet events were advertised ahead of time for people who were unsheltered. Magnet events offered meals, showers, haircuts, and more to incentivize people to come in and be counted. Magnet events were promoted in multiple ways, for example, law and code enforcement partners handed out magnet event flyers the week prior to the PIT, as did outreach teams canvassing the area. The 16 magnet events submitted approximately 500 surveys.

2) Homeless liaisons were given information to share with families about the magnet events. Family shelters and service providers received more volunteer supports to survey those families calling or stopping in for services within the 24 hours of the PIT count.

3) There was increased focus on identifying/surveying Veterans. The CoC worked with the VA, local HCHV sites, and VA street outreach. The VOA Veterans' Service Center hosted an all-day magnet event. For 2019, MDHI added a short questionnaire, the Veteran Supplemental Survey (VSS), to the PIT survey. MDHI developed this addition with the support of the Department of

Veteran Affairs (VA). Individuals who self-identified as being a veteran were offered the opportunity to give their full name and best method and location to be contacted if they were interested in engagement from Veteran specific outreach staff for housing or other service determination. This additional information was very useful to VA staff in identifying individuals who previously were unknown to them and not receiving housing and healthcare services for which they are eligible. A total of 96 Veterans completed the VSS and were outreached and evaluated for services and housing once connected.

3A. Continuum of Care (CoC) System Performance

Instructions

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The FY 2019 CoC Program Competition Notice of Funding Availability at: https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

*3A-1. First Time Homeless as Reported in HDX.

Applicants must:

Report the Number of First Time Homeless as Reported in HDX.	4,671

3A-1a. First Time Homeless Risk Factors.

Applicants must:
1. describe the process the CoC developed to identify 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 & diversion resources in the CoC. The homeless prevention component is being built into the coordinated entry system to prioritize individuals and families that are most at-risk of homelessness. 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. Risk factors include previous stays in emergency shelter, severe discord with a landlord, involvement with protective services, past eviction history, and adverse childhood experiences. The CoC will implement prevention closer to the front door of the homeless system (in coordination with

Rapid Resolution Specialists) to increase the likelihood that those served would actually experience homelessness without assistance. The CoC is also working with McKinney-Vento liaisons to identify families who are at-risk. The CoC convenes a Prevention and Rapid Resolution Affinity Group to discuss and strategize how to utilize limited prevention resources for those that are at-risk of experiencing literal homelessness most effectively. The group is focusing on tracking prevention/rapid resolution services in HMIS to 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. In addition, MDHI has implemented a new structure of councils and committees as outlined in the CoC Governance Charter. A System Performance Council is charged with evaluating and monitoring system performance and developing and communicating policy recommendations to the CoC Board.
3. The MDHI OneHome Manager & Grants Manager are responsible for overseeing this strategy.

*3A-2. Length of Time Homeless as Reported in HDX.

Applicants must:

Report Average Length of Time Individuals and Persons in Families Remained Homeless as Reported in HDX.	202

3A-2a. Strategy to Reduce Length of Time Homeless.

Applicants must:
1. describe the CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2. describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3. 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 and 2. 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, System Performance Council, and other key stakeholders. The goal is for all CoC meetings to have performance data on the agenda. 3.

MDHI's Director of Best Practices is the position responsible for overseeing this strategy.

*3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX.

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations as reported in HDX.	34%
2. Report 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 as reported in HDX.	97%

3A-3a. Exits to Permanent Housing Destinations/Retention of Permanent Housing.

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;
2. provide the organization name or position title responsible for overseeing 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;
3. 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; and
4. provide the organization name or position title responsible for overseeing 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. The CoC provides training and peer learning opportunities to encourage shelters to move to become more housing focused and to 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 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 developing a funder alignment committee to ensure that housing resources are coordinated regionally 2. MDHI's Director of Best Practices is the position responsible for overseeing this strategy. 3. To increase housing retention, MDHI provides training to housing providers on best practices like

trauma-informed care, housing-focused case management strategies and other elements of effective housing crisis response systems. MDHI's goal is to provide these trainings for free to the CoC on at least a quarterly basis. MDHI also monitors housing placement and housing retention data quarterly and presents this information to the System Performance Council and Board of Directors for discussions around continuous improvement. MDHI's monitoring process is designed to provide necessary supports to ensure that all projects are high performing. 4. MDHI's Director of Best Practices is the position responsible for overseeing this strategy.

*3A-4. Returns to Homelessness as Reported in HDX.

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families returning to homelessness over a 6-month period as reported in HDX.	7%
2. Report the percentage of individuals and persons in families returning to homelessness over a 12-month period as reported in HDX.	10%

3A-4a. Returns to Homelessness–CoC Strategy to Reduce Rate.

Applicants must:
1. describe the strategy the CoC has implemented to identify 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 return 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. In addition, MDHI facilitates peer learning opportunities, such as the Rapid Rehousing Affinity Group, to examine and discuss common issues that may lead to returns to homelessness 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 coordinate and target prevention and rapid resolution interventions, so that the homelessness system is the very last resort. In the summer of 2019, MDHI implemented the Denver Shelter HMIS Expansion Project and increased coverage of emergency shelter providers in HMIS by 1,711 beds, so that data on returns to homelessness is more complete and accurate. 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. MDHI has implemented a new structure of councils and committees as outlined in the CoC Governance Charter. A System Performance Council is charged with evaluating and monitoring system performance and developing and communicating policy recommendations to the CoC Board. 3. MDHI's Director of Best Practices is the person responsible for overseeing this strategy

*3A-5. Cash Income Changes as Reported in HDX.

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their employment income from entry to exit as reported in HDX.	14%
2. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their non-employment cash income from entry to exit as reported in HDX.	25%

3A-5a. Increasing Employment Income.

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

1. MDHI's strategy to increase employment income includes monitoring CoC and ESG performance for increasing employment income,and providing relevant training to CoC and ESG grantees. Over the last year, MDHI has worked with the Employment Committee to conduct trainings for housing providers with the following objectives: communicate the importance of supporting clients to increase employment income, connect housing providers to local employment specialists/resources, and increase participation for housing participants in MDHI sponsored job training and hiring events.

2. MDHI increases access to employment through several avenues, including the work of the MDHI Employment Committee. The committee has developed a work readiness curriculum for providers and hosts employer forums throughout the region. They host quarterly events for persons residing in CoC and ESG programs to receive an intensive employment refresher training that includes resume review, employment resource referrals and practice interviewing with seasoned vocational specialists followed by one-on-one interviews with employers looking to hire. MDHI is working with partners to develop a Community Academy, a project that will provide formal and sustained training for homeless and formerly homeless jobseekers that will prepare them for diverse positions in the field of social and public services.

3. 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.

4. The CoC Deputy Director and Grants Manager are responsible for overseeing this strategy.

3A-5b. Increasing Non-employment Cash Income.

Applicants must:
1. describe the CoC's strategy to increase non-employment cash income;
2. describe the CoC's strategy to increase access to non-employment cash sources;
3. provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase non-employment cash income.

MDHI's strategy to increase non-employment cash income includes quarterly CoC and ESG monitoring, with training and TA provided to programs that are not meeting expectations. 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 Engagement Manager at MDHI participates in a statewide coalition to address issues related to obtaining and maintaining SSI and SSDI benefits (SOAR). Local human services deploy benefits specialists to day center, clinics, and other locations to increase accessibility to persons experiencing homelessness. 3. The MDHI Director of Best Practices and Community Engagement Manager are responsible for overseeing this strategy.

3A-5c. Increasing Employment. Attachment Required.

Applicants must describe how the CoC:
1. promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and
2. is working with public and private organizations to provide meaningful, education and training, on-the-job training, internship, and employment opportunities for residents of permanent supportive housing that further their recovery and well-being.
(limit 2,000 characters)

1, 2. MDHI promotes partnerships and access to employment opportunities through it's Employment Committee. The committee members conduct regular outreach to new employers. Employers are educated regarding the value in hiring homeless and formerly homeless individuals who are ready to return to the workforce or who are interested in seeking better employment opportunities.

Employers are informed of the work of homeless and formerly homeless individuals in collaboration with homeless service providers/workforce/employment specialists to be prepared for employment. The committee has developed a work readiness curriculum for providers and hosts employer forums throughout the region. They host quarterly events for persons residing in CoC and ESG programs to receive an intensive employment refresher training that includes resume review, employment resource referrals and practice interviewing with seasoned vocational specialists followed by one-on-one interviews with employers looking to hire. MDHI is working with partners to develop a Community Academy, a project that will provide formal and sustained training for homeless and formerly homeless jobseekers that will prepare them for diverse positions in the field of social and public services.

3A-5d. Promoting Employment, Volunteerism, and Community Service.

Applicants must select all the steps the CoC has taken to promote employment, volunteerism and community service among people experiencing homelessness in the CoC's geographic area:

1. The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	☐
2. The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery).	☐
3. The CoC trains provider organization staff on connecting program participants with formal employment opportunities.	☐
4. The CoC trains provider organization staff on volunteer opportunities for program participants and people experiencing homelessness.	☐
5. The CoC works with organizations to create volunteer opportunities for program participants.	☐
6. The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	☐
7. Provider organizations within the CoC have incentives for employment.	☐
8. The CoC trains provider organization staff on helping program participants budget and maximize their income to maintain stability in permanent housing.	☐

3A-6. System Performance Measures Data–HDX Submission Date

05/28/2019

Applicants must enter the date the CoCs submitted its FY 2018 System Performance Measures data in HDX. (mm/dd/yyyy)

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

Instructions

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3B-1. Prioritizing Households with Children.

Applicants must check each factor the CoC currently uses to prioritize households with children for assistance during FY 2019.

1. History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
2. Number of previous homeless episodes	X
3. Unsheltered homelessness	X
4. Criminal History	X
5. Bad credit or rental history	
6. Head of Household with Mental/Physical Disability	X

3B-1a. Rapid Rehousing of Families with Children.

Applicants must:
1. describe how the CoC currently rehouses every household of families with children within 30 days of becoming homeless that addresses both housing and service needs;
2. describe how the CoC addresses both housing and service needs to ensure families with children successfully maintain their housing once

assistance ends; and
3. provide the organization name or position title responsible for overseeing the CoC's strategy to rapidly rehouse families with children within 30 days of them becoming homeless.
(limit 2,000 characters)

1.MDHI convenes a Diversion Affinity group that focuses on a system-wide approach to quickly re-house families within 30 days of becoming homeless. Providers discuss immediate re-housing options and service needs with all families who present at emergency shelter or other access points in the CoC. MDHI has funds for flexible financial assistance to assist households who just need one-time assistance to resolve their homelessness. Most of the RRH resources in the CoC target families with children. MDHI's RRH Written Standards require CoC and ESG RRH programs to re-house a household within 30 days and that data is reviewed by MDHI quarterly. All programs are required to assess a household's strengths, preferences, and needs before placing them into housing.

2.MDHI's RRH Written Standards require all ESG and CoC RRH programs to develop a "Housing Stability Plan" with each household and use the progressive engagement approach. Programs start planning for a successful program exit at program entry. At minimum, RRH programs assess the family's tenancy barriers, income, 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 affordable housing options and are given choice in their placement. RRH programs are required to connect families to mainstream services, vocational specialists, and other community-based resources throughout their time in the program. ESG Homelessness Prevention dollars are available for those at-risk of losing their housing after financial assistance ends. MDHI's Coordinated Entry System's transfer policy allows for vulnerable families with high needs to transfer to a PSH or other RRH program if they aren't able to stabilize in housing.

3.MDHI's Grants Manager oversees the strategy to rapidly re-house families within 30 days of becoming homeless.

3B-1b. 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 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 any protected classes under the Fair Housing Act, and consistent with 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing.

1. CoC conducts mandatory training for all CoC- and ESG-funded housing and services providers on these topics.	
2. CoC conducts optional training for all CoC- and ESG-funded housing and service providers on these topics.	X

3. CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	X
4. CoC has worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within the CoC geographic area that might be out of compliance and has taken steps to work directly with those facilities to come into compliance.	

3B-1c. Unaccompanied Youth Experiencing Homelessness–Addressing Needs.

Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied youth experiencing homelessness who are 24 years of age and younger includes the following:

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

3B-1c.1. Unaccompanied Youth Experiencing Homelessness–Prioritization Based on Needs.

Applicants must check all that apply that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

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

3B-1d. Youth Experiencing Homelessness–Housing and Services Strategies.

Applicants must describe how the CoC increased availability of housing and services for:
1. all youth experiencing homelessness, including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive; and
2. youth experiencing unsheltered homelessness including creating new

youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive.
(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 with faith based and corporate entities, & State and local gvt.). The CoC has increased engagement with regional PHAs to secure project-based vouchers (PBV) to build a new PSH building for youth through AH. AH is currently leasing 40 PSH units. UP has added 8 maternal group home units for parenting youth, and offers a choice of project based or scattered site. VOA has added over half a million dollars from the State to increase RRH for youth. 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.

The CoC supports a Youth Action Board comprised of currently and recently homeless youth to recommend policy. UP and CCH are each currently hiring two youth peer housing navigators and VOA employs a youth peer specialist. The CoC has developed RRH standards which require agencies to follow the RRH model. This moves youth
into housing stability more quickly.

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 the youth 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-1d.1. Youth Experiencing Homelessness–Measuring Effectiveness of Housing and Services Strategies.

Applicants must:
1. provide evidence the CoC uses to measure each of the strategies in

question 3B-1d. 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 both strategies in question 3B-1d.; and
3. describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of both strategies in question 3B-1d. (limit 3,000 characters)

1. As MDHI develops a more data-driven homeless crisis response system, including for youth, the CoC has worked to create regular pathways to increase funding for youth projects including YHDP, FUP and SAMHSA applications. While the CoC was not awarded the recent YHDP grant, the work of the Youth Action Board continues to provide voices of lived experience to improve existing youth projects. By engaging PHA's on the recent HUD FUP applications, MDHI seeks to connect future FUP funding to youth selected through the coordinated entry system. Move-on strategies to help youth graduate from PSH to an HCV if they have found stability or age-out of youth services creates a pathway to limited housing resources. Increasing resources as described above will offer an expanded connection to housing and services for youth with varying histories of homelessness, engagement with the juvenile justice system, and/or foster care involvement for example.

2. Through current and future HMIS database improvements, the CoC is reporting on agency services data such as case management, life skills, mental health and substance abuse treatment, income, etc. at a project-level and system-level scale. Following the launch of the new HMIS database, plans are in place to have community dashboards reflecting System Performance Measures and APR outcomes. CoC agencies are also in the process of implement a tool to measure four core outcomes as defined by HHS/FYSB: well-being (physical, behavioral, and dental health); permanent connections; educational and employment advancement; and transition to safe and stable permanent housing. In developing dashboards for youth projects, agencies such as Urban Peak Denver track the number of current housing units, occupancy and retention rates, plus potential housing units available through non-CoC funded sources. These support case conferencing and the coordinated entry system to match vulnerable youth to appropriate resources for which they are eligible. In addition, the CoC conducts quarterly monitoring of all CoC funded projects, and uses the findings to implement project improvement.

3. By using OneHome, the coordinated entry system, to match youth to housing and services, the CoC can better track housing placement, housing retention, and safe exits from shelter into stable housing as measures of strategy effectiveness. Moving young individuals from homelessness to housing is a clear outcome measure that demonstrates our work, but reviewing retention, and well-being measures such as increases in education levels, decreases in trauma and/or mental health symptoms, and decreases in substance use add layers to the complexity of the evaluation of effective homeless crisis response systems for youth. Training on Positive Youth Development, trauma-informed care and cultural competency ie. (impacts of LGBTQ, race, and/or poverty identities), all factor into additional qualitative ways that the CoC supports an effective strategies.

3B-1e. Collaboration–Education Services.

Applicants must describe:

1. the formal partnerships with:
a. youth education providers;
b. McKinney-Vento LEA or SEA; and
c. school districts; and

2. how the CoC collaborates with:
a. youth education providers;
b. McKinney-Vento Local LEA or SEA; and
c. school districts.
(limit 2,000 characters)

1. The CoC, RHY agencies, and other youth focused agencies partner with the CO Dept. of Education's McKinney Vento Education for Homeless Children and Youth Program, and with local county and district level liaisons for the education of youth experiencing homelessness in several ways to ensure the educational rights and needs of youth and families are met. Specific examples of formal partnerships include: VOA Colorado has an agreement with the LEA and local PHA for referrals into their HCV program where VOA provides case management to these families and students. Family Tree provides a RRH program for youth referred from their LEA through the County and Colorado Division of Housing. The Intermountain Region Salvation Army has a contract with the LEA to provide case management, rental assistance and eviction prevention to families and unaccompanied minors referred by the LEA's Homeless Education Network.

2. The CoC engages LEAs in planning groups to support educational needs and end homelessness for youth and families. The CoC works with the SEA to develop a clearer understanding of available data available and how to use PIT and McKinney Vento data to raise awareness of the scope of student homelessness. The Colorado Office of Homeless Youth Services hosts a VISTA team to increase cross-collaboration among educational programs to increase access. VISTAs work with State Coordinators of Homeless Education, Foster Care, and Migrant Programming to enhance educational advancement for students experiencing homelessness.

Colorado Youth for a Change (CYC) meets with school-age youth to help them return to school. They assist youth with FAFSA forms and with GED preparation and testing as appropriate. Community Education Outreach (CEO) provides GED/HSE classes and tutoring for youth at youth shelter and drop in centers. There agencies meet student with varying needs, such as those in need of ESL supports, pregnant and parenting, and justice involved youth.

3B-1e.1. Informing Individuals and Families Experiencing Homeless about Education Services Eligibility.

Applicants must describe 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 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 CoC Coordinated Entry team 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-1e.2. Written/Formal Agreements or Partnerships with Early Childhood Services Providers.

Applicant must indicate whether the CoC has an MOU/MOA or other types of agreements with listed providers of early childhood services and supports and may add other providers not listed.

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

3B-2. Active List of Veterans Experiencing Homelessness.

Applicant must indicate whether the CoC uses an active list or by-name list to identify all veterans experiencing homelessness in the CoC. Yes

3B-2a. VA Coordination–Ending Veterans Homelessness.

Applicants must indicate whether the CoC is actively working with the U.S. Department of Veterans Affairs (VA) and VA-funded Yes

programs to achieve the benchmarks and criteria for ending veteran homelessness.

3B-2b. Housing First for Veterans.

Applicants must indicate whether the CoC has sufficient resources to ensure each veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach.	No

3B-3. Racial Disparity Assessment. Attachment Required.

Applicants must:
1. select all that apply to indicate the findings from the CoC's Racial Disparity Assessment; or
2. select 7 if the CoC did not conduct a Racial Disparity Assessment.

1. People of different races or ethnicities are more likely to receive homeless assistance.	X
2. People of different races or ethnicities are less likely to receive homeless assistance.	
3. People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	
4. People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	
5. There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	
6. The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	X
7. The CoC did not conduct a racial disparity assessment.	

3B-3a. Addressing Racial Disparities.

Applicants must select all that apply to indicate the CoC's strategy to address any racial disparities identified in its Racial Disparities Assessment:

1. The CoC is ensuring that staff at the project level are representative of the persons accessing homeless services in the CoC.	X
2. The CoC has identified the cause(s) of racial disparities in their homeless system.	
3. The CoC has identified strategies to reduce disparities in their homeless system.	X
4. The CoC has implemented strategies to reduce disparities in their homeless system.	

5. The CoC has identified resources available to reduce disparities in their homeless system.	X
6: The CoC did not conduct a racial disparity assessment.	

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

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources
The FY 2019 CoC Program Competition Notice of Funding Availability at: https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

4A-1. Healthcare–Enrollment/Effective Utilization

Applicants must indicate, for each type of healthcare listed below, whether the CoC assists persons experiencing homelessness with enrolling in health insurance and 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 systematically keeps program staff up to date regarding mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within the geographic area;
2. describe how the CoC disseminates the availability of mainstream resources and other assistance information to projects and how often;
3. describe how the CoC works with projects to collaborate with healthcare organizations to assist program participants with enrolling in

health insurance;
4. describe how the CoC provides assistance with the effective utilization of Medicaid and other benefits; and
5. 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. Lowering Barriers to Entry Data:

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 has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition.	25
2. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	25
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

4A-3. Street Outreach.

Applicants must:
1. describe the CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are

identified and engaged;
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/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. Outreach is conducted 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. RRH Beds as Reported in 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 2018 and 2019.

	2018	2019	Difference
RRH beds available to serve all populations in the HIC	1,331	785	-546

4A-5. Rehabilitation/Construction Costs–New Projects. No

Applicants must indicate whether any new project application the CoC ranked and submitted in its CoC Priority Listing in the FY 2019 CoC Program Competition is requesting $200,000 or more in funding for housing rehabilitation or new construction.	
4A-6. Projects Serving Homeless under Other Federal Statutes.	No
Applicants must indicate whether the CoC is requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other federal statutes.	

4B. Attachments

Instructions:

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

Document Type	Required?	Document Description	Date Attached
_FY 2019 CoC Competition Report (HDX Report)	Yes	FY2019 CoC Compet...	09/23/2019
1C-4.PHA Administration Plan–Moving On Multifamily Assisted Housing Owners' Preference.	No	Moving On Multifa...	09/24/2019
1C-4. PHA Administrative Plan Homeless Preference.	No	PHA Administrativ...	09/24/2019
1C-7. Centralized or Coordinated Assessment System.	Yes	CE Assessment Tool	09/23/2019
1E-1.Public Posting–15-Day Notification Outside e-snaps–Projects Accepted.	Yes	Project Accepted ...	09/23/2019
1E-1. Public Posting–15-Day Notification Outside e-snaps–Projects Rejected or Reduced.	Yes	Project Rejected/...	09/23/2019
1E-1.Public Posting–30-Day Local Competition Deadline.	Yes	Local Competition...	09/23/2019
1E-1. Public Posting–Local Competition Announcement.	Yes	Local Competition...	09/23/2019
1E-4.Public Posting–CoC-Approved Consolidated Application	Yes		
3A. Written Agreement with Local Education or Training Organization.	No	Local Education o...	09/23/2019
3A. Written Agreement with State or Local Workforce Development Board.	No		
3B-3. Summary of Racial Disparity Assessment.	Yes	Racial Disparity ...	09/23/2019
4A-7a. Project List-Homeless under Other Federal Statutes.	No		
Other	No		
Other	No		

Other	No		

Attachment Details

Document Description: FY2019 CoC Competition Report

Attachment Details

Document Description: Moving On Multifamily Preference

Attachment Details

Document Description: PHA Administrative Plan Preference

Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description: Project Accepted Notification

Attachment Details

Document Description: Project Rejected/Reduced Notification

Attachment Details

Document Description: Local Competition Deadline

Attachment Details

Document Description: Local Competition Public Announcement

Attachment Details

Document Description:

Attachment Details

Document Description: Local Education or Training Organization Agreement

Attachment Details

Document Description:

Attachment Details

Document Description: Racial Disparity Assessment Summary

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	09/13/2019
1B. Engagement	09/24/2019
1C. Coordination	09/24/2019
1D. Discharge Planning	No Input Required
1E. Local CoC Competition	09/24/2019
1F. DV Bonus	Please Complete
2A. HMIS Implementation	09/24/2019
2B. PIT Count	09/25/2019
3A. System Performance	09/25/2019
3B. Performance and Strategic Planning	09/25/2019
4A. Mainstream Benefits and Additional Policies	09/25/2019
4B. Attachments	Please Complete

Submission Summary	No Input Required

Notes:

1F. DV Bonus list contains 1 incomplete item.

2019 HDX Competition Report

PIT Count Data for CO-503 - Metropolitan Denver CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count	**5728**	**5506**	**5317**	**5755**
Emergency Shelter Total	2918	2,627	2,574	3096
Safe Haven Total	46	25	22	35
Transitional Housing Total	1967	1,960	1,413	1678
Total Sheltered Count	**4931**	**4612**	**4009**	**4809**
Total Unsheltered Count	**797**	**894**	**1308**	**946**

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	**739**	**1083**	**1596**	**1158**
Sheltered Count of Chronically Homeless Persons	528	629	852	826
Unsheltered Count of Chronically Homeless Persons	211	454	744	332

2019 HDX Competition Report

PIT Count Data for CO-503 - Metropolitan Denver CoC

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	**627**	**439**	**432**	**429**
Sheltered Count of Homeless Households with Children	604	423	404	422
Unsheltered Count of Homeless Households with Children	23	16	28	7

Homeless Veteran PIT Counts

	2011	2016	2017	2018	2019
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	**1322**	**722**	**548**	**566**	**627**
Sheltered Count of Homeless Veterans	1188	649	476	422	535
Unsheltered Count of Homeless Veterans	134	73	72	144	92

2019 HDX Competition Report

HIC Data for CO-503 - Metropolitan Denver CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2019 HIC	Total Beds in 2019 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	**2986**	**159**	**743**	**26.28%**
Safe Haven (SH) Beds	**63**	**25**	**38**	**100.00%**
Transitional Housing (TH) Beds	**2157**	**0**	**1363**	**63.19%**
Rapid Re-Housing (RRH) Beds	**785**	**28**	**785**	**103.70%**
Permanent Supportive Housing (PSH) Beds	**3167**	**0**	**1987**	**62.74%**
Other Permanent Housing (OPH) Beds	**604**	**0**	**274**	**45.36%**
Total Beds	9,762	212	5190	54.35%

2019 HDX Competition Report

HIC Data for CO-503 - Metropolitan Denver CoC

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC	2019 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	739	1406	1134	2960

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

Households with Children	2016 HIC	2017 HIC	2018 HIC	2019 HIC
RRH units available to serve families on the HIC	243	188	259	122

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC	2019 HIC
RRH beds available to serve all populations on the HIC	928	1223	1331	785

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

Summary Report for CO-503 - Metropolitan Denver CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2017	FY 2018	Submitted FY 2017	FY 2018	Difference	Submitted FY 2017	FY 2018	Difference
1.1 Persons in ES and SH	6783	3890	127	151	24	90	67	-23
1.2 Persons in ES, SH, and TH	8776	5153	205	202	-3	139	88	-51

b. This measure is based on data element 3.17.

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

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

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2017	FY 2018	Submitted FY 2017	FY 2018	Difference	Submitted FY 2017	FY 2018	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	7935	4651	364	460	96	180	252	72
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	9895	5870	416	488	72	180	300	120

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

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

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

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

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2018	% of Returns	FY 2018	% of Returns	FY 2018	% of Returns	FY 2018	% of Returns
Exit was from SO	118	8	7%	3	3%	6	5%	17	14%
Exit was from ES	827	135	16%	43	5%	27	3%	205	25%
Exit was from TH	848	19	2%	20	2%	22	3%	61	7%
Exit was from SH	39	3	8%	2	5%	2	5%	7	18%
Exit was from PH	1161	42	4%	30	3%	28	2%	100	9%
TOTAL Returns to Homelessness	2993	207	7%	98	3%	85	3%	390	13%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2019 HDX Competition Report
FY2018 - Performance Measurement Module (Sys PM)

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

	January 2017 PIT Count	January 2018 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	5506	5317	-189
Emergency Shelter Total	2627	2574	-53
Safe Haven Total	25	22	-3
Transitional Housing Total	1960	1413	-547
Total Sheltered Count	4612	4009	-603
Unsheltered Count	894	1308	414

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2017	FY 2018	Difference
Universe: Unduplicated Total sheltered homeless persons	8811	5239	-3572
Emergency Shelter Total	6806	3828	-2978
Safe Haven Total	36	121	85
Transitional Housing Total	2164	1386	-778

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	1572	1366	-206
Number of adults with increased earned income	88	94	6
Percentage of adults who increased earned income	6%	7%	1%

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

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	1572	1366	-206
Number of adults with increased non-employment cash income	540	458	-82
Percentage of adults who increased non-employment cash income	34%	34%	0%

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

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	1572	1366	-206
Number of adults with increased total income	590	516	-74
Percentage of adults who increased total income	38%	38%	0%

2019 HDX Competition Report
FY2018 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	430	463	33
Number of adults who exited with increased earned income	56	64	8
Percentage of adults who increased earned income	13%	14%	1%

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

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	430	463	33
Number of adults who exited with increased non-employment cash income	109	114	5
Percentage of adults who increased non-employment cash income	25%	25%	0%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	430	463	33
Number of adults who exited with increased total income	153	168	15
Percentage of adults who increased total income	36%	36%	0%

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2017	FY 2018	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	6681	4792	-1889
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	1728	1243	-485
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	4953	3549	-1404

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

	Submitted FY 2017	FY 2018	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	8058	6482	-1576
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	2100	1811	-289
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	5958	4671	-1287

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

This Measure is not applicable to CoCs in FY2018 (Oct 1, 2017 - Sept 30, 2018) reporting period.

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

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

	Submitted FY 2017	FY 2018	Difference
Universe: Persons who exit Street Outreach	546	179	-367
Of persons above, those who exited to temporary & some institutional destinations	15	5	-10
Of the persons above, those who exited to permanent housing destinations	48	61	13
% Successful exits	12%	37%	25%

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

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

	Submitted FY 2017	FY 2018	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	3192	4516	1324
Of the persons above, those who exited to permanent housing destinations	1235	1552	317
% Successful exits	39%	34%	-5%

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

	Submitted FY 2017	FY 2018	Difference
Universe: Persons in all PH projects except PH-RRH	2486	2831	345
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	2390	2755	365
% Successful exits/retention	96%	97%	1%

2019 HDX Competition Report

FY2018 - SysPM Data Quality

CO-503 - Metropolitan Denver CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

2019 HDX Competition Report

FY2018 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018
1. Number of non-DV Beds on HIC	1763	2035	2033	2594	2796	2450	1952	1799	2063	2572	4722	3557	445	928	1193	1331				
2. Number of HMIS Beds	1190	1009	521	453	2477	1818	1180	1554	1908	2387	2324	2228	441	928	1143	1231				
3. HMIS Participation Rate from HIC (%)	67.50	49.58	25.63	17.46	88.59	74.20	60.45	86.38	92.49	92.81	49.22	62.64	99.10	100.00	95.81	92.49				
4. Unduplicated Persons Served (HMIS)	7951	7308	5891	4755	2024	1979	1546	1899	2336	2691	2489	3367	2392	2632	2300	3202	21	62	123	942
5. Total Leavers (HMIS)	6669	6224	3854	2897	1014	1280	767	943	299	444	474	316	913	1438	710	1348	10	61	23	68
6. Destination of Don't Know, Refused, or Missing (HMIS)	3169	3511	2805	770	113	105	149	243	18	182	32	17	152	173	33	108	10	57	21	63
7. Destination Error Rate (%)	47.52	56.41	72.78	26.58	11.14	8.20	19.43	25.77	6.02	40.99	6.75	5.38	16.65	12.03	4.65	8.01	100.00	93.44	91.30	92.65

2019 HDX Competition Report

Submission and Count Dates for CO-503 - Metropolitan Denver CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2019 PIT Count	1/28/2019	

Report Submission Date in HDX

	Submitted On	Met Deadline
2019 PIT Count Submittal Date	4/29/2019	Yes
2019 HIC Count Submittal Date	4/29/2019	Yes
2018 System PM Submittal Date	5/28/2019	Yes

PART III: SELECTION FOR HCV ASSISTANCE

4-III.A. OVERVIEW

As vouchers become available, families on the waiting list must be selected for assistance in accordance with the policies described in this part.

The order in which families are selected from the waiting list depends on the selection method chosen by DOH and is impacted in part by any selection preferences for which the family qualifies. The availability of targeted funding also may affect the order in which families are selected from the waiting list.

DOH must maintain a clear record of all information required to verify that the family is selected from the waiting list according to DOH's selection policies [24 CFR 982.204(b) and 982.207(e)].

4-III.B. SELECTION AND HCV FUNDING SOURCES

Special Admissions [24 CFR 982.203]

HUD may award funding for specifically-named families living in specified types of units (e.g., a family that is displaced by demolition of public housing; a non-purchasing family residing in a HOPE 1 or 2 projects). In these cases, DOH may admit such families whether or not they are on the waiting list, and if they are on the waiting list, without considering the family's position on the waiting list. These families are considered non-waiting list selections. DOH must maintain records showing that such families were admitted with special program funding.

Targeted Funding [24 CFR 982.204(e)]

HUD may award a PHA funding for a specified category of families on the waiting list. DOH must use this funding only to assist the families within the specified category. In order to assist families within a targeted funding category, the PHA may skip families that do not qualify within the targeted funding category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-III.C.

DOH administers the following types of targeted funding. The voucher set aside listed is the minimum number of individuals served in each category:

Targeted Funding Programs	Number of Set Aside Vouchers
Project-Based Assistance Program	Up to 20% of ACC + additional 10% to assist certain household types
VASH	596
Non Elderly Disabled	1,450
Family Unification Program	277
FSS	98

Regular HCV Funding

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that DOH will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits DOH to establish other local preferences, at its discretion. Any local preferences established must be consistent with DOH plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

Waiting List - Order of Selection

DOH has established 4 local preferences, and gives priority to serving families that meet these criteria. Families will be given one preference point for each of the categories below for which they qualify and can verify.

- 1st Preference:
  - **Households that include someone experiencing homelessness-**
    DOH will use the definition for literally homeless.
    - Sleeping in a place not designed for or used as a regular sleeping accommodation, including a car, park, abandoned building, bus or train station, airport, camping ground, etc.
    - Living in a shelter designed to provide temporary living arrangements (including emergency shelter, congregate shelters, transitional housing, hotels and motels paid for by charitable organizations or by government programs)
    - Exiting an institution where they:
      - resided for ≤ 90 days AND
      - were residing in an emergency shelter or place not meant for human habitation immediately prior to entering the institution

  - **Households that include a person who is a person with a disability**
    - "Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment."

- **Households that include victims of domestic violence (currently experiencing domestic violence resulting in a need for housing).**
    - Domestic violence means an act or threatened act of violence upon a person with whom the actor is or has been involved in an intimate relationship. Domestic violence also includes any other crime against a person or against property or any municipal ordinance violation against a person or against property, when used as a method of coercion, control, punishment, intimidation, or revenge directed against a person with whom the actor is or has been involved in an intimate relationship.

      Colorado law defines "Intimate relationship" as the following:

        - Intimate relationship means a relationship between spouses, former spouses, past or present unmarried couples, or persons who are both the parents of the same child regardless of whether the persons have been married or have lived together at any time.

- **Non Elderly Disabled households transitioning from nursing homes and other approved institutional settings into independent, community-based living.**
    - Institutional settings include mental health institutes, nursing homes, and institutions for individuals with developmental disabilities.

- **Current Participants in the following DOH subsidy programs:**
    - Permanent Supportive Housing (PSH)
    - Tenant Based Rental Assistance (TBRA)
    - Section 811
    - State Housing Voucher (SHV)
    - Homeless Solutions Program (HSP)

Moving On Preference

➢ 2nd Preference:

- **Date and Time**

For Example: If an applicant family can verify that it meets one or more of the preference categories above, they will be given one point for each preference that they qualify for and ranked first by points than by date and time. If another applicant family does not meet one of the preference categories above, they will be ranked using only date and time after all preference qualified applicants are ranked.

DOH also gives equal weight of one point to all preferences. DOH has compounding preferences, which means that having more than one preference will result in the family being assisted before a family that qualifies for only one preference.

Income Targeting Requirement [24 CFR 982.201(b) (2)]

HUD requires that extremely low-income (ELI) families make up at least 75 percent of the families admitted to the HCV program during DOH's fiscal year. ELI families are those with annual incomes at or below the federal poverty level or 30 percent of the area median income, whichever number is higher. To ensure this requirement is met, a PHA may skip non-ELI families on the waiting list in order to select an ELI family.

Low income families admitted to the program that are "continuously assisted" under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

DOH Policy

- DOH will monitor progress in meeting the income targeting requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income-targeting requirement is met.

Order of Selection

The PHA system of preferences may select families based on local preferences according to the date and time of application or by a random selection process (lottery) [24 CFR 982.207(c)]. If a PHA does not have enough funding to assist the family at the top of the waiting list, it is not permitted to skip down the waiting list to a family that it can afford to subsidize when there are not sufficient funds to subsidize the family at the top of the waiting list [24 CFR 982.204(d) and (e)].

DOH Policy

- DOH applicant families will be selected first by preference and secondly by date and time of application.
- Applicant families, who applied to Supportive Housing and Homeless Program in 2009, will continue to be selected from the waiting list in numerical order based on the number that they were randomly assigned at the time the applications were placed on the waiting list.
- Families that qualify for a specified category of program funding (targeted funding) may be selected from the waiting list ahead of higher placed families that do not qualify for the targeted funding. However, within any targeted funding category, applicants will be selected in order based first using preference points and secondly date and time.

Denver Housing Authority - see highlighted sections

HOUSING CHOICE VOUCHER PROGRAM

ADMINISTRATIVE PLAN
OF
THE HOUSING AUTHORITY OF THE CITY AND COUNTY OF DENVER, COLORADO

August 2017

GENERAL PROVISIONS

2.1 Purpose and Objective

The Housing Choice Voucher Administrative Plan (the "Administrative Plan") serves several purposes:

1) Establishes the Denver Housing Authority ("DHA") policies for program implementation and administration.

2) Sets forth DHA's interpretation of any Department of Housing and Urban Development ("HUD") rules which are open to interpretation.

3) Defines DHA's policies and procedures in areas where HUD rules are silent.

4) Assures consistent program operation.

5) Assures non-discrimination against families due to arbitrary decision-making.

6) Supports DHA's position when legal challenges occur.

7) Provides procedural guidance and direction to staff.

8) Is the document from which DHA derives its local legal authority.

The DHA Administrative Plan covers the eligibility and administration of the Housing Choice Voucher Housing Choice Voucher Program, Housing Choice Voucher Moderate Rehabilitation Program, and the Housing Choice Voucher Project-Based Voucher Program. This Plan also covers administration of HUD Special Admission Programs, as well as the administration of the programs from the point of application to cancellation. The Plan governs administration of the programs in accordance with the HUD regulations.

The objective of the Housing Choice Voucher programs is to provide rental housing assistance to extremely low-income families, very low-income families, and low-income families (where applicable), residing in or wishing to reside in, the Denver community, so they can obtain affordable, safe, decent, sanitary housing.

2.2 Housing Authority Jurisdiction

DHA's jurisdiction is the City and County of Denver. This jurisdiction also includes any other area by which DHA has entered into an inter-governmental agreement with that area.

2.3 Unusual Circumstances

There may be circumstances which arise that do not fall under the provisions stated in this Plan. Those circumstances will be reviewed on a case-by-case basis. Appropriate actions will be taken as warranted. These actions will be documented by the Director – HCV/Housing Choice Voucher.

1) DHA must use the assistance for the families living in targeted units.
2) DHA may admit a family that is not in the DHA lottery pool, or without considering the family's lottery pool position. DHA will maintain records indicating that the family was admitted with HUD-targeted assistance.

2.16 New Admissions

Seventy-five (75) percent of new admissions to the Housing Choice Voucher Program will be at or below thirty (30) percent of the Area Median Income.

2.17 Housing Choice Voucher Lottery Pool

The Housing Choice Voucher Program utilizes a lottery pool for admissions to the program. Please refer to Section 3.17: Admissions and Continued Occupancy Terms and Policies for details.

(a) The Housing Choice Voucher lottery pool will contain the following information for each applicant listed:

1) Applicant name.
2) Social Security number.
3) Date of birth.
4) Home/Mailing address.
5) Telephone number.
6) Date and time of application.
7) Qualification for any local preference, (e.g. homeless, veterans, etc.)
8) Household size.
9) Household income.
10) Identification of Optional Contact Person or Organization

(b) The order of admission from the lottery pool will be based on a random drawing or other random choice technique (lottery).

(c) The lottery pool will be opened annually, depending on funding availability.

When DHA opens the Housing Choice Voucher lottery process, DHA will issue public notice that families may apply for the Housing Choice Voucher Program.

DHA will issue the public notice by publication in local newspapers of general circulation and also minority media. The notice will comply with the Equal Opportunity plan and with HUD Fair Housing requirements.

(d) As applicants are needed for the Housing Choice Voucher program, random drawings will occur from the lottery pool. DHA will determine the number of applicants drawn based on need. Drawing dates will be posted on DHA's website. Drawn numbers will be posted at all lottery pool sites.

(e) At the end of each year the Housing Choice Voucher lottery pool is purged.

2.18 Special Admission Program

1) Single Room Occupancy Program

The Colburn Hotel Single Room Occupancy ("SRO") is a HUD approved program that provides housing to homeless individuals. The Colburn Hotel is an 88-unit single room occupancy facility operated through the Moderate Rehabilitation Program.

First priority for units will be given to those individuals who are currently homeless. Since the Housing Choice Voucher application process is a lottery system, approved applicants will be referred by the Colburn Hotel management. They will provide a copy of the wait list of applicants who must meet eligibility criteria for the Housing Choice Voucher housing in accordance with Federal regulations, 24 C.F.R. 882.514 and 882.808.

The Colburn Hotel management will conduct initial determination of Housing Choice Voucher housing eligibility. They will then forward the application to the DHA Housing Choice Voucher Eligibility Department for final determination and approval. Applicants will not be housed until this final approval is received.

If the individual is not eligible for any reason, the Colburn Hotel management will be notified of the same in writing.

Once the individual is determined to be eligible for DHA housing, the application will be sent to the Housing Choice Voucher office. The individual will then become a participant in the program in accordance with program regulations.

Housing Choice Voucher participants participating in this special admission program must comply with the same family obligations as all Housing Choice Voucher participants.

Program Outreach

The Colburn Hotel will conduct outreach for applicant referrals through contact with several appropriate organizations. Those will include emergency and transitional shelters, mental health clinics, and alcohol/drug program clinics.

Supportive Services:

Supportive services available to the participant will include case management from the various agencies that referred the participant including, but not limited to, alcohol and drug abuse services, mental health services, and AIDS-related services. Information regarding employment/training and education will also be made available. Monthly tenant meetings will allow for tenant input and participation in how management operates the hotel and for sharing of information. The Colburn Hotel management will furnish DHA with minutes from the monthly meetings and annual progress reports so that DHA can monitor these services.

2) DHA Displacement and Relocation Program

The following policy applies in instances where DHA requires current DHA or Denver Housing Corporation ("DHC") residents to relocate due to a major reconstruction, demolition, or for any other reason.

All affected residents must be pre-approved for the Housing Choice Voucher program, by the Admissions Department, before a voucher will be issued. Applicants will be issued a voucher through regular procedures, as specified in the DHA Admissions and Occupancy Terms and Policies and the Administrative Plan. All HUD regulations and DHA Housing Choice Voucher procedures will apply to affected residents who become Housing Choice Voucher participants.

When DHA receives a special purpose allocation for Public Housing Demolition or Disposition, DHA will offer the families the form of assistance DHA was allocated. The families must submit an application to DHA for the Housing Choice Voucher program, and must be eligible to participate in the Housing Choice Voucher program. The family cannot choose the form of assistance. If a family refuses the housing voucher, the family will be terminated and removed from the lottery pool. In the termination process DHA will comply with 24 CFR 968.108. Where appropriate and available, Housing Choice Voucher vouchers will be utilized for the DHA Designated Housing Plan.

3) ROSS Homeownership Supportive Services Program

The ROSS Homeownership Supportive Services Grant Program (HSS), funded by HUD, closed December 31, 2009. Qualified buyers were processed by that date.

4) HUD-VASH Program

The HUD-VASH program combines HUD HCV rental assistance for homeless veterans with case management and clinical services provided by the Department of Veterans Affairs (VA) at its medical centers and in the community. Ongoing VA case management, health and other supportive services will be made available at VA Medical Center supportive service sites. DHA has received 306 vouchers for the HUD-VASH program, and will receive 10 additional vouchers effective August 1, 2016.

2.19 Local Preferences

A special admission is not counted against the local preference limit. The local preference limit does not apply when an applicant is received in the DHA program under portability procedures.

The following Local Preferences are administered by DHA, in no specific order of preference:

1) Colorado Health Network Program

The Colorado Health Network ("CHN"), in conjunction with private developers, provides case management and special needs housing to persons disabled by the

Human Immunodeficiency Virus (HIV) and/or Acquired Immunodeficiency Syndrome ("AIDS"). In order to meet the special needs of this group in the Denver community, DHA will provide a maximum of fifty (50) vouchers, at any given time, to participants under case management by CHN for this specific special need. The number of vouchers may vary depending upon ACC re-configurations due to changes in family composition requiring different bedroom sizes. The DHA local preference will be applied to those individuals who qualify pursuant to CHN's definition of disabled specifically with HIV and/or AIDS, and who are participants in their case management. Applicants will be issued a voucher through regular procedures, as specified in the DHA Housing Choice Voucher Administrative Plan, under the Admissions And Continued Occupancy Terms And Policies ("ACOP").

Housing Choice Voucher participants participating in this special needs program must comply with the same family obligations as all Housing Choice Voucher participants.

2) Atlantis Program

The Atlantis Corporation provides special needs housing to disabled persons. In order to meet the special needs of the disabled in the Denver community, DHA will provide a maximum of forty-five (45) vouchers to Atlantis for the disabled housing program at any given time. The number of vouchers may vary depending upon ACC re-configurations due to changes in family composition requiring different bedroom sizes. Applicants will be issued a voucher through regular procedures, as specified in the DHA Housing Choice Voucher Administrative Plan, under the Admissions And Continued Occupancy Terms And Policies ("ACOP").

Housing Choice Voucher participants participating in this special needs program must comply with the same family obligations as all Housing Choice Voucher participants.

3) Mental Health Corporation of Denver

Mental Health Corporation of Denver (MHCD) provides case management and special needs housing to persons disabled by chronic mental illness. In order to meet the special needs of this group in the Denver community, and to assist the City and County of Denver in resolution of the *Goebel* lawsuit, DHA will provide a maximum of one hundred (100) vouchers to participants in this special needs group and who participate in case management provided by MHCD. The number of vouchers may vary depending upon ACC re-configurations due to changes in family composition requiring different bedroom sizes. Applicants will be issued a voucher through regular procedures, as specified in the DHA Housing Choice Voucher Administrative Plan, under the Admissions And Continued Occupancy Terms And Policies ("ACOP").

Housing Choice Voucher participants participating in this special needs program must comply with the same family obligations as all Housing Choice Voucher participants.

4) Colorado Coalition for the Homeless Families Program

The Colorado Coalition for the Homeless ("CCH") provides housing with health care and supportive services to multi-problem homeless families. DHA will provide a maximum of one hundred (100) vouchers to CCH for this homeless families housing program at any given time. The number of vouchers may vary depending upon ACC re-configurations due to changes in family composition requiring different bedroom sizes. Applicants will be issued a voucher through regular procedures, as specified in the DHA Housing Choice Voucher Administrative Plan, under the Admissions And Continued Occupancy Terms And Policies ("ACOP").

Housing Choice Voucher participants participating in this special needs program must comply with the same family obligations as all Housing Choice Voucher participants.

5) Catholic Charities of Denver Service Enriched TBRA Program

The Catholic Charities of Denver-Services Enriched TBRA Program no longer has available vouchers.

Housing Choice Voucher remaining participants participating in this program must comply with the same family obligations as all Housing Choice Voucher participants.

6) Department of Human Services

The Denver Department of Human Services provides program coordination for the Ten Year Plan to End Homelessness that includes housing, health care and supportive services to homeless families. DHA will provide sixty (60) vouchers to the Denver Department of Human Services for homeless families each year. Applicants will be issued a voucher through regular procedures as specified in the DHA Housing Choice Voucher Administrative Plan, under the Admissions And Continued Occupancy Terms And Policies ("ACOP").

7) The Delores Place

The Delores Project provides emergency shelter and transitional housing with supportive services to unaccompanied adult women who are homeless and have limited resources. DHA will provide ten (10) vouchers to The Delores Place at any given time. The number of vouchers may vary depending upon ACC reconfiguration due to changes in family composition requiring different bedroom sizes. Applicants will be issued a voucher through regular procedures, as specified in the DHA Housing Choice Voucher Administrative Plan, under the Admissions and Continued Occupancy Terms and Policies.

8) Money Follows The Person

Money Follows the Person is a federal grant program that will allow Medicaid enrolled individuals to transition from institutions, such as nursing homes, into community based living. Their Medicare coverage "follows" the person from the institution into the community. DHA will provide thirty (30) vouchers to individuals

who participate in case management provided through CRP. The number of vouchers may vary depending upon ACC reconfiguration due to changes in family composition requiring different bedroom sizes. Applicants will be issued a voucher through regular procedures, as specified in the DHA
Housing Choice Voucher Administrative Plan, under the Admissions And Continued Occupancy Terms And Policies ("ACOP").

9) Re-Entry Program

The Re-entry Program (CRP) serves Denver residents exiting Denver County Jail after serving time on misdemeanor offenses. CRP provides case management services and referral support to help individuals stay out of jail. DHA will provide fifteen (15) vouchers to individuals who participate in case management provided by CRP. The number of vouchers may vary depending upon ACC reconfiguration due to changes in family composition requiring different bedroom sizes. Applicants will be issued a voucher through regular procedures, as specified in the DHA Housing Choice Voucher Administrative Plan, under the Admissions And Continued Occupancy Terms And Policies ("ACOP").

Housing Choice Voucher Participants participating in this special needs program must comply with the same family obligations as all Housing Choice Voucher participants.

2.20 Admission Date

Date of admission to the Housing Choice Voucher Program and Moderate Rehabilitation Programs is the effective date of the first Housing Assistance Payments ("HAP") Contract and lease. The family becomes a participant on the effective date of the HAP Contract executed by DHA for the family (first day of the initial lease).

2.21 Participant

A participant in the Housing Choice Voucher Program, Moderate Rehabilitation, PBV and SRO programs is a family that has been admitted to DHA's program via an executed HAP Contract and lease. The family becomes a participant on the effective date of the first HAP Contract executed by DHA for the family (first day of the initial lease term).

2.22 Rent Reasonableness

Rent comparability to similar unassisted units within the same market area will be implemented for all units under the Housing Choice Voucher Housing Choice Voucher Program, at the time of initial lease up and upon subsequent requests for a rent increase. DHA will consider the location, quality, size, unit type, age, amenities, housing services, maintenance and utilities. DHA will disapprove any Request for Tenancy Approval ("RFTA") for which it determines the rents are not supported by market comparables giving due consideration to location and the housing amenities offered. If an owner contests DHA's Rent Reasonableness determination, the owner may submit written documentation to support his/her contention. Written documentation includes: appraisals, rent roll of owner's comparable unassisted units, rent roll of similar unassisted units in

PART III: SELECTION FOR HCV ASSISTANCE

4-III.A. OVERVIEW

As vouchers become available, families on the waiting list must be selected for assistance in accordance with the policies described in this part.

The order in which families are selected from the waiting list depends on the selection method chosen by DOH and is impacted in part by any selection preferences for which the family qualifies. The availability of targeted funding also may affect the order in which families are selected from the waiting list.

DOH must maintain a clear record of all information required to verify that the family is selected from the waiting list according to DOH's selection policies [24 CFR 982.204(b) and 982.207(e)].

4-III.B. SELECTION AND HCV FUNDING SOURCES

Special Admissions [24 CFR 982.203]

HUD may award funding for specifically-named families living in specified types of units (e.g., a family that is displaced by demolition of public housing; a non-purchasing family residing in a HOPE 1 or 2 projects). In these cases, DOH may admit such families whether or not they are on the waiting list, and if they are on the waiting list, without considering the family's position on the waiting list. These families are considered non-waiting list selections. DOH must maintain records showing that such families were admitted with special program funding.

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HUD may award a PHA funding for a specified category of families on the waiting list. DOH must use this funding only to assist the families within the specified category. In order to assist families within a targeted funding category, the PHA may skip families that do not qualify within the targeted funding category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-III.C.

DOH administers the following types of targeted funding. The voucher set aside listed is the minimum number of individuals served in each category:

Targeted Funding Programs	Number of Set Aside Vouchers
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VASH	596
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Family Unification Program	277
FSS	98

Regular HCV Funding

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.

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PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that DOH will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits DOH to establish other local preferences, at its discretion. Any local preferences established must be consistent with DOH plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

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- 1st Preference:
  - **Households that include someone experiencing homelessness-**
    DOH will use the definition for literally homeless.
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    - Living in a shelter designed to provide temporary living arrangements (including emergency shelter, congregate shelters, transitional housing, hotels and motels paid for by charitable organizations or by government programs)
    - Exiting an institution where they:
      - resided for ≤ 90 days AND
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  - **Households that include a person who is a person with a disability**
    - "Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment."

- **Households that include victims of domestic violence (currently experiencing domestic violence resulting in a need for housing).**
    - Domestic violence means an act or threatened act of violence upon a person with whom the actor is or has been involved in an intimate relationship. Domestic violence also includes any other crime against a person or against property or any municipal ordinance violation against a person or against property, when used as a method of coercion, control, punishment, intimidation, or revenge directed against a person with whom the actor is or has been involved in an intimate relationship.

      Colorado law defines "Intimate relationship" as the following:

        - Intimate relationship means a relationship between spouses, former spouses, past or present unmarried couples, or persons who are both the parents of the same child regardless of whether the persons have been married or have lived together at any time.

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    - Institutional settings include mental health institutes, nursing homes, and institutions for individuals with developmental disabilities.

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    - Permanent Supportive Housing (PSH)
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    - Section 811
    - State Housing Voucher (SHV)
    - Homeless Solutions Program (HSP)

➢ 2nd Preference:

- **Date and Time**

For Example: If an applicant family can verify that it meets one or more of the preference categories above, they will be given one point for each preference that they qualify for and ranked first by points than by date and time. If another applicant family does not meet one of the preference categories above, they will be ranked using only date and time after all preference qualified applicants are ranked.

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DOH Policy

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Order of Selection

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- Applicant families, who applied to Supportive Housing and Homeless Program in 2009, will continue to be selected from the waiting list in numerical order based on the number that they were randomly assigned at the time the applications were placed on the waiting list.
- Families that qualify for a specified category of program funding (targeted funding) may be selected from the waiting list ahead of higher placed families that do not qualify for the targeted funding. However, within any targeted funding category, applicants will be selected in order based first using preference points and secondly date and time.

COORDINATED ENTRY INITIAL SCREENER

VERSION 1.0

Assessment Date: **Client Name:**

MM/DD/YYYY_____/__/_____ _____

Description:

The Coordinated Entry Initial Screener is an assessment which determines if a client should be enrolled in the Coordinated Entry Program in HMIS (Clarity). This Assessment is entered in Clarity under the CE Agency under "Assessments," then "Initial Screener."

1. Are you unsafe in your current living situation, or fleeing domestic violence?

   ☐ No

   ☐ Yes

   ☐ Client Doesn't Know

   ☐ Client Refused

   ☐ Data Not Collected

   STOP!! IF THE INDIVIDUAL ANSWERS YES ASK IF THEY ARE OPEN TO EXPLORING REFERRALS TO A DOMESTIC VIOLENCE SERVICE PROVIDER.

   DV PROGRAMS BY COUNTY HTTP://CCADV.ORG/FIND-HELP/PROGRAMS-BY-COUNTY/ OR NATIONAL DOMESTIC VIOLENCE HOTLINE 1-800-799-7233 HTTP://WWW.THEHOTLINE.ORG/

   IF THEY REFUSE DV SERVICES CONTINUE WITH INITIAL SCREENING TOOL FOR ONEHOME.

2. Where do you sleep most frequently?

   ☐ Outdoors (street, park, camping, vehicle, or any other place not meant for human habitation)

   ☐ Emergency Shelter

   ☐ Motel paid by agency

   ☐ Motel paid by client

   ☐ Couch-surfing/staying with family of friends

   ☐ In a residence, but at risk of losing housing in the next 14 days

   ☐ Institution (jail, prison, detox, or hospital (but do not expect stay to be longer that 90 days)

   ☐ Client Doesn't Know

   ☐ Client Refused

   ☐ Data Not Collected

   STOP!! IF ANSWER IS MOTEL PAID BY CLIENT, COUCH SURFING/STAYING WITH FRIENDS/FAMILY, OR IN A RESIDENCE: REFER TO OTHER COMMUNITY BASED RESOURCES UNLESS CLIENT IS BETWEEN AGES OF 18 & 24, OTHERWISE PROCEED.

   (I.E. 211, HUMAN SERVICES, LOCAL AGENCY COMMUNITY RESOURCE LOTTERY, HCV WAITLISTS, SUBSIDIZED HOUSING WAITLISTS)

3. Is this your first time experiencing homelessness?

- ☐ No
- ☐ Yes
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

4. How long have you been experiencing homelessness?

- ☐ 1 month or less
- ☐ 1 to 6 months
- ☐ 6 months or more
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

STOP!! IF THE INDIVIDUAL REPORTS IT IS THEIR FIRST TIME EXPERIENCING HOMELESSNESS **AND** THEY HAVE ONLY BEEN HOMELESS FOR 0-1 MONTH, REFER THEM TO COMMUNITY-BASED RESOURCES:

(I.E. 211, HUMAN SERVICES, LOCAL AGENCY COMMUNITY RESOURCE LOTTERY, HCV WAITLISTS, SUBSIDIZED HOUSING WAITLISTS)

5. Have you or an adult in your household ever served in the U.S. Military?

- ☐ No
- ☐ Yes
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

STOP!! IF THE INDIVIDUAL ANSWERS YES ASK IF THEY HAVE CONNECTED WITH THE VA'S COMMUNITY RESOURCE & REFERRAL CENTER (CRRC). IF THEY HAVE NOT, PROVIDE INFORMATION FOR THE CRRC, 303-294-5600 OR IN PERSON AT 3836 YORK ST., DENVER, CO 80205

****Assessor, Document Next Steps with Client:** (i.e. Move forward with OneHome Assessment or referred to community based resources).

MAKE SURE TO CHECK IN HMIS IF THE HOUSEHOLD HAS COMPLETED A VI-SPDAT OR NOT BEFORE CONTINUING.

OneHome Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT)

Tool for Families

AMERICAN VERSION 2.0

Administration

Interviewer's Full Name	Agency/Location of Survey	County where survey was conducted:
_____	_____	Adams County ____ Arapahoe County ____ Boulder County____ Broomfield County____ Denver County____ Douglas County____ Jefferson County____
Assessment Date DD/MM/YYYY_____/____/_____	**Interviewer's Phone Number/Ext.** _____	
	Interviewer's Email _____	

Opening Script

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

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

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Basic Information (BOTH PARENTS IF APPLICABLE)

Client Name: **Age:** **In what language are you best able to express yourself?**

_____ _____ _____

Second HoH Full Name: _____

Second HoH Gender: **Female** **Male** **Transgender Male to Female**
Transgender Female to Male **Other** **Client Doesn't Know**
Client Refused **Data not collected**

Second HoH Date of Birth (MM/DD/YYYY): ___/___/_____

IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1	SCORE:

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

FAMILIES AMERICAN VERSION 2.0

Children

1. How many children under the age of 18 are currently living with you? _____
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____
3. How many children total do you expect to be living with you? (Total 1+2) _____
4. IF HOUSEHOLD INCLUDES A FEMALE: Is any member of the family currently pregnant?
   ___No ___Yes ___Client doesn't know ___Client refused ___Data not collected

OneHome

5. Please provide a list of your children's names:

FIRST NAME	LAST NAME	DATE OF BIRTH	AGE

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

SCORE

A. History of Housing and Homelessness

6. Where do you and your family sleep most frequently? (check one)

- ☐ Shelters
- ☐ Transitional Housing
- ☐ Safe Haven
- ☐ Outdoors
- ☐ Other (specify): _____
- ☐ Client doesn't know
- ☐ Client refused

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

SCORE:

7. How long has it been since you and your family lived in permanent, stable housing?

- ☐ Less than a week
- ☐ 1 week-3 months
- ☐ 3-6 months
- ☐ 6 months to a year
- ☐ 1-3 years
- ☐ 3 years or more
- ☐ Client doesn't know
- ☐ Client refused

OneHome

8. In the last 3 years, how many times have you and your family been homeless?

- ☐ 0 times
- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times
- ☐ 5 or more times
- ☐ Client doesn't know
- ☐ Client refused

IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSESS, AN/OR 4+ EPISODES OF HOMELESSESS, THEN SCORE 1.	SCORE

B. Risks

8. In the past six months, how many times have you or anyone in your family received health care at an emergency department/room?

- ☐ 0 times
- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times
- ☐ 5 or more times
- ☐ Client doesn't know
- ☐ Client refused

9. In the past six months, how many times have you or anyone in your family taken an ambulance to the hospital

- ☐ 0 times
- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times
- ☐ 5 or more times
- ☐ Client doesn't know
- ☐ Client refused

10. In the past six months, how many times have you or anyone in your family been hospitalized as an in-patient?

- ☐ 0 times
- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times
- ☐ 5 or more times
- ☐ Client doesn't know
- ☐ Client refused

11. In the past six months, how many times have you or anyone in your family used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?

- ☐ 0 times
- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times
- ☐ 5 or more times
- ☐ Client doesn't know
- ☐ Client refused

OneHome

12. In the past six months, how many times have you or anyone in your family talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that they must move along?

- ☐ 0 times
- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times
- ☐ 5 or more times
- ☐ Client doesn't know
- ☐ Client refused

13. In the past six months, how many times have you or anyone in your family stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offense, or anything in between?

- ☐ 0 times
- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times
- ☐ 5 or more times
- ☐ Client doesn't know
- ☐ Client refused

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

14. Have you or anyone in your family been attacked or beaten up since you've become homeless?

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

15. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year?

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

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

16. Do you or any member of the family have any legal stuff going on right now that may result in them being locked up, having to pay fines or that make it more difficult to rent a place to live?

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

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

17. Does anybody force or trick you or anyone in your family to do things that they do not want to do?

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

18. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?

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

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

C. Socialization and Daily Functioning

19. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money?

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

20. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?

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

IF "YES" TO QUESTION 19 OR "NO" TO QUESTION 20, THEN SCORE 1 FOR **MONEY MANAGEMENT.** **SCORE:**

21. Does everyone in your family have planned activities, other than just surviving, that makes them feel happy and fulfilled?

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

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

22. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?

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

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

23. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused your family to become evicted?

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

IF 'YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS** | **SCORE:**

D. Wellness

24. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family?

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

25. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach lungs or heart?

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

26. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family?

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

27. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?

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

28. When someone in your family is sick or not feeling well, does your family avoid getting help?

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

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

29. Has drinking or drug use by you or anyone in your family led you to being kicked out of an apartment or program where you were staying in the past?

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

30. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?

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

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

31. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a. A mental health issue or concern?

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

b. A past head injury?

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

c. A learning disability, developmental disability, or other impairment?

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

32. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed?

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

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

33. Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use?

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

IF "YES", SCORE 1 FOR **TRI-MORBIDITY**. SCORE:

34. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking?

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

35. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication?

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

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

36. Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced?

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

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

E. Family Unit

37. Are there any children that have been removed from the family by a child protection service within the last 180 days?

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

38. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?

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

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **FAMILY LEGAL ISSUES.** SCORE:

39. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?

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

40. Has any child in the family experienced abuse or trauma in the last 180 days?

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

41. **IF THERE ARE SCHOOL-AGED CHILDREN**: Do your children attend school more often than not each week?

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

IF "YES" TO ANY OF QUESTIONS 39 OR 40, OR "NO" TO QUESTION 41, SCORE 1 FOR **NEEDS OF CHILDREN.** **SCORE:**

42. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?

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

43. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?

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

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **FAMILY STABILITY.** **SCORE:**

44. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that?

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

45. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

a. 3 or more hours per day for children aged 13 or older?

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

b. 2 or more hours per day for children aged 12 or younger?

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

46. Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?

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

IF "NO" TO QUESTION 44, OR "YES" TO ANY OF THE QUESTIONS 45 OR 46, SCORE 1 FOR **PARENTAL ENGAGEMENT**	**SCORE:**

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/2	**Score: Recommendation:** 0–3 no housing intervention 4–8 an assessment for Rapid Re-Housing 9+ an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
E. FAMILY UNIT	/4	
GRAND TOTAL:	/22	

Finally, I'd like to ask you some questions to help us better understand homelessness and improve housing and support services.

47. Have you or an adult in your household served in the United States Military?

☐ No
☐ Yes, myself
☐ Yes, household member
☐ Client doesn't know
☐ Client refused
☐ Data not collected

48. Where did you live prior to becoming homeless?

____Adams County
____Arapahoe County
____Boulder County
____Broomfield County
____Outside of CO
____Denver County
____Douglas County
____Jefferson County
____Other County in CO
Other_____

49. Do you or any member of the family have a permanent physical disability that limits mobility? [i.e., wheelchair, amputation, unable to climb stairs]?

☐ No
☐ Yes
☐ Client doesn't know
☐ Client refused
☐ Data not collected

50. On a regular day, where is it easiest to find you and what time of day is it easiest to do so?

_____

****ASSESSOR: This concludes the VI-SPDAT portion of the assessment. If the VI-SPDAT score is 4 or higher, please continue with the Housing Preferences and Eligibility questions below****

OneHome Housing Preferences and Eligibility

1. Which county would you prefer to live in? (SELECT ONLY ONE)

____Any

____Adams County

____Arapahoe County

____Boulder County **(Specify Area)**

____City of Boulder

____Longmont

____Rural/Mountains

____No preference

____Other (specify): _____

____Broomfield County

____ Denver County

____Douglas County

____Jefferson County **(Specify Area)**

____Rural/Mountains

____No preference

____Other (specify):_____

____Other

____Client doesn't know

____Client refused

____Data not collected

2. **FOR DENVER SELECTION ONLY:** Are there any neighborhoods that you absolutely will not live in even if it is the only housing option available?

3. Are there other housing considerations that are important to you?

____Community Resources

____Close to School

____Work

____Transit

____Medical Care

____Other (specify):_____

4. Do you have other housing needs?

____Wheelchair Accessible
____Extra Bedroom for Live-in Care
____Service Animal
____Elevator
____Other (specify):
_____

5. Would you consider, or do you prefer shared housing (living with someone you haven't met yet)?

☐ No
☐ Prefers shared housing
☐ Would consider shared housing
☐ Neutral
☐ Client doesn't know
☐ Client refused
☐ Data not collected

6. Are there any of the following types of housing you absolutely will not live in even if it was the only housing slot that we would have available for you? EXPLAIN HOUSING TYPES AS NEEDED.

____Project-based
____Scattered site
____Sober living
____Work program
____Other (specify): _____
____Client doesn't know
____Client refused
____Data not collected

7. In what county are you currently receiving services? (select all that apply)

____Adams County
____Arapahoe County
____Boulder County
____Broomfield County
____Denver County
____Douglas County
____Jefferson County
____None

8. Do you receive services in Aurora?

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

9. Have you been in jail or prison in the last 6 months?

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

10. Are you currently on parole or probation?

☐ No
☐ Yes

11. Have you had significant interaction(s) with the Criminal Justice System?

- ☐ No
- ☐ Yes

12. How many children have a disability? _____

13. Do you have any open childhood welfare cases?

- ☐ No
- ☐ Yes

14. Are there any other adults in the home (besides parent 1 or parent 2) with a disability?

- ☐ No
- ☐ Yes

END

OneHome Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT)

Tool for Single Adults

AMERICAN VERSION 2.0

Administration

Interviewer's Full Name	Agency/Location of Survey	County where survey was conducted:
_____	_____	Adams County ____
Assessment Date	**Interviewer's Phone Number/Ext.**	Arapahoe County ____
DD/MM/YYYY_____/____/_____	_____	Boulder County____
	Interviewer's Email	Broomfield County____
	_____	Denver County____
		Douglas County____
		Jefferson County____

Opening Script

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

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

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OneHome

Basic Information

Client Name: **Age:** **In what language do you best express yourself?**

_____ _____ _____

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

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

SINGLE ADULTS AMERICAN VERSION 2.0

A. History of Housing and Homelessness

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

- ☐ Shelters
- ☐ Transitional Housing
- ☐ Safe Haven
- ☐ Outdoors
- ☐ Other (specify): _____
- ☐ Client doesn't know
- ☐ Client refused

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

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

- ☐ Less than a week
- ☐ 1 week-3 months
- ☐ 3-6 months
- ☐ 6 months to a year
- ☐ 1-3 years
- ☐ 3 years or more
- ☐ Client doesn't know
- ☐ Client refused

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

- ☐ 0 times
- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times
- ☐ 5 or more times
- ☐ Client doesn't know
- ☐ Client refused

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

OneHome

B. Risks

4. In the past six months, received health care at an emergency department/room?

- ☐ 0 times
- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times
- ☐ 5 or more times
- ☐ Client doesn't know
- ☐ Client refused

5. In the past six months, how many times have you taken an ambulance to the hospital?

- ☐ 0 times
- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times
- ☐ 5 or more times
- ☐ Client doesn't know
- ☐ Client refused

6. In the past six months, how many times have you been hospitalized as an in-patient?

- ☐ 0 times
- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times
- ☐ 5 or more times
- ☐ Client doesn't know
- ☐ Client refused

7. In the past six months, how many times have you used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?

- ☐ 0 times
- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times
- ☐ 5 or more times
- ☐ Client doesn't know
- ☐ Client refused

8. In the past six months, how many times have you talked to police because you witnessed a crime, were the victim of a crime, the alleged perpetrator of a crime, or because the police told you that you must move along?

- ☐ 0 times
- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times
- ☐ 5 or more times
- ☐ Client doesn't know
- ☐ Client refused

9. In the past six months, how many times have you stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offense, or anything in between?

- ☐ 0 times
- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times
- ☐ 5 or more times
- ☐ Client doesn't know
- ☐ Client refused

OneHome

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

10. Have you been attacked or beaten up since you've become homeless?

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

11. Have you threatened to or tried to harm yourself or anyone else in the last year?

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

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

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

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

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

13. Does anybody force or trick you to do things that you do not want to do?

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

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

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

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

C. Socialization and Daily Functioning

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

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

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

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

IF "YES" TO QUESTION 15 OR "NO" TO QUESTION 16, THEN SCORE 1 FOR **MONEY MANAGEMENT.** SCORE:

17. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?

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

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

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

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

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

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

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

IF 'YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS** SCORE:

D. Wellness

20. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?

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

21. Do you have any chronic health issues with your liver, kidneys, stomach lungs or heart?

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

22. If there was space available in a program that specifically assists people that live with HIV or

AIDS, would that be of interest to you?

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

23. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?

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

24. When you are sick or not feeling well, do you avoid getting help?

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

25. Are you currently pregnant?

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

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

26. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?

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

27. Will drinking or drug use make it difficult for you to stay housed or afford your housing?

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

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

28. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

    a. A mental health issue or concern?

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

b. A past head injury?

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

c. A learning disability, developmental disability, or other impairment?

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

29. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?

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

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

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

30. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?

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

31. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?

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

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

32. Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?

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

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

OneHome

Scoring Summary

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

33. Finally, I'd like to ask you some questions to help us better understand homelessness and improve housing and support services.

Veteran Status

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

34. Have you or an adult in your household served in the United States Military?

- ☐ No
- ☐ Yes, myself
- ☐ Yes, household member
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

35. Where did you live prior to becoming homeless?

____Adams County
____Arapahoe County
____Boulder County
____Broomfield County
____Outside of CO
____Denver County
____Douglas County
____Jefferson County
____Other County in CO
Other_____

36. Have you ever been in foster care?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

OneHome

37. Do you have a permanent physical disability that limits your mobility? [i.e., wheelchair, amputation, unable to climb stairs]?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

38. On a regular day, where is it easiest to find you and what time of day is it easiest to do so?

_____

****ASSESSOR: This concludes the VI-SPDAT portion of the assessment. If the VI-SPDAT score is 4 or higher, please continue with the Housing Preferences and Eligibility questions on the following page.****

One Home Housing Preferences and Eligibility

1. Which county would you prefer to live in? (SELECT ONLY ONE)

____Any

____Adams County

____Arapahoe County

____Boulder County **(Specify Area)**

____City of Boulder

____Longmont

____Rural/Mountains

____No preference

____Other (specify): _____

____Broomfield County

____ Denver County

____Douglas County

____Jefferson County **(Specify Area)**

____Rural/Mountains

____No preference

____Other (specify):_____

____Other

____Client doesn't know

____Client refused

____Data not collected

2. **FOR DENVER SELECTION ONLY:** Are there any neighborhoods that you absolutely will not live in even if it is the only housing option available?

3. Are there other housing considerations that are important to you?

____Community Resources

____Close to School

____Work

____Transit

____Medical Care

____Other (specify):_____

4. Do you have other housing needs?

____Wheelchair Accessible

____Extra Bedroom for Live-in Care

____Service Animal

____Elevator

____Other (specify): _____

5. Would you consider, or do you prefer shared housing (living with someone you haven't met yet)?

☐ No
☐ Prefers shared housing
☐ Would consider shared housing
☐ Neutral
☐ Client doesn't know
☐ Client refused
☐ Data not collected

6. Are there any of the following types of housing you absolutely will not live in even if it was the only housing slot that we would have available for you? EXPLAIN HOUSING TYPES AS NEEDED.

____Project-based

____Scattered site

____Sober living

____Work program

____Other (specify): _____

____Client doesn't know

____Client refused

____Data not collected

7. In what county are you currently receiving services? (select all that apply)

____Adams County
____Arapahoe County
____Boulder County
____Broomfield County
____Denver County
____Douglas County
____Jefferson County
____None

8. Do you receive services in Aurora?

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

9. Have you been in jail or prison in the last 6 months?

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

10. Are you currently on parole or probation?

- ☐ No
- ☐ Yes

11. Have you had significant interaction(s) with the Criminal Justice System?

- ☐ No
- ☐ Yes

12. Do you have any open childhood welfare cases?

- ☐ No
- ☐ Yes

13. Are there any other adults in the home (besides parent 1 or parent 2) with a disability?

- ☐ No
- ☐ Yes

END

OneHome Vulnerability Index-Service Prioritization Decision Assistance Tool (TAY-VI-SPDAT)

Tool for Homeless Youth

AMERICAN VERSION 2.0

Interviewer's Full Name

_____

Survey Date

DD/MM/YYYY_____/____/_____

Agency/Location of Survey

_____

Interviewer's Phone Number/Ext.

_____

Interviewer's Email

_____

County where survey was conducted:

Adams County ____

Arapahoe County ____

Boulder County____

Broomfield County____

Denver County____

Douglas County____

Jefferson County____

Opening Script

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

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

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1 (800) 355-0420 info@orgcode.com www.orgcode.com

OneHome

Basic Information

Client Name: **Client Age:** **In what language are you best able to express yourself?**

_____ _____ _____

IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1. **SCORE:**

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

SINGLE YOUTH AMERICAN VERSION 2.0

A. History of Housing and Homelessness

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

- ☐ Shelters
- ☐ Transitional Housing
- ☐ Safe Haven
- ☐ Outdoors
- ☐ Other (specify): _____
- ☐ Client doesn't know
- ☐ Client refused

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

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

- ☐ Less than a week
- ☐ 1 week-3 months
- ☐ 3-6 months
- ☐ 6 months to a year
- ☐ 1-3 years
- ☐ 3 years or more
- ☐ Client doesn't know
- ☐ Client refused

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

- ☐ 0 times
- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times
- ☐ 5 or more times
- ☐ Client doesn't know
- ☐ Client refused

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

OneHome

B. Risks

4. In the past six months, received health care at an emergency department/room?

- ☐ 0 times
- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times
- ☐ 5 or more times
- ☐ Client doesn't know
- ☐ Client refused

5. In the past six months, how many times have you taken an ambulance to the hospital?

- ☐ 0 times
- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times
- ☐ 5 or more times
- ☐ Client doesn't know
- ☐ Client refused

6. In the past six months, how many times have you been hospitalized as an in-patient?

- ☐ 0 times
- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times
- ☐ 5 or more times
- ☐ Client doesn't know
- ☐ Client refused

7. In the past six months, how many times have you used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?

- ☐ 0 times
- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times
- ☐ 5 or more times
- ☐ Client doesn't know
- ☐ Client refused

8. In the past six months, how many times have you talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?

- ☐ 0 times
- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times
- ☐ 5 or more times
- ☐ Client doesn't know
- ☐ Client refused

9. In the past six months, how many times have you stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offense, or anything in between?

- ☐ 0 times
- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times
- ☐ 5 or more times
- ☐ Client doesn't know
- ☐ Client refused

OneHome

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

10. Have you been attacked or beaten up since you've become homeless?

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

11. Have you threatened to or tried to harm yourself or anyone else in the last year?

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

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

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

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

13. Were you ever incarcerated when younger than age 18?

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

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

14. Does anybody force or trick you to do things that you do not want to do?

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

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

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

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

C. Socialization and Daily Functioning

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

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

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

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

IF "YES" TO QUESTION 16 OR "NO" TO QUESTION 17, THEN SCORE 1 FOR **MONEY MANAGEMENT.** SCORE:

18. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?

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

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

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

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

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

20. Is your current lack of stable housing…

    a. Because you ran away from your family home, a group home, or foster care?

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

b. Because of a difference in religious or cultural beliefs from your parent, guardians or caregivers?

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

c. Because your family or friends caused you to become homeless?

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

d. Because of conflicts around gender identity or sexual orientation?

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

IF 'YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS** SCORE:

e. Because of violence at home between family members?

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

f. Because of an unhealthy or abusive relationship, either at home or elsewhere?

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

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

D. Wellness

21. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?

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

22. Do you have any chronic health issues with your liver, kidneys, stomach lungs or heart?

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

23. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?

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

24. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?

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

25. When you are sick or not feeling well, do you avoid getting help?

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

26. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?

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

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

27. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?

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

28. Will drinking or drug use make it difficult for you to stay housed or afford your housing?

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

29. If you've ever used marijuana, did you ever try it at age 12 or younger?

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

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

30. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a. A mental health issue or concern?

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

b. A past head injury?

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

c. A learning disability, developmental disability, or other impairment?

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

31. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?

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

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

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

32. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?

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

33. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?

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

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

Scoring Summary

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

34. Finally, I'd like to ask you some questions to help us better understand your homelessness experience to improve housing and support services.

Veteran Status

☐ No
☐ Yes
☐ Client doesn't know
☐ Client refused
☐ Data not collected

35. Have you or an adult in your household served in the United States Military?

☐ No
☐ Yes, myself
☐ Yes, household member
☐ Client doesn't know
☐ Client refused
☐ Data not collected

36. Where did you live prior to becoming homeless?

____Adams County
____Arapahoe County
____Boulder County
____Broomfield County
____Outside of CO
____Denver County
____Douglas County
____Jefferson County
____Other County in CO
Other_____

37. Have you ever been in foster care?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

38. On a regular day, where is it easiest to find you and what time of day?

_____

****ASSESSOR: This concludes the VI-SPDAT portion of the assessment. If the VI-SPDAT score is 4 or higher, please continue with the Housing Preferences and Eligibility questions below.****

One Home Housing Preferences and Eligibility

1. Which county would you prefer to live in? (SELECT ONLY ONE)

____Any

____Adams County

____Arapahoe County

____Boulder County **(Specify Area)**

____City of Boulder

____Longmont

____Rural/Mountains

____No preference

____Other (specify): _____

____Broomfield County

____ Denver County

____Douglas County

____Jefferson County **(Specify Area)**

____Rural/Mountains

____No preference

____Other (specify):_____

____Other

____Client doesn't know

____Client refused

____Data not collected

2. **FOR DENVER SELECTION ONLY:** Are there any neighborhoods that you absolutely will not live in even if it is the only housing option available?

3. Are there other housing considerations that are important to you?

____Community Resources

____Close to School

____Work

____Transit

____Medical Care

____Other (specify):_____

4. Do you have other housing needs?

____Wheelchair Accessible
____Service Animal
____Extra Bedroom for Live-in Care
____Other (specify):_____
____Elevator

5. Would you consider, or do you prefer shared housing (living with someone you haven't met yet)?

☐ No
☐ Prefers shared housing
☐ Would consider shared housing
☐ Neutral
☐ Client doesn't know
☐ Client refused
☐ Data not collected

6. Are there any of the following types of housing you absolutely will not live in even if it was the only housing slot that we would have available for you? EXPLAIN HOUSING TYPES AS NEEDED.

____Project-based
____Other (specify): _____
____Scattered site
____Client doesn't know
____Sober living
____Client refused
____Work program
____Data not collected

7. In what county are you currently receiving services? (select all that apply)

____Adams County
____Arapahoe County
____Boulder County
____Broomfield County
____Denver County
____Douglas County
____Jefferson County
____None

8. Do you receive services in Aurora?

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

9. Have you been in jail or prison in the last 6 months?

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

10. Are you currently on parole or probation?

☐ No
☐ Yes

11. Have you had significant interaction(s) with the Criminal Justice System?

- ☐ No
- ☐ Yes

12. Do you have any open childhood welfare cases?

- ☐ No
- ☐ Yes

13. Are there any other adults in the home (besides parent 1 or parent 2) with a disability?

- ☐ No
- ☐ Yes

14. Have you been in foster care at least once on or after your 16th birthday?

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

END

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MDHI NOFA Ranking Outcomes

All Projects

Tier 1

Ranking Order	Project	Project Type	Points Earned (out of 95)	Budget Amount
1	MDHI HMIS Metro Denver	HMIS	Not Scored	$ 200,032
2	MDHI HMIS Metro Denver 2	HMIS	Not Scored	$ 554,778
3	CCH Lowry Permanent Supportive Housing Project	PSH	75	$ 125,045
4	DDHS Bedrock FY2018	PSH	73	$ 629,750
5	Del Norte HAWC	PSH	73	$ 261,306
6	Boulder Housing Partners PSH Consolidated Projects	PSH	70	$ 570,070
7	DDHS Spectrum FY2018	PSH	60	$ 885,958
N/A	*CCH Combined Permanent Supportive Housing Project (Consolidating)	PSH	53	$ 1,938,532
8	DDHS Anchor FY2018	PSH	53	$ 275,154
9	St. Francis Center Cornerstone	PSH	48	$ 146,622
10	*CCH MDCHC Housing First Combined (Consolidating)	PSH	48	$ 5,350,748
11	CCH Families (RRH Transition)	PSH	48	$ 4,514,774
12	Family Tree, Inc. Home at Last RRH	RRH	45	$ 581,374
13	VOA Irving Street Women's Residence	SH	Not Scored	$ 292,544
14	Family Tree, Inc. Brookview/PCH	PSH	40	$ 667,289
15	Boulder County Housing Authority CoC RRH	RRH	40	$ 701,834
16	VOA Youth Transitions Project RRH	RRH	40	$ 860,762
17	Division of Housing Consolidated PSH MDHI	PSH	40	$ 6,335,760

Tier 2

Ranking Order	Project	Project Type	Points Earned (out of 95)	Budget Amount
17	Division of Housing Consolidated PSH MDHI	PSH	Split	$ 338,746
18	AMHC Aurora@Home RRH	RRH	38	$ 277,235
19	Del Norte Juan Diego	PSH	38	$ 158,446
20	CCH Ruth Goebel House TH	TH	35	$ 106,365
21	DDHS Back Home Rapid Rehousing	RRH	Not Scored	$ 208,104
22	VOA Survivor's Housing	RRH - DV	Not Scored	$ 354,041
23	Second Chance Center Providence at the Heights	PSH	New	$ 269,500
24	Boulder Housing Partners PSH Consolidated Project (E	PSH	Expansion	$ 202,084
25	VOA Brandon Courtyard	PSH	New	$ 421,737
26	Family Tree Safe at Home	RRH - DV	New	$ 552,946
27	MDHI OneHome Coordinated Entry Project	CES	Not Scored	$ 552,946

Total Tier 1 Amount	$24,892,332
Total Tier 2 Amount	$2,889,204
Total Funds	**$27,781,536**

DV Bonus	$552,946

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From:	Rebecca Mayer
To:	Kyla Moe
Subject:	Projects Accepted Notification: Fw: NOFA Scorecard - CCH
Date:	Wednesday, September 18, 2019 12:18:34 PM
Attachments:	CCH Lowry Permanent Supportive Housing Project.pdf CCH MDCHC Housing First Combined.pdf CCH Consolidated RRH.pdf CCH Ruth Goebel House TH.pdf MDHI 2020 NOFA Metrics Thresholds Cheat Sheet.pdf

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From: Matt Meyer <Matt.Meyer@mdhi.org>
Sent: Monday, September 9, 2019 2:06 PM
To: jp@coloradocoalition.org <jp@coloradocoalition.org>; Kim Bell <kbell@coloradocoalition.org>
Cc: Rebecca Mayer <Rebecca.Mayer@mdhi.org>; Ian Fletcher <Ian.Fletcher@mdhi.org>
Subject: NOFA Scorecard - CCH

Dear John & Kim,

Thank you for your submission to this year's CoC NOFA Competition. Attached you will find the scorecard where your project(s) ranked on each of the scored criteria, along with a preliminary community ranking approved by the MDHI NOFA Committee. This ranking will be voted on by the MDHI Board at the September 12th meeting, at 2PM at Mile High United Way's Busse Board Room, 711 Park Ave West, Denver, CO.

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Matt Meyer, PhD
Executive Director
Metro Denver Homeless Initiative
(720) 544-3352
matt.meyer@mdhi.org

From:	Rebecca Mayer
To:	Kyla Moe
Subject:	Projects Accepted Notification: Fw: NOFA Scorecard - Denver Human Services
Date:	Wednesday, September 18, 2019 12:17:47 PM
Attachments:	DDHS Anchor FY2018.pdf DDHS Bedrock FY2018.pdf DDHS Spectrum FY2018.pdf MDHI 2020 NOFA Metrics Thresholds Cheat Sheet.pdf

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From: Matt Meyer <Matt.Meyer@mdhi.org>
Sent: Monday, September 9, 2019 2:09 PM
To: Brady, Bernard - DHS (Bernard.Brady@denvergov.org) <Bernard.Brady@denvergov.org>
Cc: Rebecca Mayer <Rebecca.Mayer@mdhi.org>; Ian Fletcher <Ian.Fletcher@mdhi.org>
Subject: NOFA Scorecard - Denver Human Services

Dear Bernie,

Thank you for your submission to this year's CoC NOFA Competition. Attached you will find the scorecard where your project(s) ranked on each of the scored criteria, along with a preliminary community ranking approved by the MDHI NOFA Committee. This ranking will be voted on by the MDHI Board at the September 12th meeting, at 2PM at Mile High United Way's Busse Board Room, 711 Park Ave West, Denver, CO.

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Matt Meyer, PhD
Executive Director
Metro Denver Homeless Initiative
(720) 544-3352
matt.meyer@mdhi.org

From:	Rebecca Mayer
To:	Kyla Moe
Subject:	Projects Accepted Notification: Fw: NOFA Scorecard - Del Norte
Date:	Wednesday, September 18, 2019 12:15:18 PM
Attachments:	Del Norte HAWC.pdf Del Norte Juan Diego.pdf MDHI 2020 NOFA Metrics Thresholds Cheat Sheet.pdf

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From: Matt Meyer <Matt.Meyer@mdhi.org>
Sent: Monday, September 9, 2019 2:26 PM
To: Tracy Osborn (tosborn@delnortendc.org) <tosborn@delnortendc.org>; mkell@delnrtendc.org <mkell@delnrtendc.org>; sara.hoogendyk@coloradohealthnetwork.org <sara.hoogendyk@coloradohealthnetwork.org>; jemmerich@delnortendc.org <jemmerich@delnortendc.org>
Cc: Rebecca Mayer <Rebecca.Mayer@mdhi.org>; Ian Fletcher <Ian.Fletcher@mdhi.org>
Subject: NOFA Scorecard - Del Norte

Dear Applicant,

Thank you for your submission to this year's CoC NOFA Competition. Attached you will find the scorecard where your project(s) ranked on each of the scored criteria, along with a preliminary community ranking approved by the MDHI NOFA Committee. This ranking will be voted on by the MDHI Board at the September 12th meeting, at 2PM at Mile High United Way's Busse Board Room, 711 Park Ave West, Denver, CO.

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Matt Meyer, PhD
Executive Director
Metro Denver Homeless Initiative
(720) 544-3352
matt.meyer@mdhi.org

From:	Rebecca Mayer
To:	Kyla Moe
Subject:	Projects Accepted Notification: Fw: NOFA Score - Boulder Housing Partners
Date:	Wednesday, September 18, 2019 12:15:36 PM
Attachments:	Boulder Housing Partners PSH Consolidated Projects.pdf MDHI 2020 NOFA Metrics Thresholds Cheat Sheet.pdf

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From: Matt Meyer <Matt.Meyer@mdhi.org>
Sent: Monday, September 9, 2019 2:11 PM
To: Karen Kreutzberg <kreutzbergk@boulderhousing.org>; Greg Harms <greg@bouldershelter.org>
Cc: Rebecca Mayer <Rebecca.Mayer@mdhi.org>; Ian Fletcher <Ian.Fletcher@mdhi.org>
Subject: NOFA Score - Boulder Housing Partners

Dear Karen & Greg,

Thank you for your submission to this year's CoC NOFA Competition. Attached you will find the scorecard where your project(s) ranked on each of the scored criteria, along with a preliminary community ranking approved by the MDHI NOFA Committee. This ranking will be voted on by the MDHI Board at the September 12th meeting, at 2PM at Mile High United Way's Busse Board Room, 711 Park Ave West, Denver, CO.

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Matt Meyer, PhD
Executive Director
Metro Denver Homeless Initiative
(720) 544-3352
matt.meyer@mdhi.org

From:	Rebecca Mayer
To:	Kyla Moe
Subject:	Projects Accepted Notification: Fw: NOFA Scorecard - St. Francis
Date:	Wednesday, September 18, 2019 12:17:13 PM
Attachments:	St. Francis Center Cornerstone.pdf MDHI 2020 NOFA Metrics Thresholds Cheat Sheet.pdf

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From: Matt Meyer <Matt.Meyer@mdhi.org>
Sent: Monday, September 9, 2019 2:09 PM
To: Tom Luehrs <Tom@sfcdenver.org>; Duncan Metcalfe <Duncan@sfcdenver.org>
Cc: Rebecca Mayer <Rebecca.Mayer@mdhi.org>; Ian Fletcher <Ian.Fletcher@mdhi.org>
Subject: NOFA Scorecard - St. Francis

Dear Tom & Duncan,

Thank you for your submission to this year's CoC NOFA Competition. Attached you will find the scorecard where your project(s) ranked on each of the scored criteria, along with a preliminary community ranking approved by the MDHI NOFA Committee. This ranking will be voted on by the MDHI Board at the September 12th meeting, at 2PM at Mile High United Way's Busse Board Room, 711 Park Ave West, Denver, CO.

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Matt Meyer, PhD
Executive Director
Metro Denver Homeless Initiative
(720) 544-3352
matt.meyer@mdhi.org

From:	Matt Meyer
To:	Kyla Moe
Subject:	Fw: NOFA - Family Tree
Date:	Thursday, September 19, 2019 2:14:51 PM
Attachments:	Family Tree, Inc. Home at Last RRH.pdf Family Tree, Inc. Brookview PCH.pdf MDHI 2020 NOFA Metrics Thresholds Cheat Sheet.pdf

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From: Matt Meyer
Sent: Monday, September 9, 2019 2:07 PM
To: LSimpkins@thefamilytree.org <LSimpkins@thefamilytree.org>; Holly Kreidler <HKreidler@thefamilytree.org>; Jill Farnham <JFarnham@thefamilytree.org>; Tina Hageman <THageman@thefamilytree.org>; Cassie Ratliff <CRatliff@thefamilytree.org>
Subject: NOFA - Family Tree

Dear Laura, Holly, Jill, Tina & Cassie,

Thank you for your submission to this year's CoC NOFA Competition. Attached you will find the scorecard where your project(s) ranked on each of the scored criteria, along with a preliminary community ranking approved by the MDHI NOFA Committee. This ranking will be voted on by the MDHI Board at the September 12th meeting, at 2PM at Mile High United Way's Busse Board Room, 711 Park Ave West, Denver, CO.

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Matt Meyer, PhD
Executive Director
Metro Denver Homeless Initiative
(720) 544-3352
matt.meyer@mdhi.org

From:	Matt Meyer
To:	Kyla Moe
Subject:	Fw: NOFA Scorecard - VOA
Date:	Thursday, September 19, 2019 1:53:09 PM
Attachments:	VOA Youth Transitions Project RRH.pdf MDHI 2020 NOFA Metrics Thresholds Cheat Sheet.pdf

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Matt Meyer, PhD
Executive Director
Metro Denver Homeless Initiative
(720) 544-3352
matt.meyer@mdhi.org

From: Matt Meyer
Sent: Monday, September 9, 2019 2:11 PM
To: Angel Hurtado (ahurtado@voacolorado.org) <ahurtado@voacolorado.org>; Cynthia Miro <cmiro@voacolorado.org>; Lauren Bernstein <lbernstein@voacolorado.org>; Courtney Fischer <cfischer@voacolorado.org>
Subject: NOFA Scorecard - VOA

Dear Angel, Cynthia, Lauren & Courtney,

Thank you for your submission to this year's CoC NOFA Competition. Attached you will find the scorecard where your project(s) ranked on each of the scored criteria, along with a preliminary community ranking approved by the MDHI NOFA Committee. This ranking will be voted on by the MDHI Board at the September 12th meeting, at 2PM at Mile High United Way's Busse Board Room, 711 Park Ave West, Denver, CO.

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Matt Meyer, PhD
Executive Director
Metro Denver Homeless Initiative
(720) 544-3352
matt.meyer@mdhi.org

From:	Rebecca Mayer
To:	Kyla Moe
Subject:	Projects Accepted Notification: Fw: NOFA Scorecard - Boulder Housing Authority
Date:	Wednesday, September 18, 2019 12:16:10 PM
Attachments:	Boulder County Housing Authority CoC RRH.pdf MDHI 2020 NOFA Metrics Thresholds Cheat Sheet.pdf

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From: Matt Meyer <Matt.Meyer@mdhi.org>
Sent: Monday, September 9, 2019 2:10 PM
To: Quanbeck, Kisa <kquanbeck@bouldercounty.org>
Cc: Rebecca Mayer <Rebecca.Mayer@mdhi.org>; Ian Fletcher <Ian.Fletcher@mdhi.org>
Subject: NOFA Scorecard - Bould Hosuing Authority

Dear Kisa,

Thank you for your submission to this year's CoC NOFA Competition. Attached you will find the scorecard where your project(s) ranked on each of the scored criteria, along with a preliminary community ranking approved by the MDHI NOFA Committee. This ranking will be voted on by the MDHI Board at the September 12th meeting, at 2PM at Mile High United Way's Busse Board Room, 711 Park Ave West, Denver, CO.

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Metro Denver Homeless Initiative
(720) 544-3352
matt.meyer@mdhi.org

From:	Rebecca Mayer
To:	Kyla Moe
Subject:	Projects Accepted Notification: Fw: NOFA Scorecard - DOH
Date:	Wednesday, September 18, 2019 12:17:27 PM
Attachments:	Division of Housing Consolidated PSH MDHI.pdf MDHI 2020 NOFA Metrics Thresholds Cheat Sheet.pdf

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From: Matt Meyer <Matt.Meyer@mdhi.org>
Sent: Monday, September 9, 2019 2:09 PM
To: Kristin Toombs - DOLA <kristin.toombs@state.co.us>; Jahlia Daly - DOLA <jahlia.daly@state.co.us>
Cc: Rebecca Mayer <Rebecca.Mayer@mdhi.org>; Ian Fletcher <Ian.Fletcher@mdhi.org>
Subject: NOFA Scorecard - DOH

Dear Kristin & Jahlia,

Thank you for your submission to this year's CoC NOFA Competition. Attached you will find the scorecard where your project(s) ranked on each of the scored criteria, along with a preliminary community ranking approved by the MDHI NOFA Committee. This ranking will be voted on by the MDHI Board at the September 12th meeting, at 2PM at Mile High United Way's Busse Board Room, 711 Park Ave West, Denver, CO.

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Matt Meyer, PhD
Executive Director
Metro Denver Homeless Initiative
(720) 544-3352
matt.meyer@mdhi.org

From:	Rebecca Mayer
To:	Kyla Moe
Subject:	Projects Rejected/Reduced Notification: Fw: NOFA Scorecard - AUMHC
Date:	Wednesday, September 18, 2019 12:16:58 PM
Attachments:	AMHC Aurora at Home RRH.pdf MDHI 2020 NOFA Metrics Thresholds Cheat Sheet.pdf

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From: Matt Meyer <Matt.Meyer@mdhi.org>
Sent: Monday, September 9, 2019 2:10 PM
To: Esther Clark <EstherClark@aumhc.org>; Teresa A. Mitsch <TeresaMitsch@aumhc.org>
Cc: Rebecca Mayer <Rebecca.Mayer@mdhi.org>; Ian Fletcher <Ian.Fletcher@mdhi.org>
Subject: NOFA Scorecard - AUMHC

Dear Esther & Teresa,

Thank you for your submission to this year's CoC NOFA Competition. Attached you will find the scorecard where your project(s) ranked on each of the scored criteria, along with a preliminary community ranking approved by the MDHI NOFA Committee. This ranking will be voted on by the MDHI Board at the September 12th meeting, at 2PM at Mile High United Way's Busse Board Room, 711 Park Ave West, Denver, CO.

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Matt Meyer, PhD
Executive Director
Metro Denver Homeless Initiative
(720) 544-3352
matt.meyer@mdhi.org

From:	Matt Meyer
To:	Kyla Moe
Subject:	Fw: Second Chance Center
Date:	Friday, September 20, 2019 2:33:51 PM

From: Matt Meyer
Sent: Tuesday, September 10, 2019 4:51 PM
To: Katie Symons <katie.symons@gmail.com>
Subject: Second Chance Center

Dear Applicant,
Earlier this week, we published the CoC Priority Listing, a draft document that requires the approval of the MDHI Board of Directors at its next meeting on September 12, 2019. Once approved, this listing will be sent to the US Department of Housing and Urban Development (HUD) as part of the region's application for funding through HUD's Continuum of Care (CoC) Program.

HUD expects MDHI and its committees and Board to implement a thorough review and oversight process at the regional level for both new and renewal applications. This review involves accepting or rejecting project applications to be included in the region's CoC funding request to HUD.

The MDHI NOFA Committee ranked your new project, Providence at the Heights, as shown on the preliminary ranking posted here: https://www.mdhi.org/2019_coc_nofa_headquarters

The committee recommended funding your full request of $269,500.

Please reach out to me with any questions or concerns.

Matt Meyer, PhD
Executive Director
Metro Denver Homeless Initiative
(720) 544-3352
matt.meyer@mdhi.org

From:	Rebecca Mayer
To:	Kyla Moe
Subject:	Projects Accepted Notification: Fw: Family Tree: Safe at Home
Date:	Wednesday, September 18, 2019 12:07:29 PM

From: Matt Meyer <Matt.Meyer@mdhi.org>
Sent: Friday, September 13, 2019 3:33 PM
To: Rebecca Mayer <Rebecca.Mayer@mdhi.org>
Subject: Fw: Family Tree: Safe at Home

FYI

Matt Meyer, PhD
Executive Director
Metro Denver Homeless Initiative
(720) 544-3352
matt.meyer@mdhi.org

From: Matt Meyer
Sent: Tuesday, September 10, 2019 4:57 PM
To: LSimpkins@thefamilytree.org <LSimpkins@thefamilytree.org>; Holly Kreidler <HKreidler@thefamilytree.org>; Jill Farnham <JFarnham@thefamilytree.org>; Tina Hageman <THageman@thefamilytree.org>; Cassie Ratliff <CRatliff@thefamilytree.org>
Subject: Family Tree: Safe at Home

Dear Laura, Holly, Jill & Tina,
Earlier this week, we published the CoC Priority Listing, a draft document that requires the approval of the MDHI Board of Directors at its next meeting on September 12, 2019. Once approved, this listing will be sent to the US Department of Housing and Urban Development (HUD) as part of the region's application for funding through HUD's Continuum of Care (CoC) Program.

HUD expects MDHI and its committees and Board to implement a thorough review and oversight process at the regional level for both new and renewal applications. This review involves accepting or rejecting project applications to be included in the region's CoC funding request to HUD.

The MDHI NOFA Committee ranked your new project, Family Tree Safe at Home, as shown on the preliminary ranking posted here: https://www.mdhi.org/2019_coc_nofa_headquarters

The committee recommended funding your full request of $552,946.

Please reach out to me with any questions or concerns.

Matt Meyer, PhD
Executive Director
Metro Denver Homeless Initiative
(720) 544-3352
matt.meyer@mdhi.org

d3n8a8pro7vhmx.cloudfront.net/mdhi/pages/1119/attachments/original/1568412198/2019_Board_Approved_Ranking_Final.pdf?1568412198

MDHI NOFA Ranking Outcomes

All Projects

Tier 1

Ranking Order	Project	Project Type	Points Earned (out of 95)	Budget Amount
1	MDHI HMIS Metro Denver	HMIS	Not Scored	$ 200,032
2	MDHI HMIS Metro Denver 2	HMIS	Not Scored	$ 554,778
3	CCH Lowry Permanent Supportive Housing Project	PSH	75	$ 125,045
4	DDHS Bedrock FY2018	PSH	73	$ 629,750
5	Del Norte HAWC	PSH	73	$ 261,306
6	Boulder Housing Partners PSH Consolidated Projects	PSH	70	$ 570,070
7	DDHS Spectrum FY2018	PSH	60	$ 885,958
N/A	*CCH Combined Permanent Supportive Housing Project (Consolidating)	PSH	53	$ 1,938,532
8	DDHS Anchor FY2018	PSH	53	$ 275,154
9	St. Francis Center Cornerstone	PSH	48	$ 146,622
10	*CCH MDCHC Housing First Combined (Consolidating)	PSH	48	$ 5,350,748
11	CCH Families (RRH Transition)	PSH	48	$ 4,514,774
12	Family Tree, Inc. Home at Last RRH	RRH	45	$ 581,374
13	VOA Irving Street Women's Residence	SH	Not Scored	$ 292,544
14	Family Tree, Inc. Brookview/PCH	PSH	40	$ 667,289
15	Boulder County Housing Authority CoC RRH	RRH	40	$ 701,834
16	VOA Youth Transitions Project RRH	RRH	40	$ 860,762
17	Division of Housing Consolidated PSH MDHI	PSH	40	$ 6,335,760

Tier 2

Ranking Order	Project	Project Type	Points Earned (out of 95)	Budget Amount
17	Division of Housing Consolidated PSH MDHI	PSH	Split	$ 338,746
18	AMHC Aurora@Home RRH	RRH	38	$ 277,235
19	Del Norte Juan Diego	PSH	38	$ 158,446
20	CCH Ruth Goebel House TH	TH	35	$ 106,365
21	DDHS Back Home Rapid Rehousing	RRH	Not Scored	$ 208,104
22	VOA Survivor's Housing	RRH - DV	Not Scored	$ 354,041
23	Second Chance Center Providence at the Heights	PSH	New	$ 269,500
24	Boulder Housing Partners PSH Consolidated Project (E	PSH	Expansion	$ 202,084
25	VOA Brandon Courtyard	PSH	New	$ 421,737
26	Family Tree Safe at Home	RRH - DV	New	$ 552,946
27	MDHI OneHome Coordinated Entry Project	CES	Not Scored	$ 552,946

Total Tier 1 Amount	$24,892,332
Total Tier 2 Amount	$2,889,204
Total Funds	**$27,781,536**

DV Bonus	$552,946

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9/13/2019

From:	Rebecca Mayer
To:	Kyla Moe
Subject:	Projects Rejected/Reduced Notification: Fw: AuMHC decreased request for CoC Fy19
Date:	Wednesday, September 18, 2019 12:08:35 PM

From: Matt Meyer <Matt.Meyer@mdhi.org>
Sent: Friday, September 13, 2019 2:59 PM
To: Esther Clark <EstherClark@aumhc.org>; Rebecca Mayer <Rebecca.Mayer@mdhi.org>
Subject: Re: AuMHC decreased request for CoC Fy19

Esther,
I am acknowledging Aurora Mental Health Center's requested reduction from $392,572 to $277,235. We will have the final NOFA rankings posted by 4 pm today. Thank you.

Matt Meyer, PhD
Executive Director
Metro Denver Homeless Initiative
(720) 544-3352
matt.meyer@mdhi.org

From: Esther Clark <EstherClark@aumhc.org>
Sent: Thursday, August 22, 2019 2:11 PM
To: Matt Meyer <Matt.Meyer@mdhi.org>; Rebecca Mayer <Rebecca.Mayer@mdhi.org>
Subject: AuMHC decreased request for CoC Fy19

Hi Matt and Rebecca,

I wanted to alert you that Aurora Mental Health Center is requesting a significant decrease in funding for the FY19 CoC Renewal. We will request $277,235 in HUD funding, which is about 70% of our current year award of $392,572. I had an initial conversation with Rebecca about this on Monday but wanted to give you a head's up regarding the final amount so your team can consider options for reallocating the variance. Let me know if you have any questions.

Thank you,

Esther

Esther Clark
Director of Grant Strategy and Information Management

estherclark@aumhc.org
(303) 627-2013

1290 Chambers Road, Aurora, CO 80011

www.aumhc.org

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From:	Rebecca Mayer
To:	Kyla Moe
Subject:	Projects Rejected/Reduced Notification: Fw: NOFA Expansion Projects
Date:	Wednesday, September 18, 2019 12:08:01 PM

From: Matt Meyer <Matt.Meyer@mdhi.org>
Sent: Friday, September 13, 2019 3:32 PM
To: Rebecca Mayer <Rebecca.Mayer@mdhi.org>
Subject: Fw: NOFA Expansion Projects

FYI

Matt Meyer, PhD
Executive Director
Metro Denver Homeless Initiative
(720) 544-3352
matt.meyer@mdhi.org

From: Matt Meyer
Sent: Tuesday, September 10, 2019 4:29 PM
To: Brady, Bernard - DHS (Bernard.Brady@denvergov.org) <Bernard.Brady@denvergov.org>
Subject: NOFA Expansion Projects

Dear Bernie,

Earlier this week, we published the CoC Priority Listing, a draft document that requires the approval of the MDHI Board of Directors at its next meeting on September 12, 2019. Once approved, this listing will be sent to the US Department of Housing and Urban Development (HUD) as part of the region's application for funding through HUD's Continuum of Care (CoC) Program.

HUD expects MDHI and its committees and Board to implement a thorough review and oversight process at the regional level for both new and renewal applications. This review involves accepting or rejecting project applications to be included in the region's CoC funding request to HUD.

The requests exceeded the available funding, and unfortunately, the MDHI NOFA Committee has recommended not to rank the following projects:

- Spectrum Expansion
- Back Home Expansion

Though your project was not recommended for funding this year, we invite you to apply again during the next funding cycle. In addition, we invite you to participate in MDHI and OneHome meetings and trainings that may help to inform an even stronger application for the next round of CoC NOFA funding.

Please reach out to me with any questions or concerns.

Matt Meyer, PhD
Executive Director
Metro Denver Homeless Initiative
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NOFA TIMELINE

Posted July 17, 2019. We will note and date any updates to the timeline as they occur.

Update: July 30, 2019--see August 16 deadline for renewal grantees--update on APR data

Update: August 9, 2019--updates on timeline and below regarding new project applications

Update: August 15, 2019--updates on FAQs and MDHI's reallocation policy.

Date	Item
July 3, 2019	HUD released CoC Notice of Funding Availability (NOFA)
July 26, 2019, 5pm	DUE DATE: Non-binding letters of intent from organizations to apply for **new** funding. **Email letters to nofa@mdhi.org.** Follow the instructions on this form.
July 26, 2019, 5pm	DUE DATE: Letters from **renewal** applicants indicating if they do not intend to apply for a renewal. (No letters of intent are required this year for renewals if the organization will be reapplying.) **Email letters to nofa@mdhi.org.**
August 1, 2019	NOFA grantee meeting for new and renewal applicants.
August 16, 2019, 5pm	DUE DATE: Renewing applicants are required to provide screenshots (in PDF format) from eLOCCS showing drawdown history of each renewing project for the most recently completed grant year and for the current grant year through the end of July 2019. (However, please note if you are in your first grant year, and provide what is available.) **Email to nofa@mdhi.org.** *Edit: July 30, 2019 Renewal grantees must send eLOCCS information as described above. We will discuss APR data during the August 1 grantee meeting. We are not planning to pull new data as there is an expectation data should have been cleaned prior to the release of the NOFA.*
August 16, 2019, 5pm	DUE DATE: All new applications are due. ***Edit August 9, 2019: We are waiving the requirement for new applicants to turn in anything on August 16, 2019. See August 23 deadline for an updated description of what is due on August 23. See "New Applicant" section below for additional details.***
August 23, 2019, 5pm	DUE DATE: New and Renewal Project applications submitted in esnaps ***Edit August 9, 2019: New Project applicants to email "Threshold Certification" (required) and additional project narrative (optional) to nofa@mdhi.org. You will receive an email when your submission is received. See "New Applicant" section below for additional details.*** ***Edit August August 12, 2019: Renewal applicants may submit a narrative (optional) to explain the data elements (see Renewal Project Scoring Tool below). Applicants must complete and submit the optional narrative using this LINK.***

MDHI NOFA Grantee Meeting

August 1, 2019

Agenda

WELCOME AND INTRODUCTIONS

NOFA OVERVIEW

TIMELINE

SCORING TOOL

PROCESS CHANGES FROM LAST YEAR

Q & A

CLOSING REMARKS

Overview

- Resources
  - https://www.mdhi.org/2019_coc_nofa_headquarters
  - https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices

Overview

- NOFA Highlights
  - Expansion Projects
  - DV Bonus
  - CoC Bonus and Reallocation
  - Tier One and Tier Two
  - Ranking

Funding

- Tier One: $24,892,334
- CoC Bonus: $1,322,930
- DV Bonus: $1,038,698

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August 23, 2019, 5pm	DUE DATE: All project applications are required to be submitted in e-snaps.

Scoring Tool (New)

Applicant: Agency Z
Project: Best RRH Ever

Metric	Score	Earned	Possible
Experience	100%		TBD
Design of Housing & Supportive Services	0%		TBD
Timeliness	98%		TBD
Financial	84%		TBD
Project Effectiveness & OneHome Participation	65%		TBD

Scoring Tool (Renewal)

Applicant: Agency X
Project: Super Housing First PSH
HMIS Project Name: Agency X_Super HF_PSH

Metric	Score	Earned	Possible
Housing Retention Results	100%		TBD
% of Project Leavers Exiting to Homelessness	0%		TBD
Housing Utilization Results	98%		TBD
% of Adults who Increased Income	84%		TBD
% of Adults who Increased non-earned Income	65%		TBD
% of Adults who Retained or Acquired Non-Cash Benefits	65%		TBD
Data Quality Score	97%		TBD

Proposed Metric for 2020	Score	Earned	Possible
Data Timeliness	100%		TBD

Housing Retention Results
Anyone who has exited the program to a permanent or temporary destination, or are still enrolled in the program

Percent Project Leavers Exiting to Homelessness
Who was enrolled in the program and is exiting into homelessness

Housing Utilization Results
Number of beds available in the program and how many are used on an average basis

Percentage of Adults who Increased Income
Comparison of people who have increased overall income from project start date to assessment/exit

Percentage of Adults who Increased non-earned Income
Comparison of people who have increased overall non-Earned Income from project start date to assessment/exit

Percentage of Adults who Retained or Acquired Non-Cash Benefits
Comparison of people who have gained non-cash benefits since project start date

Data Quality Score
Completion of HUD-required fields in HMIS

Data Timeliness (Proposed for 2020)
Percentages of Entries/Exits Entered within 0-10 Days

Key Takeaways for Scoring

- Scores will be derived from APRs submitted to SAGE
- Metrics and score calculations align completely with System Performance Measures (SPM's)
- Calculations for score are TBD between options of community average or best performer
- Non-Earned Income Metric is a new scored NOFA Metric for 2019
- Data Timeliness is a proposed NOFA Metric for 2020 and will be included as a preview for 2020 NOFA
- Total and possible points may differ to align with SPM priorities

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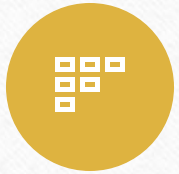

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Thank you!

Applicant Scoring Tools

Project Threshold Review

New Project Scoring Tool

Renewal Project Scoring Tool

NEW APPLICANTS

As described in the timeline above, new applicants will submit the following items no later than August 23, 2019 at 5pm.

- Submit new project application into HUD esnaps portal. Refer to the CoC NOFA and HUD detailed instructions. (See below for some helpful links and resources.)
- Review the threshold information in the FY19 New Applicant Threshold Confirmation Form and the FY2019 NOFA alongside your new project application in esnaps. Please certify that your proposed new project meets each HUD and CoC Threshold requirement by initialing next to each section of the form.
  - FY19 New Applicant Threshold Confirmation Form
  - Submit completed form to nofa@mdhi.org
- Please review your esnaps application to ensure that you have answered each section following HUD guidance. HUD will be reviewing projects for threshold, and may decline to fund an application even if MDHI submits it for funding. While the esnaps application takes precedence, we are offering new applicants an opportunity to submit an additional two pages of narrative to allow for additional space to describe the proposed project and the applicant's experience.
  - Additional narrative is optional.
  - If you elect to submit, please attach along with the submission of the FY19 New Applicant Threshold Confirmation Form.
  - Include your organization name, project name, project type, and requested

August 23, 2019, 5pm	*Edit August 9, 2019: New Project applicants to email "Threshold Certification" (required) and additional project narrative (optional) to nofa@mdhi.org. You will receive an email when your submission is received. See "New Applicant" section below for additional details.* *Edit August August 12, 2019: Renewal applicants may submit a narrative (optional) to explain the data elements (see Renewal Project Scoring Tool below). Applicants must complete and submit the optional narrative using this LINK.*

NOFA FAQS

MDHI Scoring, Ranking, and Reallocation Policy

Applicant Scoring Tools

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New Project Scoring Tool

Renewal Project Scoring Tool

NEW APPLICANTS

As described in the timeline above, new applicants will submit the following items no later than August 23, 2019 at 5pm.

Metropolitan Denver Homeless Initiative •711 Park Avenue West. Denver, CO 80205 303.295.1772•
www.mdhi.org

Memorandum of Understanding

The Metro Denver CoC is a regional system that coordinates services and housing for people experiencing homelessness. The Metropolitan Denver Continuum of Care includes prevention/diversion, street outreach, emergency shelter, transitional housing, rapid rehousing, and permanent supportive housing. MDHI works closely with each county in the continuum (Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Jefferson) to build a homeless crisis response system that gets people back into housing as quickly as possible.

Bayaud Enterprises has been offering vocational development services in the Denver Metro area since 1969. Bayaud Enterprises offers employment training, assessment, job coaching, placement and supported employment services to over 1000 individuals annually. Additionally Bayaud operates a variety of social enterprises in Denver that currently employ over 150 individuals. These social enterprises create job opportunities for individuals otherwise left out of the job market, and generate needed revenue for Bayaud's human service programming. Bayaud Enterprises is excited to collaborate with MDHI to deliver enhanced vocational services to individuals in the CoC housing.

Metro Denver Homelessness Initiative (MDHI) as the Collaborative Applicant for the Continuum of Care (CoC) and Bayaud Enterprises (Partner Agency) agree to collaborate as follows:

MDHI agrees to:

- Work with Partner Agency to develop mechanisms to increase income from employment for persons experiencing homelessness, including persons served by CoC and Emergency Solutions Grant (ESG) programs;
- Work with Partner Agency in the development of the Community Academy, a project that will provide formal and sustained training for homeless and formerly homeless jobseekers that will prepare them for diverse positions in the field of social and public services;
- Convene a CoC Employment Committee;
- Through the CoC Employment Committee, host quarterly events for persons residing in CoC and ESG programs to receive an intensive employment refresher training that includes resume review, employment resource referrals and practice interviewing with seasoned vocational specialists followed by one-on-one interviews with real employers looking to hire.

Partner Agency agrees to:

- Prioritize education and training for people experiencing homelessness;

- Partner with the CoC to develop pathways to increase income from employment for persons experiencing homelessness, including persons served by CoC and Emergency Solutions Grant (ESG) programs;
- Participate in the CoC Employment Committee;
- Refer program participants to quarterly hiring events described above;
- Maintain an active membership with the CoC.

MDHI Signature

Matt Meyer, PhD, Executive Director

Name and Title

Partner Agency Signature

Scott Kerr, MTS Dir. New Busn Development.

Name and Title

Racial Disparities in the Homeless Crisis Response System Assessment Report

2018

Authored By: Karissa Johnson and Tracesea Slater

metro denver homeless initiative

I. Executive Summary……3

II. The Equity and Accessibility Work Group……4

III. Regional Racial Demographics in Homelessness……5-8

IV. VI-SPDAT Racial Disparities Summary……9-16

V. Racially Equitable Housing Outcomes……17-21

VI. 2019 Equity and Accessibility Blueprint for Success……22

Executive Summary

Racial Equity in Housing and Homelessness

The Metro Denver Homeless Initiative (MDHI) places great value on racial equity, diversity and including the voices of persons with lived experience of homelessness to help us achieve our goal of ending homelessness in the Denver Metro area. Analysis from both our Equity and Accessibility Committee and the 2018 PIT data has confirmed that despite local poverty rates, communities of color are disproportionately overrepresented among Metro Denver's homeless population. Achieving racially equitable outcomes and undoing generations of oppressive systems requires us to recognize these racial inequities and orient our communities to discussing, analyzing and actively working to solve racial inequities experienced by populations overrepresented in homelessness in our community.

Race is the consistent factor perpetuating the greatest disparities associated with access to housing and instances of homelessness. For Metro Denver to end homelessness we must address the role racism plays in preserving housing inequities and homelessness. The Metro Denver Homeless Initiative is committed to developing progressively inclusive solutions to address racially inequitable housing outcomes for populations who have been traditionally underserved by public service systems. To achieve far-reaching and long standing racially equitable outcomes, MDHI is focused on developing responses to address the impacts of multi-generational discriminatory housing policies that disenfranchise communities of color.

The following is a collection of various data charts and graphs used to evaluate our current homeless crisis response system's racial equity and accessibility. Based on the findings of this report, our community's Equity and Accessibility Committee is committed to developing strategic recommendations to improve outcomes for community members facing housing instability and homelessness.

> *"*There is no silver bullet to ending racism, and there is no silver bullet to ending homelessness. What we have to do is wake up and start the **conversation" –** Marc Dones, Jeff Olivet & Dr. Monica Bharel

The Equity and Accessibility Work Group

The Equity and Accessibility work group of MDHI is a group of community stakeholders committed to evaluating and improving the homeless crisis response system in the Denver metro area. Ensuring that marginalized community members are included in the development of processes and not an afterthought is paramount to the foundation of this work group.

Work group meetings have always been open to the public and there has been considerable effort to ensuring that those attending these meetings are from varying levels of leadership and direct service professionals at their respective organizations. There have been coordinated efforts to ensure the meetings are regional and have strong representation from all seven counties of the Denver Metro area, though there is still room for improvement on this front. Lastly, the meetings were initially lacking in representation from communities of color. However, due to the efforts of community stakeholders who consistently participated and understood the value of elevating the voices of communities of color, in conversations about equity and access to services, meeting participation has evolved into a gathering of stakeholders of diverse expertise, lived experience in homelessness, and strong representation from communities of color.

After several months of meeting and having conversations about the available data, and what an equitable and accessible system would look like, the Equity and Accessibility work group came up with the following mission statement and process steps for developing CoC recommendations:

The Equity and Accessibility working group seeks to enhance the quality of fair and impartial service and resource delivery of the Denver Metro Homeless Crisis Response system. We do this by evaluating available data, collaborating across the region, including perspectives outside of homeless services, and developing recommendations to be put forth to the wider community for consideration. Our commitment is rooted in the goal to reverse the impacts of policies that perpetuate inequity in our society.
For each policy we draft we should be asking ourselves:

1. *Does the outcome of this recommendation promote fair and impartial service and resource delivery?*
2. *Is our recommendation rooted in data?*
3. *Did we include the perspectives of other counties within the Denver Metro area?*
4. *Did we include the perspectives of service providers outside of homelessness (mental health, criminal justice, veterans etc.)?*
5. *Have we included the perspectives of persons with lived experience with homelessness?*
6. *Does the recommendation move the needle towards reversing the impact of a previous practice in discrimination towards a marginalized group?*

Regional Racial Demographics in Homelessness

In 2018 the Equity and Accessibility work group began meeting and discussing the intersection of race and homelessness. Every meeting led to an evaluation of data. The process began with comparing the overall regional racial and ethnic demographics of the seven-county metro area, against numbers in the coordinated entry system, OneHome, and the regional 2018 PIT (Point In Time) data on people experiencing homelessness.

The comparisons of overall racial and ethnic demographics comparative to those in both PIT data and OneHome data, showed glaring racial disparities for persons identifying as Black or African American. Because the coordinated entry system, OneHome, contains more reliable data than the current HMIS system OneHome data has been used exclusively beyond this point. The existing coordinated entry systems for youth, families and unaccompanied adults, offered greater insight into some of the racial and ethnic disparities in these numbers.

The following table shows overall regional demographics by race in the top left-hand column. The middle column is the 2018 PIT data on persons experiencing homelessness in the region. The top right-hand column is the racial demographic data for all persons surveyed through OneHome with a current release of information, in our coordinated entry system, Salesforce. The green, yellow and orange tables below are breakdowns of the coordinated entry system, OneHome, by special populations-youth in green, families in yellow and single unaccompanied adults in orange.

When evaluating the racial disparities by population type, Black or African Americans make up 5% of the overall population but represent 27% of youth surveyed in the coordinated entry system, OneHome. While it is undetectable in the overall numbers, American Indian, Alaska Native, Native Hawaiian, or Other Pacific Islanders, make up only 4% of the overall population, but 10% of youth surveyed through coordinated entry.

In the family system, families identifying as Black or African American make up 32% of families in homelessness while still only representing 5% of the population overall. Hispanic or Latinx families represent 29% of families surveyed through coordinated entry despite making up on 23% of the population.

Denver Metro Population Demographic Breakdowns by Race/Ethnicity & Homeless Populations

http://www.metrodenver.org/do-business/demographics/ethnicity/

% of Denver Metro Population by Race		% of people experiencing homelessness in Denver Metro by Race (PIT 2018)		% of OneHome System entries in Denver Metro by Race	
RACE:	%	RACE:	%	RACE:	%
White	67%	White	55.6	White	52%
Black or African American	5%	Black or African American	19.8	Black or African American	22%
Asian	2%	Asian	1	Asian	0%
American Indian or Alaska Native or Native Hawaiian or Other Pacific Islander	4%	American Indian or Alaska Native or Native Hawaiian or Other Pacific Islander	5.7	American Indian or Alaska Native or Native Hawaiian or Other Pacific Islander	7%
Hispanic/ Latino (Ethnicity- can be Hispanic/Latino and any other race)	23%	Hispanic/ Latino (Ethnicity- can be Hispanic/Latino and any other race)	22.6	Hispanic/ Latino (Ethnicity- can be Hispanic/Latino and any other race)	18%
% of YOUTH in Denver Metro Coordinated Entry System By Race:		**% of FAMILIES experiencing homelessness in Denver Metro by RACE:**		**% of Single Adults experiencing homelessness In Denver Metro by RACE:**	
RACE:	%	RACE:	%	RACE:	%
White	54%	White	50%	White	58%
Black or African American	27%	Black or African American	32%	Black or African American	21%
Asian	1%	Asian	1%	Asian	1%
American Indian or Alaska Native or Native Hawaiian or Other Pacific Islander	10%	American Indian or Alaska Native or Native Hawaiian or Other Pacific Islander	6%	American Indian or Alaska Native or Native Hawaiian or Other Pacific Islander	8%
Hispanic/ Latino (Ethnicity- can be Hispanic/Latino and any other race)	23%	Hispanic/ Latino (Ethnicity- can be Hispanic/Latino and any other race)	29%	Hispanic/ Latino (Ethnicity- can be Hispanic/Latino and any other race)	17%

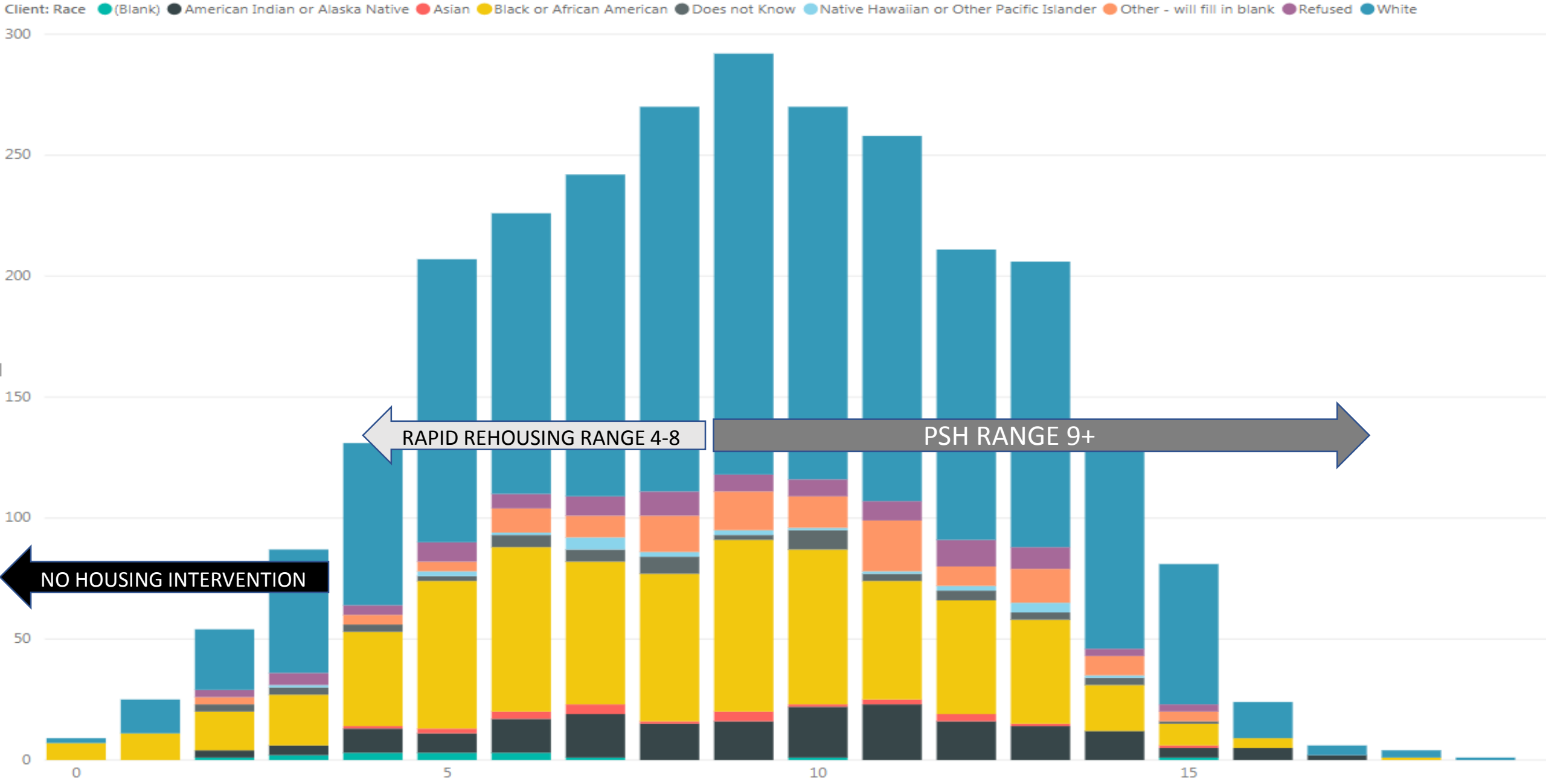
After reviewing the data obtained from the comparison of overall regional demographics and percentages in homelessness, the Equity and Accessibility work group decided to look further into the coordinated entry system, OneHome. Questions about housing outcomes and the community tool, the VI-SPDAT, arose and further analysis began.

Community stakeholders at agencies using the VI-SPDAT shared anecdotal stories and opinions about the wording of questions on the community standard tool and how this might perpetuate the likelihood of community members of color scoring too low to qualify for permanent supportive housing resources (PSH). There were also concerns raised regarding potential impacts of community meeting participants and direct service level employees being predominantly white and female. Since homelessness nationwide is consistently 70% male and ranging from 40%-60% people of color, concerns were raised about community members of color being surveyed by someone who may not identify with them, racially, ethnically, linguistically or culturally and could adversely impact their experience.

While no official evaluation of every CoC funded organization was done to ascertain racial demographics of all program staff, the Equity and Accessibility had consensus that the people working with those experiencing homelessness, were not racially, ethnically, linguistically or culturally representative of people experiencing homelessness or people seeking services at their respective agencies.

These conversations led to an analysis of persons surveyed using the VI-SPDAT tool, by race. Results of this analysis showed that the higher the score on the VI-SPDAT, the more likely the respondent was to be white. The VI-SPDAT analysis showed interesting data listed below. The following pages include a chart showing scores on the VI-SPDAT by race of all persons in Salesforce, followed by the report presented to the Equity and Accessibility group on the VI-SPDAT tool. The evaluation of the VI-SPDAT was conducted by an active participant in the work group who was also a data analyst at a stakeholder agency. The report includes a question by question analysis of respondents who received points on the survey, by race. The next section includes a detailed report accompanied by varying excel charts to better illustrate the findings.

Scores on VISPDAT By Race in Salesforce



VI-SPDAT Racial Disparities Summary

Overall

The data shows some differences in the answers to systems involvement questions on the VI-SPDAT by race and ethnicity, however these differences were not consistent and sometimes overrepresented respondents who self-identified as white. The data looking at the representation among the individual questions perhaps can be used to guide further investigation.

There are no indications overall that using these questions from the VI-SPDAT to oversample people of color will be a successful or effective strategy. One factor is that that these questions do not accurately capture systems involvement, as we would like it to be captured, due to the wording of the questions and the limiting time periods. Other considerations include how power dynamics, the racial identity of the client and the interviewer, and the client's perception of how they need to present themselves to secure housing may affect the client's responses to these questions.

If systems involvement measures are to be used to increase housing of people of color, it is likely that collaborations with these systems will need to be instituted.

Families (654 total respondents)

In the family data overall, reflects that white people are overrepresented in the questions that indicated systems involvement. This implies that these items on the VISPDAT are not likely an effective strategy to increase housing for people of color in families.

However, there are some questions in wherein Latinx/Hispanic families are overrepresented and this could be an area for further work.

Below are the individual questions used and any notes on racial representation in the answers.

*8. In the past six months, how many times have you or anyone in your family… f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offense, or anything in between? **

- Of clients answering yes to this question, Latinx/Hispanic families are overrepresented by 6 percentage points compared to all clients.
- Whites families are overrepresented by 11 percentage points compared to all clients.

*9. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of: c. A learning disability, developmental disability, or other impairment? **

- Of clients answering yes to this question, Non-Latinx/Hispanic families were overrepresented by 5 percentage points compared to all clients.
- Whites families are overrepresented by 3 percentage points compared to all clients.

32. Are there any children that have been removed from the family by a child protection service within the last 180 days?

- Of clients answering yes to this question, Latinx/Hispanic families are overrepresented by 15 percentage points compared to all clients.
- Whites families are overrepresented by 22 percentage points compared to all clients.

33.2. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?

- Of clients answering yes to this question, Latinx/Hispanic families are overrepresented by 1 percentage point compared to all clients.
- Whites families are overrepresented by 10 percentage points compared to all clients.

36. IF THERE ARE SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week?

- Of clients answering no to this question, Latinx/Hispanic families are overrepresented by 4 percentage points compared to all clients.
- Whites families are overrepresented by 7 percentage points compared to all clients.

Additional? Do you have any open child welfare cases?

- Of clients answering yes to this question, Latinx/Hispanic families are overrepresented by 1 percentage point compared to all clients.
- Whites families are represented at the same rate as families of color.

RISK Section of VISPDAT: Top 4 Questions			Data Analysis of Responses	
	Population Type	Exact Question as it appears in current version of the VI-SPDAT	The difference between Black Responders and White Responders	The combined difference between several other racial demogrpahics and White Responders
Risks	Individual	e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?*	-3.4	
	Family	e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?*	-1.4	
	Youth	e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?*	-5.9	-3.2
	Individual	5. Have you been attacked or beaten up since you've become homeless?*	-10%	
	Family	9. Have you or anyone in your family been attacked or beaten up since they've become homeless?*	-10%	
	Youth	5. Have you been attacked or beaten up since you've become homeless?*	-14%	-17%
	Family	11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live?*	-14%	
	Youth	7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?*	-10%	-11%
	Individual	7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?*	-6%	-3%
	Individual	8. Does anybody force or trick you to do things that you do not want to do?*	-8%	
	Family	12. Does anybody force or trick you or anyone in your family to do things that you do not want to do?*	-11%	
		Risk Section of VISPDAT: Others Questions of Concern	**The difference between Black Responders and White Responders**	**The difference between all other racial demographics and White Responders**
	Family	d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?*	-1.2	
	Youth	a) Received health care at an emergency department/room?	-0.8	-1.7
	Youth	6. Have you threatened to or tried to harm yourself or anyone else in the last year?*	-18%	-31%
	Youth	10. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?*	-9%	-18%
		Wellness Section of VISPDAT: Top 4 Questions	**The difference between Black Responders and White Responders**	**The difference between all other racial demographics and White Responders**
Wellness	Individual	23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of: a) A mental health issue or concern?*	-13%	-17%
	Family	26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of: a) A mental health issue or concern?*	-9%	
	Youth	25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of: a) A mental health issue or concern?*	-8%	-23%
	Individual	21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?*	-11%	-1%
	Family	24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past?*	-9%	
	Youth	22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?*	-14%	-21%
	Youth	17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?*	-16%	-21%
	Family	20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?*	-8%	
	Family	31. Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced?	-8%	
	Individual	27. Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?*	-12%	-8%
		Wellness Section: Other Questions of Concern	**The difference between Black Responders and White Responders**	**The difference between all other racial demographics and White Responders**
	Individual	19. When you are sick or not feeling well, do you avoid getting help?*	-13%	-1%
	Family	28. Does any single member of your household have a medical condition, mental health concerns, and experience with problematic substance use?*	-12%	

Risk Section of Family VISPDAT	Average Score and Percentages By Racial Category		
8. In the past six months, how many times have you or anyone in your family…	Black Respondents	White Respondents	Difference Between Black and White
a) Received health care at an emergency department/room?*	1.7	2.6	-0.9
b) Taken an ambulance to the hospital?*	0.4	0.6	-0.2
c) Been hospitalized as an inpatient?*	0.4	0.5	-0.1
d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?*	1.6	2.8	-1.2
e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?*	0.6	2	-1.4
f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offense, or anything in between?*	0.2	0.5	-0.3
This section is all yes or no questions so responses are percentages of respondents who said, YES	**Black Respondents**	**White Respondents**	**Difference Between Black and White**
9. Have you or anyone in your family been attacked or beaten up since they've become homeless?*	23%	33%	-10%
10. Have you or anyone in your family threatened to or tried to harm themself or anyone else in the last year?	13%	20%	-7%
11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live?*	25%	39%	-14%
12. Does anybody force or trick you or anyone in your family to do things that you do not want to do?*	8%	19%	-11%
13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that?*	7%	12%	-5%
Wellness Section of Family VISPDAT	**Black Respondents**	**White Respondents**	**Difference Between Black and White**
19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family?*	19%	21%	-2%
20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?*	31%	39%	-8%
21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family?*	8%	5%	3%
22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?*	8%	11%	-3%
23. When someone in your family is sick or not feeling well, does your family avoid getting medical help?*	20%	19%	1%
24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past?*	4%	13%	-9%
25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?*	0%	3%	-3%
26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of: a) A mental health issue or concern?*	9%	18%	-9%
26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of: b) A past head injury?*	3%	9%	-6%
26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of: c. A learning disability, developmental disability, or other impairment?*	6%	12%	-6%
27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed?*	6%	8%	-2%
28. Does any single member of your household have a medical condition, mental health concerns, and experience with problematic substance use?*	5%	17%	-12%
29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking?*	29%	29%	0%
30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication?*	4%	3%	1%
31. Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced?	61%	69%	-8%

Individuals (2,309 total respondents)

In the individual data overall, there was a very slight overrepresentation of people of color, but only 2 percentage points. There was a higher overrepresentation of Latinx/Hispanic individuals at 6 percentage points. These low rates of overrepresentation are not likely to achieve the desired results in terms of increased housing of people of color.

Below are the individual questions used and any notes on racial representation in the answers.

*4.f. In the past six months, how many times have you… f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offense, or anything in between? **

- Of clients answering yes to this question, Latinx/Hispanic individuals were overrepresented by 2 percentage points compared to all clients.
- Respondents of color are overrepresented by 1 percentage point compared to all clients.

*5.c. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of: c. A learning disability, developmental disability, or other impairment? **

- Of clients answering yes to this question, Latinx/Hispanic individuals are overrepresented by 4 percentage points compared to all clients.
- Whites individuals are overrepresented by 1 percentage point compared to all clients.

Additional? Have you ever been in foster care?

- Of clients answering yes to this question, Latinx/Hispanic individuals are overrepresented by 3 percentage points compared to all clients.
- Respondent of color are overrepresented by 1 percentage point compared to all clients.

Additional? Have you been in jail or in prison during the last 6 months?

- Of clients answering yes to this question, Latinx/Hispanic individuals were overrepresented by 5 percentage points compared to all clients.
- Respondent of color individuals are overrepresented by 2 percentage point compared to all clients.

Additional? Are you currently on either parole or probation?

- Of clients answering yes to this question, Latinx/Hispanic individuals were overrepresented by 2 percentage points compared to all clients.
- Respondent of color individuals are overrepresented by 1 percentage point compared to all clients.

Risks Section of the Adult VISPDAT Survey	Averages & Percentages By Racial Category				
4. In the past six months, how many times have you..	Black Respondents	White Respondents	Difference Between Black and White	Asian Respondents	Difference Between Asian and White
a) Received health care at an emergency department/room?	2.5	2.4	0.1	2.9	0.5
b) Taken an ambulance to the hospital?*	1.3	1.2	0.1	1.1	-0.1
c) Been hospitalized as an inpatient?*	0.9	1	-0.1	0.6	-0.4
d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?*	1.2	1.5	-0.3	0.6	-0.9
e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?*	2.9	6.3	-3.4	3	-3.3
f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offense, or anything in between?*	1.5	2.3	-0.8	1.1	-1.2
This section is all yes or no questions so responses are percentages of respondents who said, YES	**Black Respondents**	**White Respondents**	**Difference Between Black and White**	**Asian Respondents**	**Difference Between Asian and White**
5. Have you been attacked or beaten up since you've become homeless?*	35%	45%	-10%	36%	-9%
6. Have you threatened to or tried to harm yourself or anyone else in the last year?*	25%	28%	-3%	14%	-14%
7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?*	33%	39%	-6%	36%	-3%
8. Does anybody force or trick you to do things that you do not want to do?*	15%	23%	-8%	7%	-16%
9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?*	20%	27%	-7%	14%	-13%

Wellness Section of the Adult VISPDAT Survey	Black Respondents	White Respondents	Difference Between Black and White	Native Hawaiian/Other Pacific Islander	Difference Between Native Hawaiian/Other Pacific Islander and White
15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of	20%	23%	-3%	15%	-8%
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?*	41%	43%	-2%	39%	-4%
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, wou	15%	14%	1%	15%	1%
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?*	17%	21%	-4%	15%	-6%
19. When you are sick or not feeling well, do you avoid getting help?*	34%	47%	-13%	46%	-1%
20. FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant?*	28%	25%	3%	0%	-25%
21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were	21%	32%	-11%	31%	-1%
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?*	7%	15%	-8%	15%	0%
23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of: a) A mental health issue or concern?*	19%	32%	-13%	15%	-17%
23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of: b) A past head injury?*	15%	23%	-8%	23%	0%
23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of: c) A learning disability, developmental disability, or other impairment?*	12%	18%	-6%	8%	-10%
24. Do you have any mental health or brain issues that would make it hard for you to live independently be	9%	15%	-6%	8%	-7%
25. Are there any medications that a doctor said you should be taking that, for whatever reason, y	29%	33%	-4%	15%	-18%
26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where y	7%	7%	0%	15%	8%
27. Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?*	50%	62%	-12%	54%	-8%

Youth (201 total respondents)

In the youth data overall, there was the highest overrepresentation of people of color at 9 percentage points. Overall, Latinx/Hispanic youth are not overrepresented the data, however they are slightly overrepresented in some of the individual questions. These overall low rates of overrepresentation are not likely to achieve the desired results in terms of increased housing of people of color. However, the results definitely indicate disparities that should be explored further. Below are the individual questions used and any notes on racial representation in the answers.

4.f. In the past six months, how many times have you… f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk
tank, a longer stay for a more serious offense, or anything in between? *

- Of clients answering yes to this question, Latinx/Hispanic youth were overrepresented by 7 percentage points compared to all clients.
- Youth respondents of color are overrepresented by 6 percentage points compared to all clients.

*5.Were you ever in the Department of Youth Corrections (DYC) when you were younger than age 18? **

- Of clients answering yes to this question, Latinx/Hispanic youth were overrepresented by 4 percentage points compared to all clients.
- Youth respondents of color are overrepresented by 10 percentage points compared to all clients.

6.c. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of: c. A learning
*disability, developmental disability, or other impairment? **

- Of clients answering yes to this question, Latinx/Hispanic youth were overrepresented by 5 percentage points compared to all clients.
- Youth respondents of color are overrepresented by 7 percentage points compared to all clients.

Additional? Have you ever been in foster care?

- Of clients answering yes to this question, Non Latinx/Hispanic youth were overrepresented by 4 percentage points compared to all clients.
- Youth respondents of color are overrepresented by 1 percentage point compared to all clients.

RISK SECTION OF TAY VISPDAT	Averages By Racial Category			Averages By Racial Category	
4. In the past six months, how many times have you...	Black Respondents	White Respondents	Difference Between Black and White	American Indian/Alaska Native	Difference Between American Indian/ Alaska Native and White Respondents
a) Received health care at an emergency department/room?	1.5	2.3	-0.8	0.6	-1.7
b) Taken an ambulance to the hospital?*	0.7	1.4	-0.7	0.4	-1
c) Been hospitalized as an inpatient?*	0.5	0.8	-0.3	0.2	-0.6
d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?*	0.9	1.1	-0.2	1.2	0.1
e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?*	1.2	7.1	-5.9	3.9	-3.2
f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like Detox, a longer stay for a more serious offense, or anything in between?*	0.5	0.4	0.1	0.3	-0.1
This section is all 'Yes or No' questions. Responses are percentages of respondents who said, YES	**Black Respondents**	**White Respondents**	**Difference Between Black and White**	**American Indian/Alaska Native**	**Difference Between American Indian/ Alaska Native and White Respondents**
5. Have you been attacked or beaten up since you've become homeless?*	28%	42%	-14%	25%	-17%
6. Have you threatened to or tried to harm yourself or anyone else in the last year?*	30%	48%	-18%	17%	-31%
7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?*	26%	36%	-10%	25%	-11%
8. Were you ever in the Department of Youth Corrections (DYC) when you were younger than age 18?*	30%	26%	4%	33%	7%
9. Does anybody force or trick you to do things that you do not want to do?*	21%	20%	1%	33%	13%
10. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?*	26%	35%	-9%	17%	-18%
WELLNESS SECTION OF TAY VISPDAT	**Black Respondents**	**White Respondents**	**Difference Between Black and White**	**American Indian/Alaska Native**	**Difference Between American Indian/ Alaska Native and White Respondents**
16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?*	6%	11%	-5%	0%	-11%
17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?*	13%	29%	-16%	8%	-21%
18. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?*	6%	6%	0%	0%	-6%
19. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?*	4%	10%	-6%	0%	-10%
20. When you are sick or not feeling well, do you avoid getting help?*	60%	49%	11%	25%	-24%
21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?	38%	34%	4%	42%	8%
22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?*	11%	25%	-14%	8%	-17%
23. Will drinking or drug use make it difficult for you to stay housed or afford your housing?	4%	6%	-2%	0%	-6%
24. If you've ever used marijuana, did you ever try it at age 12 or younger?*	40%	28%	12%	25%	-3%
25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of: a) A mental health issue or concern?*	23%	31%	-8%	8%	-23%
25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of: b) A past head injury?*	8%	8%	0%	0%	-8%
25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of: c) A learning disability, developmental disability, or other impairment?*	11%	14%	-3%	8%	-6%
26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?*	11%	19%	-8%	8%	-11%
27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	34%	39%	-5%	25%	-14%
28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?*	6%	9%	-3%	0%	-9%

Racially Equitable Housing Outcomes

The Equity and Accessibility work group's analysis of the VI-SPDAT led to conversations about ways to offset the disparities seen in score ranges and the likelihood of people of color to score lower, and thus be placed in an intervention type that may not be suitable for their needs. From this point, the group began developing a recommendation on the expectation that the region consistently produces racially equitable housing outcomes. While that recommendation has not yet been finalized, the Equity and Accessibility group plans to submit a series of recommendations for the continuum to adopt in 2019.

In considering the racially equitable housing outcomes expectation, the Equity and Accessibility group evaluated available housed outcomes data available through the coordinated entry system, OneHome, from an interim data system, Salesforce. It is important to note, that the data available was incomplete, but it was what was available at the time.

The Equity and Accessibility group reevaluated the overall population demographics, compared to representation of people in homelessness, surveyed through the coordinated entry system, OneHome. In considering the last question of the mission statement,

> *"Does the recommendation move the needle towards reversing the impact of a previous practice in discrimination towards a marginalized group?"*

the Equity and Accessibility group decided it would not be an equitable system, if we only housed people at the percentages they represented in homelessness, because it would not "reverse the impact of a previous practice". The group is still in the process of developing an objective formula that can measure racially equitable housing outcomes, but as of now, the group has decided to use racial representation in homelessness as a minimum expectation of housed outcomes through the system, irrespective of representation in the overall population.

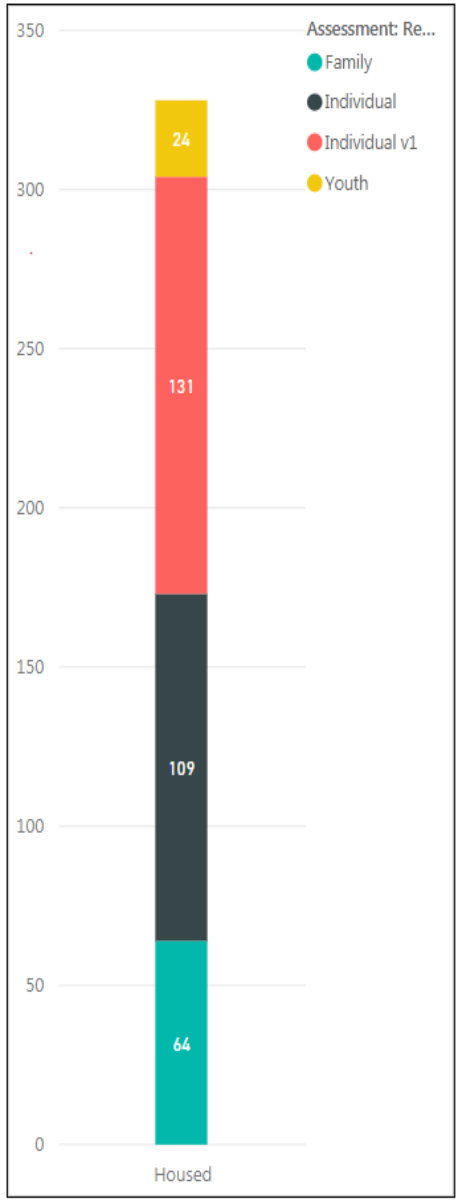
In using this minimum expectation, the Equity and Accessibility group evaluated available housed data from October 2017 to October 2018 to measure how racially equitable the community's housing outcomes are, within the coordinated entry system, OneHome. It is worth mentioning again, that the available housed data through the coordinated entry system, OneHome, was not complete at time of evaluation, but it was the only data available at that time.

Coordinated Entry Housed Data by Race

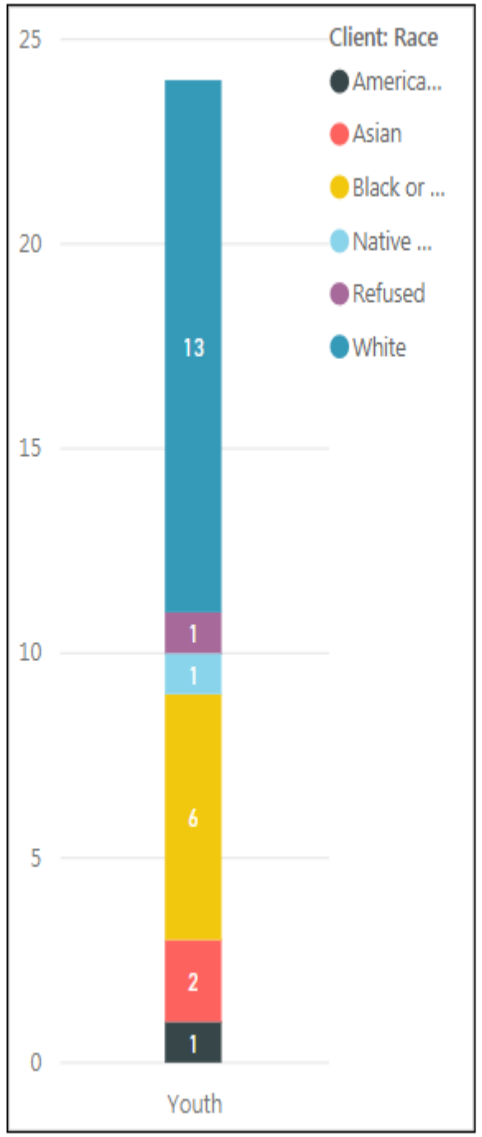
October 2017-October 2018

OneHome

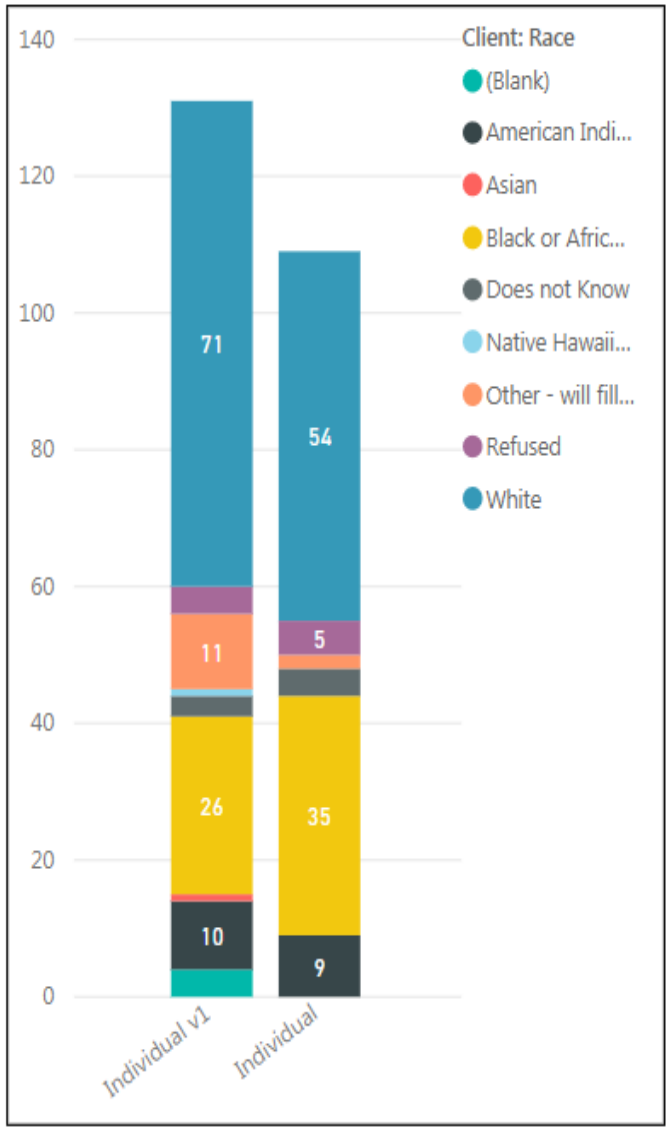
All Salesforce Housed Data



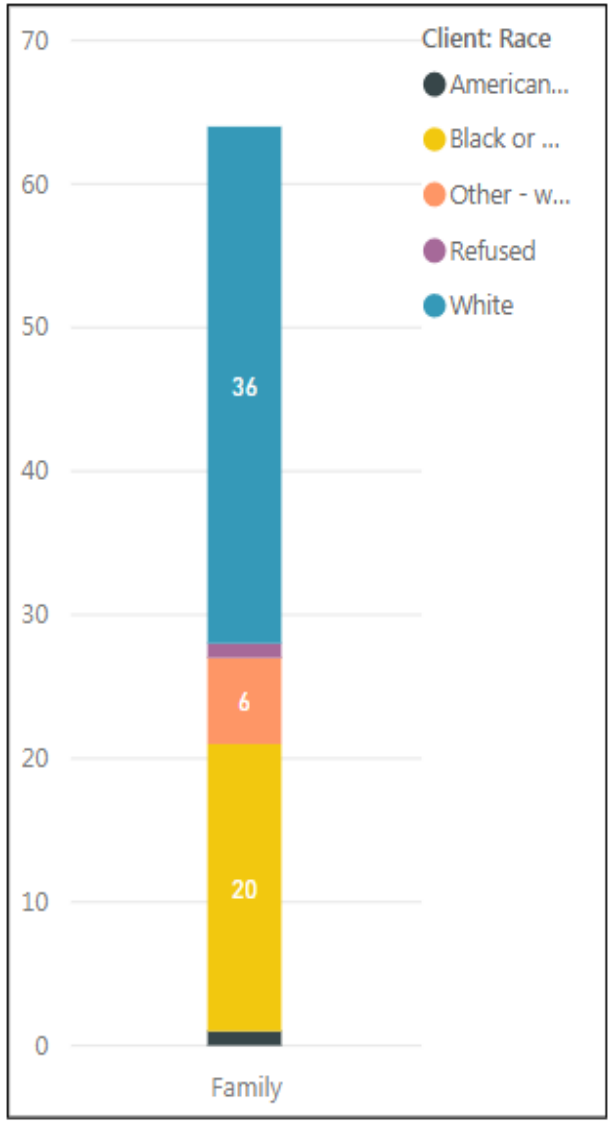
Youth Housed Data By Race



Adult Housed Data By Race



Family Housed Data By Race

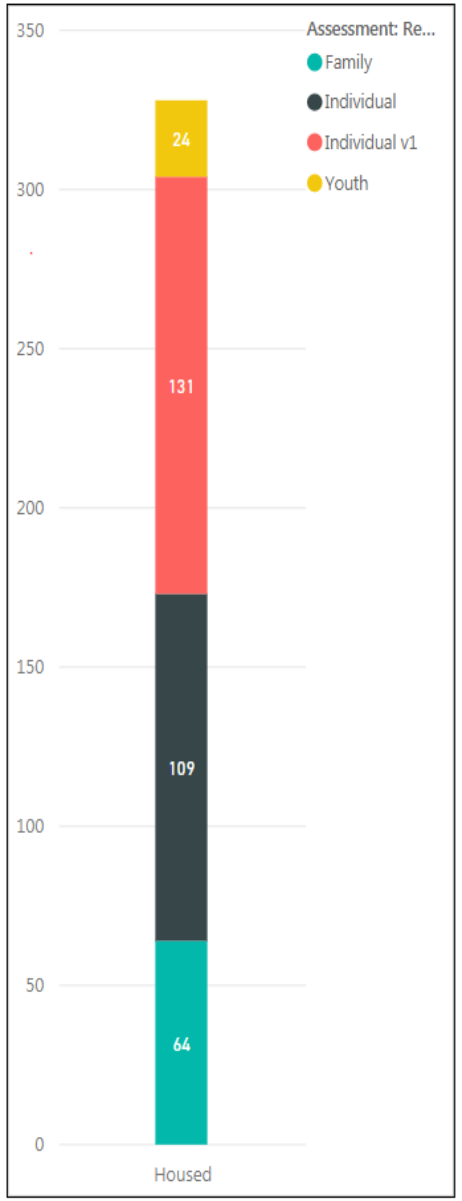


Coordinated Entry Housed Data by Ethnicity

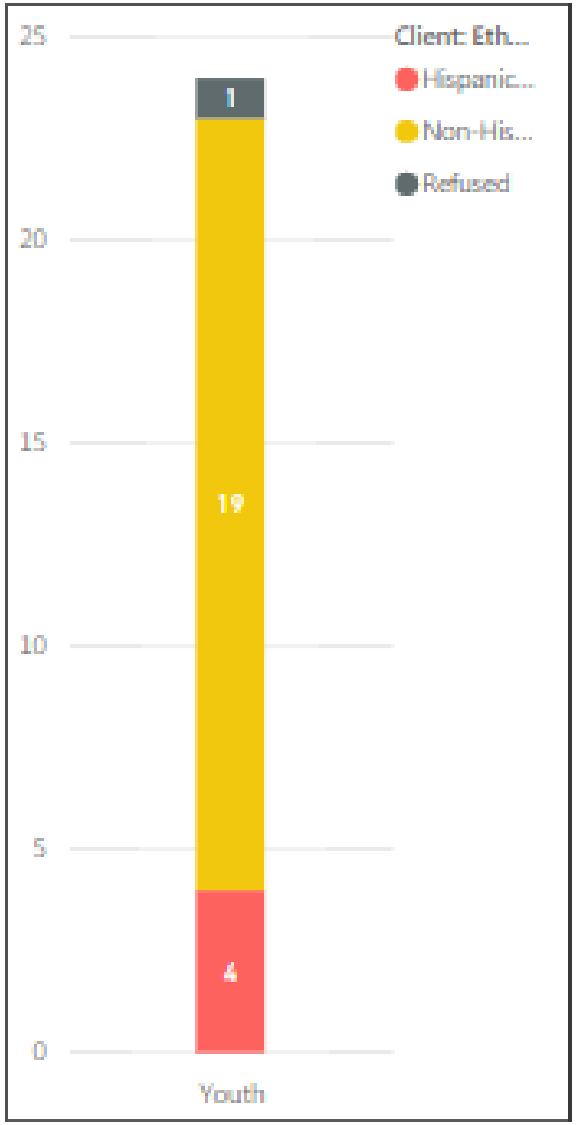
October 2017-October 2018

OneHome

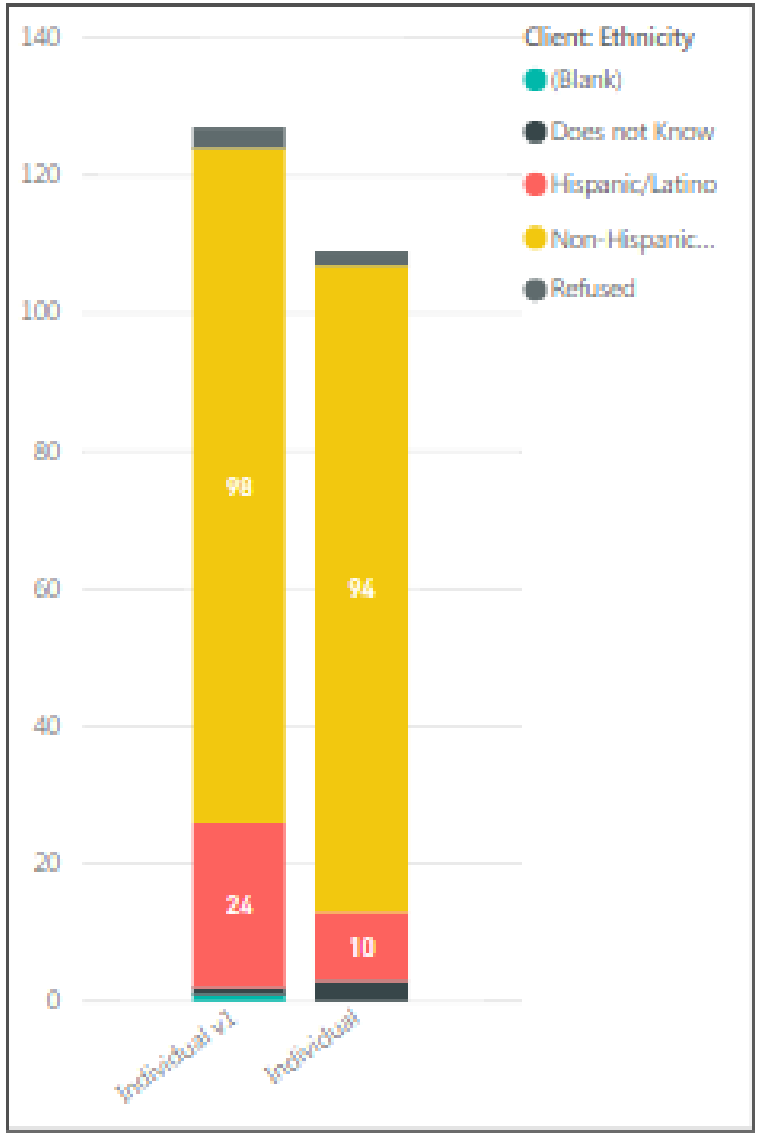
All Salesforce Housed Data



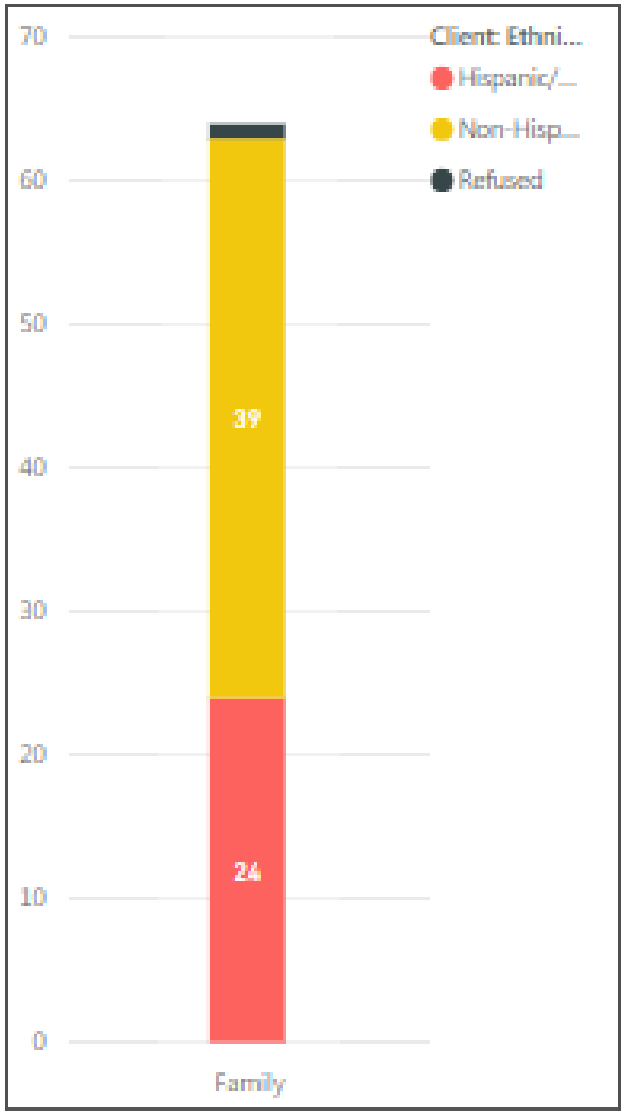
Youth Housed Data By Ethnicity



Adult Housed Data By Ethnicity



Family Housed Data By Ethnicity



Coordinated Entry Housed Data by Percentage

October 2017-October 2018

OneHome

Housed Data By Race for Youth	% HOUSED	% Surveyed	Housed Data By Race for Adults	% HOUSED	% Surveyed	Housed Data By Race for Families	% HOUSED	% Surveyed
American Indian or Alaska Native; Native Hawaiian or Other Pacific Islander	9%	10%	American Indian or Alaska Native; Native Hawaiian or Other Pacific Islander	9%	8%	American Indian or Alaska Native; Native Hawaiian or Other Pacific Islander	2%	6%
Asian	8%	1%	Asian	1%	1%	Asian	0%	1%
Black or African American	25%	27%	Black or African American	25%	21%	Black or African American	31%	32%
White	54%	54%	White	52%	58%	White	56%	50%
Refused	4%		Refused	4%		Refused	2%	
Does Not Know	0%		Does Not Know	3%		Does Not Know	0%	
Other	0%		Other	5%		Other	9%	
Blank	0%		Blank	1%		Blank	0%	
Housed Data By Ethnicity for Youth		**% Surveyed**	**Housed Data By Ethnicity for Adults**		**% Surveyed**	**Housed Data By Ethnicity for Families**		**% Surveyed**
Hispanic/ Latinx	17%	23%	Hispanic/ Latinx	14%	17%	Hispanic/ Latinx	38%	29%
Non Hispanic/ Non Latinx	79%		Non Hispanic/ Non Latinx	80%		Non Hispanic/ Non Latinx	61%	
Refused	4%		Refused	6%		Refused	2%	

Note: American Indian or Alaska Native and Native Hawaiian or Other Pacific Islander are 2 separate racial categories on the VI-SPDAT are added into a single category in our analysis because overall population demographics categorized the 2 as a single category. VI-SPDAT data was adjusted to make the analysis consistent.

As seen in the 3 charts on the previous pages, the coordinated entry system, OneHome, does not show glaring disparities in housing placements by race. Apart from a few, most racial and ethnic demographic categories are proportionately housed through coordinated entry as surveyed. Only Hispanic/Latinx youth are underrepresented in housing at an excess of 5%. While there are a few categories who are not housed at the minimum representation in homelessness, there are no other racial demographic being under housed at an excess of 5%. Black or African American youth are under housed at 2%. American Indian or Alaska Native; Native Hawaiian or Other Pacific Islander are housed at 2% but make up 6% of those surveyed.

The challenge with this is knowing the intervention type people are placed in, by race, and then layering on an additional evaluation of returns to homelessness by race, a metric, the interim system, Salesforce and current HMIS system through AdSysTech, is unable to produce. It is well known in the community that the OneHome family system almost exclusively utilizes Rapid Rehousing resources. From October 2018- October 2018, over 50% of families housed racially identified as Black/African American or Hispanic/Latinx.

What is unknown is the system inflow by race. Even if known, there would still be an inability to determine whether or not families housed with RRH are returning to the system and being rehoused with the same intervention type.

The good news is that the new and improved HMIS system through Clarity BitFocus will be able to help answer many of the current questions as well as those to come. From the data available, the Equity and Accessibility group has been able to develop an outline of ideas to address racial equity in the homeless crisis response system. The group has identified 5 key components to a racially equitable system and plan to implement fully developed recommendations based on further data analysis and the data evaluated up to this point.

The 5 key areas address, who is being housed, who is entering into homelessness, who gives feedback on how the system functions, who is working with people experiencing homelessness, and/or making decisions that directly impact their access to services, and lastly, who is “failing” out of housing programs. By thinking through strategies to incorporate more voices of community members of color and voices of lived experience, the Equity and Accessibility group plans to develop innovative solutions to improve outcomes for the community’s most vulnerable and marginalized members. The following is an outline of recommendations to come from the Equity and Accessibility work group in 2019.

2019 Equity and Accessibility Group Blueprint

1. Racially Equitable Housing Outcomes
    a. Who is being housed?
    b. Are our annual housing outcomes proportionate to the percentages of people experiencing homelessness in our community?
        i. By Race?
        ii. By Ethnicity?
    c. What are the proportions of persons housed in PSH vs RRH by race, and how does this impact long term housing stability and recidivism rates? (revisited in Racially Equitable Retention Benchmarks)

2. Eviction Prevention Strategies
    a. Who are we preventing from entering our homeless services systems?
    b. How can we strategically target communities at greater risk of eviction to prevent entering homelessness?
    c. How can we increase collaborative efforts with Public Housing Authorities to decrease evictions from their properties?

3. Representation at all levels of CoC funded programs
    a. Who is working with community members experiencing homelessness?
    b. Do our staff & decisions makers at all levels of organizations identify with the populations we serve?
        i. Racially, ethnically, culturally, linguistically?

4. Lived Experience Advisory Board
    a. Who gives feedback about the responsiveness of our homeless crisis response system?
    b. Is our persons with lived experience feedback loop representative of the communities we seek to serve in homelessness?
        i. Racially, ethnically, culturally and linguistically

5. Racially Equitable Retention Benchmarks
    a. Who successfully retains housing and how?
    b. Who is "failing out" of programs?
        i. What system issues within programming inadvertently perpetuate racial inequities in housing outcomes?
    c. Are recidivism rates higher for community members of color? Why? Where? From Which Programs or counties are we seeing the highest recidivism rates? The lowest?

Meetings every 2nd Wednesday of the month at Mile High United Way 711 Park Ave in the MDHI 3rd floor Conference Room. For more info email karissa.johnson@denvergov.org