



**Northern Colorado Continuum of Care  
Coordinated Assessment and Housing Placement System (CAHPS)  
Policies and Procedures**

Approved by NoCO CoC Governing Board on June 15, 2021

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**Overview**

This document outlines the policies and procedures of the Northern Colorado Continuum of Care (NoCO CoC) Coordinated Assessment and Housing Placement System (CAHPS), also known as a coordinated entry system. Policies and procedures for CAHPS are expected to be implemented in a uniform way across the NoCO CoC for any participating entity in order to ensure consistency of services and ease of access.



## Definition of Coordinated Entry<sup>1</sup>

Over the last few years, the coordinated entry process has been described variously using some combination of the words centralized or coordinated; intake, assessment, or entry; and process or system. Some of these names have emphasized just one aspect—such as intake or assessment—or have seemed to imply that coordinated entry can only be conducted in one central place. In HUD’s vision, the coordinated entry process is an approach to coordination and management of a crisis response system’s resources that allows users to make consistent decisions from available information to efficiently and effectively connect people to interventions that will rapidly end their homelessness.

In the [Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System](#), HUD indicated that although the regulatory term is “centralized and coordinated assessment system,” for policy reasons HUD and other federal partners refer to it as the “coordinated entry process”—and to the document itself as the “Coordinated Entry Notice.” This change emphasizes that the process is not just about assessment but also about facilitating entry into the crisis response system and exit into housing. The Northern Colorado CoC refers to the local Coordinated Entry System as the Coordinated Assessment and Housing Placement System, or CAHPS.

**Mission:** The NoCO CoC Coordinated Assessment and Housing Placement System is a community-wide process that will connect households who are currently experiencing homelessness with appropriate housing intervention and/or needed resource(s).

**Vision:** The NoCO CoC Coordinated Assessment and Housing Placement System streamlines housing services so that homelessness in Northern Colorado is rare, brief, and non-recurring.

## Guiding Principles

- Our system will operationalize a shared community vision across Larimer and Weld counties with clear priorities and community ownership. We will collaborate with CoC partners across the region to ensure a full spectrum of services.
- A Housing First approach prioritizing permanent housing and voluntary supportive services. See Appendix C: CoC Housing First Standards.
- CAHPS will utilize a person-centered approach that preserves dignity and consumer choice in the housing process.
- CAHPS will implement a low-barrier to entry approach, in consultation with the Emergency Solutions Grant program, to make our housing process more efficient and effective. No individual will be turned away from services based on income, credit score/history, employment, disability status, substance use, or mental health history.
- Data collection will inform the CAHPS process, allowing us to see results such as reduced length of homelessness and increased long-term housing stability for individuals and families in our communities. Decision-making will be performance driven.
- Prioritization based on level of vulnerability and need will assist community partners in providing timely and targeted services.
- Our process will be transparent with expectations and outcomes communicated

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<sup>1</sup> <https://files.hudexchange.info/resources/documents/Coordinated-Entry-Core-Elements.pdf>



- regularly to all stakeholders, including housing service providers and the individual.
- A trauma informed approach will be used in all aspects of the coordinated entry process, which preserves dignity for all through the knowledge of and respect for individual traumatic experiences.

**Geographic Area:** The defined geographic area of the Northern Colorado CoC is Larimer and Weld counties, Colorado. All CAHPS activities operating in this geographic area will abide by the policies and procedures outlined in this document.

## **Purpose and Background**

### **HUD requirements**

Per the requirements of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, the Northern Colorado Continuum of Care has implemented a Coordinated Assessment and Housing Placement System (CAHPS). The goal of CAHPS is to ensure that the highest need, most vulnerable households in the community are prioritized for services and that the housing and services provided are used as effectively and efficiently as possible. These CAHPS Policies and Procedures meet HUD's requirements for coordinated entry as outlined in [Notice CPD-17-01: Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System](#).

The Northern Colorado CoC CAHPS is based on the following Continuum of Care overarching requirements and best practices:

- Requirement: All Continuum of Care (CoC) and Emergency Solutions Grant (ESG) grantees and sub-grantees are required to fill permanent housing resource vacancies using **only** CAHPS. CAHPS will ensure that all CoC and ESG housing resources are assigned in a timely manner.
- Requirement: Other funders, such as the Colorado Department of Local Affairs, Division of Housing may require that their housing resources are assigned through CAHPS. CAHPS will accommodate for this and ensure that all housing resources that are required to be assigned through CAHPS are assigned in a timely manner.
- Requirement: All CoC and ESG providers will utilize best practices, including person-centered and Housing First philosophies and must not require service participation by individuals in their programs.
- Best Practice: Providers outside the CoC/ESG funding stream are encouraged to use CAHPS to identify appropriate candidates for housing vacancies in the spirit of efficient and effective allocation of limited housing resources.
- The CAHPS Steering Committee will work in conjunction with the NoCO CoC Governing Board to ensure that households experiencing homelessness that are trying to secure housing through CAHPS are not denied admission to housing or separated from family members based on age, sex, gender, gender identity, or sexual orientation (see Policy 6: non-discrimination for full details).

### **Continuum of Care Program Interim Rule**

The CoC Program interim rule at [24 CFR 578.7\(a\)\(8\)](#) require that CoCs establish a centralized or coordinated assessment system. Per the General Provisions (Subpart A) section of the CoC Interim Rule, "Centralized or coordinated assessment system is defined to mean a centralized or coordinated process designed to coordinate program participant intake, assessment, and



provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool." This definition establishes basic minimum requirements for the Continuum's centralized or coordinated assessment system.

In relation to non-metro Continuums of Care, the General Provisions (Subpart B) section of the CoC Interim Rule, "Operating a Continuum of Care" states: "Such a system must be designed locally in response to local needs and conditions. For example, rural areas will have significantly different systems than urban ones. While the common thread between typical models is the use of a common assessment tool, the form, detail, and use of that tool will vary from one community to the next.

Some examples of centralized or coordinated assessment systems include: a central location or locations within a geographic area where individuals and families must be present to receive homeless services; a 2-1-1 or other hotline system that screens and directly connects callers to appropriate homeless housing/service providers in the area; a no wrong door approach in which a homeless family or individual can show up at any homeless service provider in the geographic area but is assessed using the same tool and methodology so that referrals are consistently completed across the Continuum of Care; a specialized team of case workers that provides assessment services to providers within the Continuum of Care; or in larger geographic areas, a regional approach in which hubs are created within smaller geographic areas."

For further guidance on ensuring equal access for integrating youth into the Coordinated Assessment and Housing Placemen System, please see Appendix B.

For further guidance on serving people attempting to or fleeing domestic violence, please see Policy 4: Domestic Violence Survivors/Service Providers.

### **Guidance on Participating Entities**

It is required that all CoC and ESG funded providers participate fully in CAHPS, including following all assessment and referral protocols, and maintaining compliance with all HUD and NoCO CoC CAHPS policies and procedures. It is also recommended that additional entities participate in CAHPS by making and receiving referrals to the access points/prioritization list. Below is a list of entities that should be involved in order for the system to function optimally and offer the greatest number of services to individuals. Additionally, any other local entities that are useful to the coordinated entry process are encouraged to join.

- Affordable Housing Developer(s)
- CDBG/HOME/Entitlement Jurisdiction
- Collaborative Applicant
- Colorado Division Housing
- EMT/Crisis Response Team(s)
- Homeless or Formerly Homeless Persons
- Hospital(s)
- Law Enforcement



- Local Government Staff/Officials
- Local Jail(s)
- Mental Health Service Organizations
- Non-CoC Funded Victim Service Organizations
- Non-CoC Funded Youth Homeless Organizations
- Non-profit Service Providers
- Public Housing Authorities
- School Administrators/Homeless Liaisons
- Street Outreach Team(s)
- Substance Abuse Service Organization
- Community Health Centers

### **CAHPS Steering Committee**

The CAHPS Steering Committee of the NoCO CoC Governing Board is responsible for the oversight of CAHPS implementation. In this role, the Committee ensures consistency in the access to resources across the two counties, and oversees the implementation of CAHPS. Activities include but are not limited to assisting in the development of the policies and procedures, reviewing plans annually and submitting recommendations for the NoCO CoC Governing Board to accept or deny those plans, annual evaluation of the system, monitoring compliance, and reviewing complaints about local processes. CAHPS policies and procedures must be reviewed annually by the CAHPS Steering Committee to ensure that all documents meet HUD's requirements.

### **NoCO CoC Governing Board**

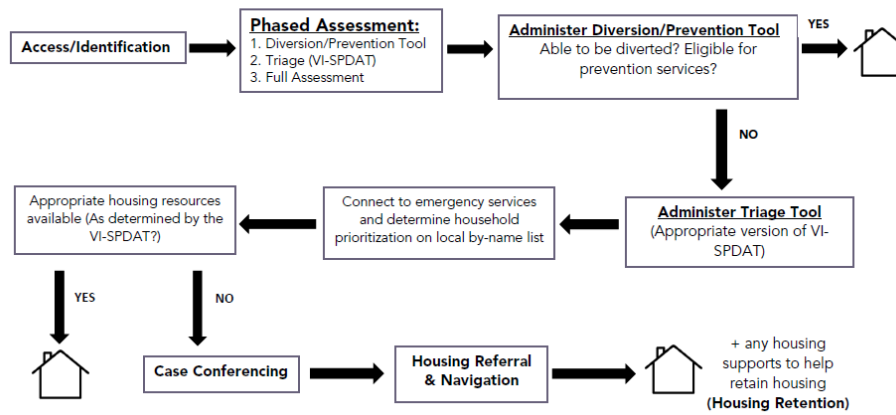
CAHPS policies and procedures must be approved by the Northern Colorado CoC Governing Board. Governing Board decisions will be made by establishing a quorum, having board members cast votes, and decisions will be carried by the process outlined in the NoCO CoC Governance Charter.

### **Policy and Procedure Updates**

The CAHPS process will continuously evolve and this document will be updated to reflect improvements to the system. Per the NoCO CoC Governance charter, it will be reviewed at least annually by both the CAHPS Steering Committee as well as the NoCO CoC Governing Board and updated as appropriate. Any requests by entities for changes to the policies and procedures must be submitted in writing to the CAHPS Steering Committee, which will review the requests at least once a month. Any changes must be approved by the NoCO CoC Governing Board, and the information disseminated to all partners by the CAHPS Steering Committee, with a timeline to implement the changes.

## Components of the Coordinated Entry System

### Coordinated Assessment & Housing Placement System (CAHPS) Workflow



### Identification

**Access/Identification:** In order for individuals and families to be identified, CAHPS must be easily accessible to everyone in the two counties of the NoCO CoC. Access points are the places—either virtual or physical—where an individual or family in need of assistance accesses the coordinated entry process. An access point must be a member of the NoCO CoC (by signing the general membership agreement), and signing the CAHPS MOU which establishes a baseline for agency participation and offers, at a minimum, to administer the CAHPS triage tool (the Vulnerability Index Service Prioritization Decision Assistance Tool – aka VI-SPDAT), to the population to which it is dedicated.

The NoCO CoC has chosen the no wrong door method of entry for individuals and families experiencing homelessness to access the system. This means that access is provided at all provider locations. A full list of access point providers can be found here:

<https://www.nocococ.org/cahps>

Each access point should meet the below criteria to the best of its ability.

- Be easily accessible through transportation, or have the ability to provide transportation in some capacity (bus vouchers, etc.).
- Participate in CAHPS and VI-SPDAT trainings
- Participate regularly in regional CoC meetings and planning activities
- If CoC funded, or an ESG recipient/subrecipient: Participate in HMIS and adhere to HMIS standards required by HUD and the NoCO (Domestic Violence Service Providers are excluded from this criterion). Ultimately, it is ideal for all access points to be utilizing HMIS, but it is recognized that this may not be realistic at the time. This criterion will be revisited once a new HMIS has been fully implemented across the state (estimated completion in 2021)
- Demonstrate staffing capacity to perform assessments and have at least one employee trained on the VI-SPDAT
- Provide standard hours of operation during which households can access the CAHPS process through screening, triage, and assessment procedures



- Conduct the appropriate VI-SPDAT assessment (individual, youth, or family) and complete necessary data entry to add the household to the by-name list within 48 hours or two business days. If your agency is not doing data entry directly, you must get the info to the entity submitting data in a timely manner so that they may get the info submitted onto the by-name list within 48 hours or two business days.
- Have adequate capacity for staff/volunteers to administer the Prevention/Diversion Tool. Please see Appendix F for an example Prevention/Diversion Tool, which all access points may use.
- Provide and/or refer to appropriate resources for households that cannot access housing immediately (emergency shelter, etc.).
- Employ a Housing First model of service delivery. Please see Appendix C for the NoCO CoC-wide Housing First Standards.
- Establish protocols that ensure at a minimum that people fleeing, or attempting to flee, domestic violence have safe and confidential access to coordinated entry and that data collection conforms to the applicable requirements of the Violence Against Women Act, CoC Program, and/or HMIS Data Standards.

Street Outreach, 211 hotlines and other non-traditional and place-based locations may serve as an Access Point as long as they can meet the above criteria to the best of their ability.

The location of the access points, as well as hotline access information will be publicized. Access points must be listed on the NoCO CoC website ([www.nocococ.org](http://www.nocococ.org)) provided through local 2-1-1 numbers, and distributed by outreach workers, emergency shelter providers, school districts, soup kitchens and other places those experiencing homelessness may frequent. As an effort to reach those who are least likely to access homelessness assistance services marketing materials should also be publicized through methods that would reach vulnerable populations such as through street outreach efforts, search engine optimization (SEO) techniques, or through other affirmative marketing strategies.

Households can reach out to any of the identified access points to find out how they can get connected to an assessment. In general, an access point should do their best to be able to provide all versions of the VI-SPDAT triage tool. If an individual or family self-identifies to an agency that is not certified to administer an assessment (as in, they do not have any trained staff able to do this), or they present at a specified access point and are not the targeted population, a warm handoff to the most appropriate access point is required.

It is imperative that all entities that provide homelessness services or interact with populations at risk for or experiencing homelessness are knowledgeable about access points, so that individuals and families experiencing homelessness can be connected to the system and rehoused as quickly as possible.

### Phased Assessment

1. Prescreening: Diversion and Prevention
2. Triage (VI-SPDAT)
3. Full Assessment



The NoCO CoC has chosen to take a “phased assessment” approach to coordinated entry, meaning that different assessments are administered to households consistently at different phases in their experience of homelessness (i.e., one homeless assistance provider initiates the assessment with only the most pertinent questions relative to the immediate needs of the participant, and then staff at different agencies subsequently collect additional information that builds on and complements the previous responses).

### **1. Prescreening: Prevention and Diversion**

Prevention is intended to reduce entries into the formal homeless response and sheltering system by helping a household stay in their current location, with monetary assistance.

Diversion (sometimes referred to as Rapid Resolution or Rapid Exit) is intended to reduce entries into the formal homeless response and sheltering system and direct households to other emergency assistance that may help them maintain housing and stability.

#### **Eligibility/When to Administer a Prevention/Diversion Tool:**

An initial pre-screen Prevention/Diversion tool is administered as soon as a household at risk of losing housing has presented to either a referral source assisting with diversion or an access point. This should be administered as soon as possible, and no later than 24 hours post-presentation. A Prevention/Diversion tool must be administered by all access points, and any staff administering the Prevention/Diversion tool should complete a training on administering that tool at least annually.

A Prevention/Diversion tool is used to determine whether the household can maintain current housing, or otherwise rely on support systems that will prevent the household from entering the homeless system. A Prevention/Diversion Tool (example found in Appendix F) can be completed in person or over the phone. The Tool found in Appendix F is an example – agencies that wish to utilize their own tool/programming/process for Prevention/Diversion are encouraged to do so. If a household can be diverted from entering the homeless response system, they should be immediately connected with the appropriate supports to aid in maintaining a housing situation. **An attempt to divert individuals and families from experiencing homelessness will be made in all circumstances.**

If diversion from the homeless system is not an option (as determined by a Diversion/Prevention tool), but the tool finds that homeless prevention would be an option, the access point will provide a warm handoff to a local agency that administers Homeless Prevention. All agencies that receive ESG Homeless Prevention funds must make the funds available as a part of this process to eligible households. ESG Homeless Prevention funds may only be used for those individuals who have an annual income below 30% of AMI, and are:

- Category 1 Homeless – literally homeless and living in a place not meant for human habitation
- Category 2 Homeless – at imminent risk of becoming homeless
- Category 3 Homeless – homeless under other federal statutes
- Category 4 Homeless – fleeing for attempting to flee domestic violence – please note there are special considerations regarding the safety of a household fleeing or attempting to flee domestic violence. See Policy 4 for further details.





In the event that Homeless Prevention funding is unavailable in the region, and the person(s) presenting become homeless (Category 1– literally homeless and living in a place not meant for human habitation and/or Category 4 – fleeing or attempting to flee domestic violence), the access point will have the household sign a Release of Information (ROI) administer a VI-SPDAT and engage the household in the coordinated entry system. The VI-SPDAT should only be administered to households that are Category 1 – literally homeless or Category 4 – fleeing or attempting to flee domestic violence. An individual may refuse to sign the ROI and participate in CAHPS upon initial engagement with an agency. The NoCO CoC encourages all providers to continue to engage with individuals that do not wish to participate, in hopes that at one point the household will become interested in engaging. Additionally, a household may rescind their ROI and participation in CAHPS at any time.

All access points are encouraged to document the number of households diverted from homelessness and the cost of doing so.

### **Release of Information**

Before administering the VI-SPDAT, the service provider is responsible for explaining the coordinated entry system to the person requesting assistance and obtaining written consent from the head of household to share information in the coordinated entry system. The Release of Information (ROI) must be signed in order to participate in the system. In signing the release, a household gives permission to share information pertinent to their homelessness or housing status among CAHPS participating agencies. The intent of sharing information among CAHPS participating agencies is to identify the most appropriate housing intervention. **Only information relevant to successful housing stabilization should be shared in this process.** All access points are required to have the ROI readily available.

Please note, if a person chooses not to sign the ROI, their information will not be added to the by name list, but they cannot be denied service based alone on their decision not to share data. Persons who decide not to sign the ROI may do so without fear of denial of services resulting from the refusal, though it may affect their prioritization through CAHPS.

For a copy of the ROI that every access point must use, please see Appendix G. This ROI cannot be modified, except where allowable (as noted on the document).

## **2. Triage**

Triage is intended to help homeless service providers determine several things, once the household enters into homelessness:

- How vulnerable is this household, compared to others?
- Which housing resource might be most appropriate for this household?

### *Eligibility/When to Administer a Triage Assessment*

When households are unable to be successfully diverted from the coordinated entry system, and are not eligible for prevention services, a triage assessment will be administered by trained service providers at access points.

The triage assessment tool that all access points within the NoCO CoC must use is the **most recent** version of the Vulnerability Index-Service Prioritization and Decision Assistance Tool (VI-



SPDAT) (Appendix H).

Eligibility for a housing assessment (VI-SPDAT) is based on the following criteria:

- Category 1 homeless – literally homeless
- Category 4 homeless – fleeing/attempting to flee domestic violence – please note: there are special considerations regarding the safety of a household fleeing/attempting to flee domestic violence. See Policy 4 for further details.

Population specific VI-SPDATs will be utilized for families (F-VI-SPDAT) and transition-age-youth (TAY-VI-SPDAT) to ensure the most accurate scoring. The TAY-VI-SPDAT should be used with unaccompanied youth under the age of 24.

The VI-SPDAT provides the access point with a score based on the household's relative level of service need and vulnerability. This score is used to prioritize and match the household to the most appropriate housing intervention and supportive services available, in order to facilitate an exit from homelessness.

Every person who administers the triage tool must complete training. These trainings are facilitated by the CAHPS Coordinator and hosted on an as-needed basis. Any training that is not given by the CAHPS Coordinator is considered an unofficial training; those who partake in unofficial trainings will be asked to schedule a time with the CAHPS Coordinator before participating in Case Conferencing for privacy and security purposes. A list of individuals who have completed the training and can administer the VI-SPDAT will be maintained by the CAHPS Coordinator.

It is required that every access point service provider use the same introductory script (see Appendix H).

### **3. Full Assessment**

Additional assessments may be administered by the case manager after the individual or family has been enrolled into programming, in order to determine how best to continue to serve the individual and provide the best opportunity to maintain stable housing. Assessments in the coordinated entry system are not clinical in nature, and service providers who administer the VI-SPDAT should limit or eliminate the number of additional assessments administered to households seeking assistance in keeping with trauma-informed care (minimizing the number of duplicative, unnecessary, intrusive, and sensitive questions posed to individual seeking assistance).

### **Connection to Emergency Services**

Once an individual or family has been connected with CAHPS, local emergency resources must be made known to the person(s) presenting. It is the responsibility of the access point to have the most up-to-date list of emergency services available in the region, so that anyone accessing the coordinated entry system may also access emergency resources. A list of all emergency resources in the region (including, but not limited to all emergency sheltering options) will be maintained by the local 211 system.

The NoCO CoC has determined that emergency shelter services (particularly those that receive



ESG funding) will not be required to prioritized shelter spots based on vulnerability; however, ESG funded emergency shelter providers must conduct a Prevention/Diversion screening to ensure that emergency shelter is the most appropriate intervention, and that no other resources can divert the household from the homeless response system, or prevent homelessness for the household.

All ESG funded Emergency Shelters and Street Outreach teams are required to be access points for purposes of the NoCO CoC coordinated entry system.

If the individual or family is appropriate for diversion, prevention, and/or rapid resolution, it is imperative that the access point provide a warm handoff to homeless prevention services available in the region. All agency recipients of ESG Homeless Prevention funds in the NoCO CoC must prioritize households on a first come, first served basis to ensure that the household does not lose their housing due to delay in agency response time. Should two households present for homelessness prevention in the same day, the more vulnerable household will be prioritized, if enough funding is not available. That determination is made by the agency administering the funding, however the NoCO CoC requires that a common assessment tool (like the Barriers to Housing tool) be utilized for this purpose. For full information regarding ESG Homeless Prevention, please see Appendix D: ESG Policies and Procedures.

### Prioritization

The process of prioritization assists regions in ensuring that the most vulnerable individuals and families experiencing homelessness in their communities are housed first. It assures that CAHPS is operating consistently.

This process is intended to help identify and prioritize homeless persons within the geographic area for access to housing and services based on severity of needs. **CoCs are prohibited from using any assessment tool, prioritization process, or any other factors adopted by the community, if it would discriminate based on race, color, religion, national origin, sex, age, familial status, disability, type or amount of disability or disability-related services or supports required. In addition, CoCs are prohibited from discriminating based on actual or perceived sexual orientation, gender identity, or marital status.**

HUD's CE Core Elements Guidebook mentions that "Applying the CoC prioritization standards and managing the priority list often require a management approach that considers multiple factors, reconciles competing interests, and makes difficult choices about who should receive referrals first. As the [by-name list] grows and persons wait longer for referrals, the case conferencing approach is best equipped to adjust prioritization so that persons are offered other, potentially less intensive interventions rather than waiting for inordinate periods of time for more intensive interventions that might not exist or be available." Please see the following pages (32-33, 42, 44, and 51) for more information regarding Case Conferencing.

The NoCO CoC has adopted HUD's Orders of Priority ([CPD Notice 16-11](#)) for all CoC-funded Permanent Supportive Housing (PSH) Resources. The two goals of this notice are to, "1). Establish an updated order of priority for dedicated and prioritized PSH which CoCs are encouraged to adopt in order to ensure that those persons with the longest histories residing in places not meant for human habitation, in emergency shelters, and in safe havens and with the most severe service needs are given first priority and; 2). Establish a recommended order of

priority for PSH that is not dedicated or prioritized for chronic homelessness in order to ensure that those persons who do not yet meet the definition of chronic homelessness but have the longest histories of homelessness and the most severe service needs, and are therefore the most at risk of becoming chronically homeless, are prioritized.” This means that all CoC-funded PSH projects must prioritize those that are chronically homeless, with the longest length of time homeless and the highest severity of service need. Severity of Service need is defined as, “an individual for whom at least one of the following is true:

- I. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; and/or
- II. Significant health or behavioral health challenges, substance use disorders, or functional impairments that require a significant level of support in order to maintain permanent housing.
- III. For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations.
- IV. When applicable CoCs and recipients of CoC Program-funded PSH may use an alternate criteria used by Medicaid departments to identify high need/high cost beneficiaries.

Severe service needs as defined in paragraphs I.-IV. above should be identified and verified through data-driven methods such as an administrative data match or through the use of a standardized assessment tool and process and should be documented in a program participant’s case file. The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual. The determination cannot be made based on any factors that would result in a violation of any nondiscrimination and equal opportunity requirements, see [24 C.F.R. § 5.105\(a\)](#).”

**In tandem with funder requirements, the following prioritizations will be applied for all Permanent Supportive Housing, Rapid Rehousing, Transitional Housing and other units dedicated to CAHPS.**

*A critical component of successful housing is consumer choice and housing match. It is imperative that agencies involved do their best to offer any available permanent housing options that have an appropriate level of support.*

**Permanent Supportive Housing Prioritization:**

1. Any CoC funded PSH providers must prioritize households based on “HUD’s Orders of Priority (CPD Notice 16-11) for all CoC-funded Permanent Supportive Housing (PSH) Resources,” as described above.

2. Per best practice guidance, any non-CoC funded PSH providers should prioritize households by first serving the household that is 1) chronic, 2) has the highest VI-SPDAT score, 3) and has the longest length of time homeless and should not serve households without high service needs, unless otherwise discussed with the programmatic funder and/or local case conferencing team.
3. Once all chronically homeless households have been housed, PSH providers should then prioritize households based on the highest VI-SPDAT score and longest length of time homeless.

### **Rapid Rehousing and Transitional Housing Prioritization:**

1. It is expected that CoC and ESG funded RRH providers be willing to accept referrals for households that have a medium (6-to-7) and high (8+) VI-SPDAT score **and** that those with the longest length of time homeless are prioritized first. While CoC and ESG funded RRH providers do not necessarily need to prioritize chronically homeless households, the case conferencing team may request that it accept a referral of a chronically homeless household, in which case, the provider must consider accepting a referral for their RRH program for the use of bridge housing, until a more appropriate housing resource can be found. CoC and ESG funded RRH providers may NOT accept any referral with a VI-SPDAT score of lower than **SIX**, unless otherwise approved by the local case conferencing team. For example, some households may score very low on the VI-SPDAT however, local case management knowledge tells us that the household is likely more vulnerable than their VI-SPDAT score reflects.
2. Per best practice guidance, any non-CoC or ESG funded RRH or TH provider should prioritize households based on the longest length of time homeless, and should not serve a household with a score of lower than **FOUR**, unless otherwise discussed by the programmatic funder and/or local case conferencing team.

The highest score a household can get on the VI-SPDAT, TAY-VI-SPDAT, and JD-VI-SPDAT is 15. The highest score a household can get on the F-VI-SPDAT is a 20. Because of this discrepancy, the NoCO CAHPS Steering Committee has developed a chart to help case conferencing teams compare, should a family and single individual and/or youth be eligible to the same resource. Please see Appendix K for this chart.

In the event of a tie (two or more individuals or families experiencing homelessness that are identically prioritized for referral to the next available unit), the case conferencing team will look at the below list of factors (A-G) to assist in the tiebreaking process. The household with the most factors is the one that will be prioritized.

- A. vulnerability to illness or death;
- B. high utilization of crisis or emergency services to meet basic needs, including but not limited to emergency rooms, jails, and psychiatric facilities;
- C. vulnerability to victimization, including physical assault, trafficking or sex work; or
- D. significant challenges or functional impairments, including any physical, mental, developmental or behavioral health disabilities regardless of the type of disability, which require a significant level of support in order to maintain permanent housing (this factor focuses on the level of support needed and is not based on disability type);
- E. the extent to which people, especially youth and children, are unsheltered;
- F. risk of continued homelessness; or
- G. other factors determined by the community that are based on severity of needs.



In practice, once a household is administered a VI-SPDAT, they will receive a score. The VI-SPDAT will help to determine a household's severity of service need, which is one of the prioritizing factors required of the NoCO CAHPS. Additionally, service providers and the case conferencing team must collect information regarding chronic status (if not verified chronic status, then presumptive chronic status), and length of time homeless.

### **Case Conferencing**

According to [HUD's Coordinated Entry Core Elements Guidebook](#), "Applying the CoC prioritization standards and managing the priority [by-name] list often requires a management approach that considers multiple factors, reconciles competing interests, and makes difficult choices about who should receive referrals first. The best strategy for managing this complex and dynamic process is often "case conferencing"—a meeting of relevant staff from multiple projects and agencies to discuss cases; resolve barriers to housing; and make decisions about priority, eligibility, enrollment, termination, and appeals. As the priority list grows and persons wait longer for referrals, the case conferencing approach is best equipped to adjust prioritization so that persons are offered other, potentially less intensive interventions rather than waiting for inordinate periods of time for more intensive interventions that might not exist or be available."

Case conferencing is the process by which service providers discuss the top individuals and families on the by-name list, reference the housing vacancy list, and recommend housing interventions. Case conferencing is a community wide effort to gather accurate information and paint a comprehensive picture of individuals or families seeking housing. It is designed to target the most appropriate housing intervention available in the community. The Case Conference calls are held virtually and on a weekly basis.

Only the following information may be disclosed about an individual or family during a case conference: (this should be reviewed on a regular basis for new staff participants)

- Identifying information (name, HMIS or other list identifier)
- Eligibility information (veteran status, chronic homeless status, household size and composition, and others specifically related to eligibility determination)
- Prioritization information (limited to list placement, VI-SPDAT score, length of time homeless, local prioritization criteria)
- Specific responses to the VI-SPDAT will only be shared for the following purposes:
  - Determine eligibility
  - Address specific barriers to housing, such as severe service needs, serious mental illness or chronic health conditions, or continued refusal to accept housing or engage in services

A suggested list of participants in case conferencing is listed below. In order to protect the privacy of the households on the by-name list, the NoCO CoC encourages all agencies to carefully consider which staff attend these meetings.

- Case manager or other directly involved with individuals or families
- Veterans service providers
- Providers that manage vouchers
- Local Housing Authorities



- Providers of permanent supportive housing
- Victim Service Providers

All participants in case conferencing must sign the NoCO CoC CAHPS MOU and be listed on the ROI. The current MOU is provided in Appendix E. It is required that any agency that receives CoC or ESG funding and/or signs the MOU will communicate vouchers, monies, and openings/vacancies available before the next case conferencing meeting.

### **By-Name List Maintenance, Safety, and Security**

Only the CAHPS Coordinator will maintain the by-name list for the community. The CAHPS Coordinator will be hired by the NoCO CoC Collaborative Applicant and will be tasked with overseeing case conferencing, updating the by-name list, and ensuring appropriate privacy and security protocols are followed by CAHPS participating agencies. This helps to ensure consistency and data quality. Client data should be securely sent to the CAHPS Coordinator ASAP after the VI-SDPAT is complete, at which point the CAHPS Coordinator will enter the information onto the by-name list within seven calendar days of the ROI and VI-SPDAT being received.

Administration of the by-name list must abide by the HMIS privacy and security standards, as described in HUD's most recent version of the [Data and Technical Standards Notice](#).

For more information on data standards for domestic violence providers, please see Policy 4.

### **Referral Acceptance and Housing Navigation/Placement**

It is expected referral decisions will be made through Case Conferencing meetings. After a housing intervention is recommended through the case conferencing process, referrals are made to the individual or family in need of housing and to the housing provider. If a decision to make a referral deviates from the prioritization criteria, this must be documented on the form provided in Appendix J.

Local case managers and program managers are responsible for assisting in the process to get the individual or family document ready and for walking through the process with them up until move-in. These staff should provide light touch case management by identifying barriers and assisting the household in addressing those barriers. They are also encouraged to stay in contact with individuals and families in the interim of a housing placement. It is essential to stay engaged in the process and maintain the urgency in the housing match process.

If the individual or family is currently engaged with a case manager, the case manager will be notified during the weekly Case Conferencing meeting. If the case manager is not on the call, the CAHPS Coordinator and housing provider will work together to notify the case manager that their client has received a housing referral. That case manager currently working with the household is responsible for conveying the information about the referral to the individual and for making a warm handoff to the housing provider when appropriate.

If the household does not currently work with a case manager, the Case Conferencing team will work together to assign the most appropriate person/agency to outreach to that individual or family.



**Program eligibility for housing is determined by the service agency and/or housing provider, in accordance with the program’s funding sources.** Providers are tasked with eliminating as many service participation requirements or preconditions for entry (such as sobriety or a minimum income threshold) as possible to create opportunities for low barrier entry to housing. Housing providers must adhere to the NoCO CoC’s non-discrimination policy (see Policy 6).

HUD advises, “The coordinated entry process may initiate the collection of required eligibility documentation—but it is not required to, nor is the coordinated entry process responsible for determining project eligibility or maintaining eligibility documentation after a referral has been made. As described in Section 2.5.3 [of the [Coordinated Entry Core Elements Guidebook](#)], the focus of the assessment process in coordinated entry is the matching of persons to housing they are likely to qualify for, rather than predetermining their eligibility.”

**Individual projects have ultimate responsibility for determining the eligibility of prospective participants in their programs and for collecting and maintaining eligibility documentation.** From a practical perspective, however, the coordinated entry process is often well positioned to screen preliminarily for presumptive eligibility, as this is often necessary to inform a referral process that adequately considers the likelihood of a prospective participant’s eligibility before making a referral.

Note that some funders establish specific eligibility requirements for their funded programs that can differ from the prioritization standards established by the CoC. If funders institute their own prioritization standards and preferences, the CoC’s coordinated entry process must accommodate these potential differences at the point of referral.

The coordinated entry system ensures that potential program participants are referred to all of the available resources for which they are prioritized and eligible, and for which a vacancy exists. An effective and efficient referral process will consider the NoCO CoC-wide Written Standards for prioritizing assistance, as well as program-specific policies and procedures developed by the CoC and ESG funded agencies, along with individual project eligibility requirements, such as those established by funders other than HUD, or the requirements of nontraditional service providers that are participating in the coordinated entry process.

Eligibility determination can be incorporated into the coordinated entry process in various ways depending on the housing project:

- The assessment process might presumptively determine eligibility for housing and supportive services. In such cases, receiving projects can be required to accept the referral regardless of the person’s past history or other factors. Please note, accepting a referral does not necessarily mean enrolling the household in the housing project. The project should then complete the due diligence to determine project eligibility.
- Eligibility might be presumed during assessment as highly likely, but actual eligibility is not documented until the person is being enrolled in the receiving project. Eligibility then is verified through project-specific verification requirements and processes.
- **It is critical to note that documentation collected for purposes of eligibility determination, if collected earlier during assessment, may not be used in**



**prioritizing persons or in screening persons out of the coordinated entry process. Additionally, persons during assessment should not have to wait to be prioritized while project-level eligibility documentation is compiled or verified.**

- Collection of documents to determine eligibility might be ongoing, starting at initial triage and building over time as more in-depth assessments are completed as needed. In this third example, eligibility might be determined as part of the assessment process and/or by the agency receiving the referral. In these instances, documentation and eligibility might be initially determined, but would need to be re-established at the point of project entry, especially if a long period of time has passed between assessment and project entry.

### Training

The CAHPS Coordinator will be responsible for administering trainings to staff at all access points and to any other entities who complete assessments, at least annually, and any time new staff join the coordinated entry process. A training video recording and quiz is available at the request of a participating agency. The links to both the recording and quiz will be sent from the CAHPS Coordinator. Trainings can also be done in person or over an online platform as needed. Trainings should cover all coordinated entry policies and procedures, including topics such as:

- Coordinated entry system process
- Screening and assessment process, including diversion and prevention
  - This includes an at-least annual training on VI-SPDAT administration
- Prioritization standards
- Referrals
- Privacy policies and meeting HUD HMIS requirements
- Case conferencing
- Grievance procedures

### Data Collection and Evaluation

#### Data Collection

Data will be collected on every individual and family that interacts with CAHPS, as well as on the coordinated entry process as a whole.

Some individuals should never be entered into HMIS. These include:

- Survivors of domestic violence being served by victim services providers. VAWA prohibits victim service providers from entering client-level data into HMIS.

Data collection for a coordinated entry system should consist of:

- Intake and assessment data from HMIS and other parallel database systems (i.e., add on platforms to track inventory, waitlist, and specific populations such as domestic violence, youth, and young adults)
- Data from assessments (responses from individuals and providers)

#### Evaluation

The coordinated entry system is an evolving process. As the NoCO CoC continues to learn, it is expected that both this document will be revised to reflect appropriate adjustments.



Adjustments will be made based on findings from a regular evaluation of the coordinated entry system which is completed by the CAHPS Steering Committee and approved by the NoCO CoC Governing Board annually. Additionally, ongoing opportunities for stakeholder feedback will be available to help inform the process.

The CAHPS Steering Committee is tasked with an annual evaluation of the coordinated entry system as a whole, and is responsible for the following:

- Assessing the coordinated entry system to ensure it is operating as intended
- Finalizing process changes to this document based on evaluation findings
- Ensuring that evaluation and adjustment processes are informed by a broad and representative group of stakeholders
- Ensuring that the coordinated entry system is updated as necessary to maintain compliance with all federal statutory and regulatory requirements
- Reviewing HMIS and VI-SPDAT data to ensure that performance benchmarks are being met
- Soliciting feedback from participating projects via online surveys to inform changes to the coordinated entry process
- Solicit voluntary feedback from households that have participated in the coordinated entry process.

The HMIS Lead Agency will annually provide the CAHPS Steering Committee with the System Performance Measure (SPM) report; the following measures (at least) will be used to evaluate system effectiveness:

Indicators of Effectiveness	Data Source/How to Track
% of families or individuals on a by-name list for longer than 30 days	Local by-name list
% of referrals that are denied by receiving programs (RRH, TH, and PSH)	Housing provider denial reporting form and by-name list
% of persons declined one or more times	Housing provider denial reporting form and by-name list
Average number of days households spend in emergency shelter	HMIS, and other shelter records
Reduction in the overall number of persons who are homeless (sheltered and unsheltered)	By-name list and PIT count
Reduction in the number of persons who become homeless for the first time	By-name list and HMIS
Reduction in number of persons who return to homelessness within 6-12 months	By-name list and HMIS
Reduction in number of long term chronic homeless families and individuals	By-name list and HMIS



## **Policies for the NoCO CoC CAHPS**

### **1. Refusal of Data Sharing Consent Policy**

If a household refuses to sign the Northern Colorado Continuum of Care CAHPS Release of Information (ROI), the household cannot be denied access to services or housing outside of the coordinated entry system. In that instance, the provider is required to serve the household (as programming/eligibility allows), in a traditional manner, outside of the coordinated entry system.

In the case that an individual rejects signing the ROI, data may still be collected but it will not be shared in HMIS and the individual will be tracked on the by-name list using a unique identifier. Participants can freely abstain from disclosing and sharing information without fear of denial of services resulting from the refusal, although participants must be informed that they may not be prioritized for service and that they will not be referred to housing projects that have program openings if data is not shared.

### **2. Timely Submission Policy**

#### **Background**

The timely submission policy is a critical component of maintaining a real-time, up-to-date, and accurate By Name List. This policy is needed to ensure that data is submitted, entered onto the By Name List, and errors and discrepancies are caught in a timely manner.

#### **By Name List Maintenance, Safety and Security:**

Name and contact information for the Northern Colorado Continuum of Care By Name list manager(s)/administrator(s):

- Name: Summer Garcia
- Agency: United Way of Weld County
- Contact Info: summer@unitedway-weld.org

The CAHPS Coordinator is responsible for maintaining the Northern Colorado By Name List. Until the new HMIS software is accessible and fully functional, the Northern Colorado By Name List will be maintained on a password-protected spreadsheet. Any information from the By Name List that is disseminated will only be shared with agencies included on the Release of Information. Information will only be sent in password-protected documents, through encrypted emails, via USB flash drive, or printed on paper (and then collected and shredded).

#### **Process**

This process is subject to change when HMIS software is accessible and fully functional. Agencies/access points will send VI-SPDAT assessments via encrypted email, make arrangements for the VI-SPDAT assessments to be picked up, and/or hand deliver the assessments to the CAHPS Coordinator, unless otherwise against the agencies policies and procedures. In that case, the agency will share the pertinent information from the VI-SPDAT to include the VI-SPDAT Cover Sheet and Follow-up Questions. The CAHPS Coordinator will enter the pertinent information from the VI-SPDAT onto the By Name List spreadsheet.

The deadline to submit a completed VI-SPDAT to the CAHPS Coordinator for the client to be discussed during the next case conferencing the coming week is **every Thursday by 4:00 pm**.



If a completed VI-SPDAT is not submitted to the CAHPS Coordinator by **Thursday at 4:00 pm**, that household/Individual will not be entered onto the By Name List 'Active List' until the next week and will not be discussed during the current case conferencing.

Required resources (e.g. CoC, ESG, Division of Housing funds, HUD-VASH vouchers) available to be assigned to a household/individual will need to be communicated to the CAHPS Coordinator **every Thursday by 4:00 pm** for the following week's case conferences. These resources will be discussed and assigned during the appropriate case conference. If a resource is communicated to the CAHPS Coordinator after that week's case conference, the resource will not be assigned until the next case conference.

In the case of a holiday or a special occasion and a resource needs to be assigned in between case conferences and is time sensitive, the partner agencies and the CAHPS Coordinator will make arrangements and plan a discussion for the assignment. In addition, if a household/individual is identified as a backup during a case conference and a voucher/resource becomes available between case conference meetings, the voucher may be assigned to the backup household/individual **ONLY** after consultation with the CAHPS Coordinator. For large projects, several backups may be pulled from the By Name List during a case conference and worked through until the next case conference the coming week.

To ensure that the By Name List contains real-time data and information, and is free from errors and discrepancies, the CAHPS Coordinator will send an encrypted email with a copy of the By Name List spreadsheet to all partner agencies every 2 months. The partner agencies will be required to provide updates and data reconciliation and send the list back to the CAHPS Coordinator. The CAHPS Coordinator will then make the appropriate adjustments to the By Name List.

The CAHPS Coordinator will conduct "spot checks" during regular case conferencing as well. A spot check is a quick examination of a few households/individuals on the By Name List.

Households/individuals on the By Name List should have originals (or legible copies) of their birth certification, driver's license/photo ID, and social security card (or other approved documentation, such as a DD214 for veteran households). If any of their documents are missing, please begin working with the household/individual immediately to obtain these documents. Provide any updates to a household/individual's document-ready status to the CAHPS Coordinator.

**PLEASE NOTE:** a household/individual **CANNOT** be denied access to a housing resource because they are not "document ready," nor is it the responsibility of CAHPS to verify documents are correct. The case conference team can identify households/individuals that have presumed document ready status, but it is the sole responsibility of the housing provider to verify all documents. If a household/individual does not have documents when a referral is made, it is up to the housing provider to either help that household/individual obtain the correct documentation or ask the case conferencing team to assist in gathering documents.



### **3. Cross CoC Referral Policy**

If there are currently no appropriate permanent housing vacancies available in the NoCO CoC, it would be appropriate for the CAHPS Coordinator to reach out to neighboring CoC coordinated entry systems to determine if there would be an appropriate housing placement based on availabilities through the housing vacancy list. This MUST be contingent on the client's interest in being placed in that CoC.

In the case in which a client (who by this time has already been placed on the CAHPS by-name list) notifies coordinated entry staff that they would like to seek housing in a different CoC; case management staff with assistance from the CAHPS Coordinator should work with the client to connect them to the desired CoC's coordinated entry system that they would like to move to, and ensure the client's prioritization information from the CAHPS by-name list is reflected in the new CoC's by-name list. All appropriate ROIs MUST be signed first.

### **4. Unique Identifier Policy**

#### **Background:**

The unique identifier policy is a critical component of a coordinated entry system that ensures equal access for those whose needs may not be fully addressed by the coordinated entry system. This may include but is not limited to a participant's refusal to sign a release of information or the inability to complete the VI-SPDAT assessment. All households/individuals have a right to equal and fair access to housing. . When individuals are unwilling or cannot sign release of information forms, if the coordinated entry system does not allow for such anomalies, these individuals may not end up being housed. A way to mitigate this challenge is to assign a unique identifier to the participant so that they may be discussed and considered for housing, but none of their personally identifying information (PII) is exposed to the case conferencing team.

#### **Policy:**

The Northern Colorado Coordinated Assessment and Housing Placement System (CAHPS) has a process of creating a unique identifier for those whose needs may include the inability to participate in CAHPS due to physical and/or mental health concerns, lack of willingness to sign the CAHPS release of information forms, the household/individual using a victim service provider, etc.

#### **Process:**

This alternate process must be accessible to community members advocating for households/individuals who fall into at least one of the following categories:

- Households/Individuals who are unable because of medical and/or mental health concerns to complete the VI-SPDAT
- Household/Individual who are unwilling to sign the CAHPS release of information forms and must be conferenced anonymously with no PII shared
- Client is receiving services from a victim service provider (see Domestic Violence Policy)

For any household/individual in the above categories, agency representatives must bring these cases to the case conferencing and must notify the CAHPS Coordinator, by Thursday no later than 4:00 pm before the next weeks case conference (please see 'Timely Submission Policy'). If necessary, the CAHPS Coordinator will reserve time in the case conference to discuss the household/individual.

Since there may not be a release of information, these situations must be referenced without



revealing PII. However, such details as mental health diagnosis, physical health vulnerability, age, family status, criminal record, and financial resources may be discussed without association to a particular name.

When first identified, the CAHPS Coordinator will request a unique identifier from the referring agency based on the agency associated with the initial referral. This unique identifier will be the agency acronym and a unique number. For instance, John Smith is referred by Volunteers of America. The unique identifier will be VOA001. This process for developing unique identifiers will remain in place until HMIS is available to provide the unique identifier. The CAHPS Coordinator will then add this identifier to the By Name List. Not only is this important for those who will not or are not able to sign an ROI or complete a VI-SPDAT, but is important factor to capture the true number of those experiencing homelessness in Northern Colorado. The referring agency will maintain a private list of those who they have referred with a unique identifier with the actual name of the household/individual.

If and when the person does consent to or is able to complete a VI-SPDAT and/or ROI, their full name will be added to the By Name List with their score.

The agency representative should always review and check the By Name List first to see if the household/individual has already completed a VI-SPDAT, decreasing the risk of duplication.

## **5. Domestic Violence Survivor Access**

### **Background**

CAHPS helps Weld and Larimer Counties prioritize assistance based on vulnerability and severity of service needs to ensure that those households/individuals who need assistance the most can receive it in a timely manner. The CAHPS processes also provide information about service needs and gaps to help the community plan their assistance and identify needed resources. Victim service providers play an integral part in our community's housing and homeless response system by providing permanent housing—including rapid rehousing, shelter, transitional housing, advocacy, and supportive services for victims of domestic violence. Therefore, it is critical that these providers be included as full partners in the CAHPS process. This will ensure that regardless of where a household/individual presents for assistance, they will be able to access housing and services tailored to their unique circumstances and needs.

### **Policy**

Northern Colorado CAHPS will ensure that victims, including people actively fleeing or attempting to flee domestic violence, sexual assault or trafficking, will have equitable, safe and confidential access to our regional coordinated entry system. All CAHPS Access Points will be trained on how to identify domestic violence and how to refer victims to domestic violence providers for services and to access CAHPS confidentially. According to the Violence Against Women Act (VAWA) and the Family Violence Prevention Act (FVPSA), no personal identifying information can be shared outside the victim service provider into a shared database such as HMIS or the by-name list<sup>2</sup>. Meaning the domestic violence providers may only share non-personal identifying information to be included on the by-name list, such as a unique identifier and the VI-SPDAT score. Domestic violence providers must also offer to assessed households an alternate Release of Information specific to their agency that details housing-related information is able to be released in case conferencing.

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<sup>2</sup> "Coordinated Entry: Confidentiality Requirements in Practice", *National Network to End Domestic Violence* (2018).



## **Procedure**

### Training

In partnership with regional domestic violence service providers, the CAHPS Coordinator will facilitate domestic violence trainings for all Northern Colorado CAHPS access points at least yearly. Access points have a responsibility to send any new staff who conduct VI-SPDAT assessments, as well as any staff desiring refresher training. These trainings will be held in centralized locations throughout the region.

The trainings will cover:

- Types of Abuse
- Red Flags
- Identifying DV during administering VI-SPDAT
- Confidentiality considerations
- Referring to DV service providers

### Referring Victims to DV Service Providers

The primary domestic violence service providers that operate in the Northern Colorado region are:

- Alternatives to Violence (Loveland)
- A Woman's Place (Greeley)
- Crossroads Safehouse (Fort Collins)
- My Sister's Place (Estes Park)

The specific services offered are unique to each provider; however, all of these agencies assist victims of domestic violence with safety planning, emotional support, resources and referrals, and potentially safe shelter. Additionally, three of the providers – Alternatives to Violence, A Woman's Place, and Crossroads Safehouse – are trained access points for victims to complete the VI-SPDAT and be entered into CAHPS confidentially.

### Domestic Violence Access Points

Due to federal confidentiality requirements, domestic violence service providers participating in CAHPS will be responsible for maintaining their own records internally, including VI-SPDAT hard copies and scores and client contact information. Domestic violence providers will only provide a unique client identifier and the VI-SPDAT score to be included in the shared by-name list. Additionally, DV providers will not use the general CAHPS Release of Information, but may create their own agency-specific release that covers disclosure of specific, non-personally identifying information during case conferencing and for connecting the household to a housing resource.

## **6. Denial Policies**

### **Household**

Based on the guiding principles, coordinated entry respects consumer choice in the housing process. Individuals may decline any housing referral made to them. In this case, the individual maintains their spot on the list. After three referral rejections, the Case Conferencing team should facilitate a case conference to address housing barriers and underlying reasons for the individual's refusal to accept a referral. If an individual rejects a housing option, the referral is made for the next appropriate household on the prioritization list following referral procedures described in the section, "Referral Acceptance & Housing Navigation/Placement."



## Housing Provider

Eligible households cannot be denied by housing providers unless one or more of the below, bulleted conditions apply. All housing provider denials must be recorded on the Housing Provider Denial Reporting Form (Appendix I), and kept on record, for submission during the annual NoCO CoC CAHPS evaluation (to be conducted by the CAHPS Steering Committee of the NoCO CoC). See "Evaluation" section for more information.

Reasons a Housing Provider can deny a referral:

- There are no actual vacancies available.
- The household rejects the housing program (refer to the policy above for more information).
- The household cannot be contacted after three attempts to reach them over a 14-day period.
- The household presents with more/different people than originally referred, and the housing provider cannot accommodate the household for this reason.
- The provider has determined, based on individual program eligibility requirements put in place by a funding source, that the household cannot be accommodated (example: a household self-identifies as chronically homeless, but the receiving PSH provider that operates dedicated and prioritized PSH units cannot document chronicity).
- Other \*Please note: this option should only be used in limited instances and should be immediately communicated to the Case Conferencing team so that they may issue a referral for a different housing project and/or problem solve as soon as possible.

## 7. Non-discrimination Policy

The NoCO CoC CAHPS abides by the non-discrimination policies below required by HUD:

- Fair Housing Act: prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status. This also includes protection from housing discrimination based on source of income. Additional protected classes under state law include sexual orientation (including gender identity), marital status, military discharge status, and age (40+). Agencies cannot preference any protected class unless allowed by statute/regulation, or written waiver from their funding or regulatory body (i.e. U.S. Department of Housing and Urban Development).
- Section 504 of the Rehabilitation Act: prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance
- Title VI of the Civil Rights Act: prohibits discrimination on the basis of race, color, or national origin under any program or activity receiving Federal financial assistance
- Title II of the Americans with Disabilities Act: prohibits public entities, which includes State and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing search and referral assistance
- Title III of the Americans with Disabilities Act: prohibits entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discrimination on the basis of disability
- Equal Access and Gender Identity Rule: ensures equal access for individuals in accordance with their gender identity in programs and shelter funded under programs





administered by HUD's Office of Community Planning and Development. HUD's housing programs will be open to all eligible individuals and families regardless of sexual orientation, gender identity, or marital status.

All CoC- and ESG-funded agencies that participate in CAHPS must agree to take full accountability for complying with the above non-discrimination policies.

## **8. Grievance Policies**

### **Client**

Participating agencies are responsible for addressing client complaints (discrimination or otherwise) to the best of their ability as they come up. Agency staff should directly address complaints involving treatment by agency staff, agency conditions, or violation of confidentiality agreements. Any complaints that cannot be resolved by the agency should be referred to the CAHPS Steering Committee to be discussed. Any complaints filed by an individual should note their name and contact information so they can be contacted to discuss the complaint. Any complaints that must be communicated to the CAHPS Steering Committee should be submitted to Summer Garcia at [Summer@unitedway-weld.org](mailto:Summer@unitedway-weld.org)

### **Provider**

It is the responsibility of all CAHPS participating agencies to comply with the policies and procedures of CAHPS. Anyone filing a complaint concerning a violation or suspected violation of the policies and procedures must have reasonable grounds for believing an agency is violating the CAHPS policies and procedures.

To file a grievance regarding the actions of an agency, contact the CAHPS Steering Committee (via Summer Garcia at [Summer@unitedway-weld.org](mailto:Summer@unitedway-weld.org)) with a written statement describing the alleged violation of the CAHPS policies and procedures, and the steps taken to resolve the issue. The CAHPS Steering Committee will then discuss, and if appropriate, will contact the agency in question to request a response to the grievance. Once the CAHPS Steering Committee has received the documentation it will decide if the grievance is valid and determine if further action needs to be taken. In rare instances, if the CAHPS Steering Committee cannot solve the grievance, the grievance may be brought to the NoCO CoC Governing Board for consultation.

## **9. Right to Appeal Policy**

Any household in consideration for a housing resource through the CAHPS has the right to appeal a decision made by the Case Conference team or housing provider about a housing referral. This is especially the case in two instances:

- 1) If the household was denied access by the housing provider/resource holder, and
- 2) If the household had a housing resource that ended up being reassigned after they were unable to use it in the amount of time allotted

Households have the right to appeal a decision one of four ways:

1. Request to make a written appeal by filling out the Right to Appeal form, which can be provided by the housing provider.
2. Request to make a verbal appeal to the CAHPS Case Conferencing team by contacting Summer Garcia, [Summer@unitedway-weld.org](mailto:Summer@unitedway-weld.org).
3. Request to fill out the Right to Appeal form, found in Appendix L of the NoCO CoC



- CAHPS Policies and Procedures.
4. Request to make a verbal appeal to the CAHPS Steering Committee. All requests should go to Summer Garcia, [summer@unitedway-weld.org](mailto:summer@unitedway-weld.org).

## 10. Right to Request Reasonable Accommodation

Any household participating in the CAHPS has the right to request reasonable accommodation. A household may do so by filling out the "Reasonable Request Accommodation" form, found in Appendix M of the NoCO CoC CAHPS Policies and Procedures.

## 11. Inactive Policy

### Background

The Inactive Policy is a critical component of maintaining a real-time By-Name List as well as a robust coordinated entry system. To ensure that there is an efficient assessment and referral process, it is important to ensure that the CAHPS system has the ability to contact and connect with households as soon as housing resources are available.

It is important to maintain contact with people on the by-name list to avoid a delay in the referral process. When there is a lack of contact, it is hard for the system to determine whether these households are still in need of housing. In some situations, these households may have self-resolved their housing crisis or relocated to another area.

### Policy

Households who have been on the By-Name List that have not had \*contact with the homeless system in the *last 60 days*, will be removed from the 'Active List' and placed on the 'Inactive List.' If the household has been on the 'Inactive List' with no contact for at least 6 months, the household will be moved to the 'Archived List'. If a household is placed on the 'Inactive list' or 'Archived list' and contact has been re-established with the homeless system or vis versa, the household will be moved back to the 'Active List'.

### Process

The CAHPS Coordinator will sort the By-Name List by "Last Master Update/Last Contact." Households who have been on the By-Name List that have not had <sup>3</sup>contact with the homeless system in the *last 60 days*, will be removed from the 'Active List' and placed on the 'Inactive List.' Once contact with the household on the 'Inactive List' has been made, the provider who made contact will need to notify the CAHPS Coordinator of the date in which the interaction took place. The household will be moved from the 'Inactive List' to 'Active List' and can be referred to housing resources. The CAHPS Coordinator will review the By-Name List weekly and will flag those households who have not had contact for 30 days. The CAHPS Coordinator will notified the organizations, agencies, and or service providers who last completed the VI-SPDAT with the household. This gives adequate time (30 days) for the provider to contact the household. The provider should attempt at least 3 times, in the 30 days to contact the household.

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<sup>3</sup> The state or condition of communicating or meeting. Communicate with (someone), typically in order to give or receive specific information.



If a household on the 'Active List' has an expired release of information, the CAHPS Coordinator will not use the household's name, but rather their 'unique identifier' when discussing them in case conferencing. Once the new ROI is obtained and sent to the CAHPS Coordinator, their name can again be used during case conferencing.

This policy will be reviewed and re-evaluated annually to ensure that it is still suitable to the needs of the CAHPS system. If this policy is not suiting the current needs, appropriate adjustments and revisions will be made.

## 12. Institution policy

Those households/individuals who enter an institution (e.g. hospitalization, jail, etc.) will be moved to the 'Jail/Institutions List'. If a household/individual's potential institutional length of stay is ambiguous, then they will remain on the 'Jail/Institutions List' as active for 60 days. If their institutional stay becomes longer, the household/individual will then move to the 'Inactive List'.

Questions to consider:

1. Have you seen this person around?
2. Do you know this person has left town?
3. Have you checked hospitals and jails for this person?

## 13. Temporary Prioritization during Declared Emergency or Disaster Policy

### Background

Coordinated entry systems should be nimble enough to respond to the unique needs of people experiencing homelessness in the community, including during states of emergency or natural disasters. There may be times when it is deemed necessary to temporarily alter the CAHPS resource prioritization criteria to include those individuals and families experiencing homelessness who are disproportionately affected by unforeseen disasters, such as fires, floods, pandemics, etc. The prioritization of households at greatest risk because of such states of emergency will be considered as one vulnerability factor alongside the general prioritization criteria for accessing housing resources.

### Policy

If there is a declared State of Emergency that covers any part of the Northern Colorado Continuum of Care region, the CAHPS Steering Committee, with the approval of the Governing Board, may choose to initiate the following protocol:

1. *Determination of population most at risk due to State of Emergency.* The CAHPS Steering Committee will make this determination with the best information available from the most reputable sources.
  - a. Example: If there, a State of Emergency due to a viral pandemic, the CAHPS Steering Committee may follow guidance from the U.S. Center for Disease Control and the local health department(s) to determine specific factors for increased risk of death from the virus.
  - b. Example: If there is a State of Emergency due to a natural disaster, such as a flood, the CAHPS Steering Committee may follow reports from local officials to determine the specific areas affected and those who have been displaced.

2. *Determination of process to identify population most at risk.* The CAHPS Steering Committee will classify specific indicators for accessing a household's risk due to the State of Emergency. These indicators must be linked to information already captured on the By-Name List or through case conferencing.
  - a. Example: If there is a State of Emergency due to a viral pandemic, the indicators of risk may be a person's age and specific underlying health conditions that increase risk of death. Age is captured on the by-name list and case conferencing may provide insight into underlying health conditions.
  - b. Example: If there is a State of Emergency due to a natural disaster, such as a flood, the indicators of risk may be persons previously residing in an encampment or emergency shelter destroyed by the flood. This information may be gathered in case conferencing.
3. *Determination of scope of temporary prioritization.* The CAHPS Steering Committee will recommend the length of time the temporary prioritization will be in effect, as well as any other specifics needed to use this temporary prioritization, when assigning resources. The NoCO CoC Governing Board will ultimately decide the appropriate scope of temporary prioritization. In addition, a participating partner agency's temporary guidelines or directive changes related to prioritization will be provided to the CAHPS Coordinator and CAHPS Steering Committee for consideration and implementation.
  - a. The length of time determined may be until the State of Emergency is lifted or another reasonable marker that could be used to determine the overall risk to the emergency or disaster has ceased.
4. *Communication of Temporary Prioritization.* Using the guidelines determined by the Steering Committee, the CAHPS Coordinator will draft a temporary protocol related to the specific emergency or disaster to give to the Governing Board for approval. Once approved, the CAHPS Coordinator will inform CAHPS partners of the temporary change in prioritization and begin using the new prioritization alongside the standard prioritization criteria.
5. *Termination of the Temporary Prioritization.* The NoCO CoC Governing Board may decide at any time to end the temporary prioritization period and will inform all partners of the termination.

Any temporary prioritization for resource allocation used to respond to a State of Emergency or Disaster will be used together with the standard prioritization criteria. The temporary prioritization will not be cause to unilaterally supersede other factors used to determine households at greatest risk, but should be used dynamically so that the system can best respond to the immediate needs of the community.



## 14. Transitional Housing Policy

### Background

The Transitional Housing Policy will clarify what transitional housing vs. temporary housing is and where households/individual's will be placed on the community By Name list.

Defining the terms:

Transitional Housing <a href="#">24 CFR 578.3</a>	Temporary Housing
Transitional housing (TH) is designed to provide homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing. Transitional housing may be used to cover the costs of up to 24 months of housing with accompanying supportive services. Program participants must have a lease (or sublease) or occupancy agreement in place when residing in transitional housing.	This means that the housing situation is intended to be very short-term or temporary (90 days or less)

### Policy

The Coordinated Assessment and Housing Placement System (CAHPS) By Name list will have a 'Transitional Housing' tab. This tab will have the list of those households/individuals who are residing in transitional housing. Those who are considered temporarily housed, will be found on the 'Housed' tab on the By Name list. Those who are temporarily housed will remain on the 'housed' tab until their situation changes (i.e. becomes literally homeless). Regardless of the type of housing, people who are fleeing or attempting to flee domestic violence are always considered homeless under category 4 of HUD definition of homelessness.

Those households/individuals who are placed in transitional housing will still be considered for resources through the CAHPS process. Any CoC funded Transitional Housing provider must use the CAHPS process to fill vacant beds/units. In the cases when beds/units are not funded by the HUD CoC program, and/or when funded by another agency (e.g. Colorado Division of Housing) the CAHPS process is not required. Although not required for non-funded providers, those providers can request matches through CAHPS.

Rapid Rehousing is a model for helping homeless households/individuals obtain and maintain permanent housing, and it can be appropriate to use as a bridge to other permanent housing programs. In certain circumstances CAHPS may choose to utilize Rapid Rehousing dollars to provide Bridge Housing for those experiencing homelessness. Program participants that are receiving Rapid Rehousing Assistance through programs such as the Emergency Solutions Grants (ESG), the Continuum of Care (CoC), the Supportive Services for Veterans Families (SSVF) Program, and Veterans participating in the Cheyenne VA Healthcare System Grant and Per Diem Bridge Housing Program (CVAHCS GPD-BH), will maintain their chronically homeless



status for the purpose of eligibility for other permanent housing programs dedicated to serving the chronically homeless. Such as HUD-VASH and CoC funded permanent supportive housing (so long as they meet any other additional eligibility criteria for these programs). Program participants maintain their chronic homeless status during the time-period that they are receiving the Rapid Rehousing assistance as bridge housing.

It is important to note, that although, the program participants in Rapid Rehousing are considered chronically homeless for the purposes of eligibility for other programs, the housing itself is still considered permanent housing. Therefore, these program participants are not considered chronically homeless (or homeless) for counting purposes, and must not be included in the CoC's sheltered point-in-time count (this excludes the CVAHCS GPD-BH program as it is not located in the Northern Colorado CoC).<sup>4</sup>

### **Procedure**

The CAHPS Case Conference teams will review the Transitional Housed tab during the 4<sup>th</sup> case conference of the month (or sooner, on an as-needed case by case basis for a unique situation). The team will be discussing households/individuals on the list and determining if the current housing situation is still suitable for the household's needs or if another housing, intervention is needed. They will make appropriate referrals as needed.

## **15. Unique Identifier Policy**

### **Background:**

The unique identifier policy is a critical component of a coordinated entry system that ensures equal access for those whose needs may not be fully addressed by the coordinated entry system. This may include but is not limited to a participant's refusal to sign a release of information or the inability to complete the VI-SPDAT assessment. All households/individuals have a right to equal and fair access to housing. . When individuals are unwilling or cannot sign release of information forms, if the coordinated entry system does not allow for such anomalies, these individuals may not end up being housed. A way to mitigate this challenge is to assign a unique identifier to the participant so that they may be discussed and considered for housing, but none of their personally identifying information (PII) is exposed to the case conferencing team.

### **Policy**

The Northern Colorado Coordinated Assessment and Housing Placement System (CAHPS) has a process of creating a unique identifier for those whose needs may include the inability to participate in CAHPS due to physical and/or mental health concerns, lack of willingness to sign the CAHPS release of information forms, the household/individual using a victim service provider, etc.

### **Procedure**

This alternate process must be accessible to community members advocating for households/individuals who fall into at least one of the following categories:

- Households/Individuals who are unable because of medical and/or mental health concerns to complete the VI-SPDAT

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<sup>4</sup> See Resources and assistance to support HUD's community partners at <https://www.hudexchange.info/faqs/530/is-an-individual-or-family-that-is-receiving-rapid-Rehousing-assistance/>



- Household/Individual who are unwilling to sign the CAHPS release of information forms and must be conferenced anonymously with no PII shared
- Client is receiving services from a victim service provider (see Domestic Violence Policy)

For any household/individual in the above categories, agency representatives must bring these cases to the case conferencing and must notify the CAHPS Coordinator, by Thursday no later than 4:00 pm before the next weeks case conference (please see 'Timely Submission Policy'). If necessary, the CAHPS Coordinator will reserve time in the case conference to discuss the household/individual.

Since there may not be a release of information, these situations must be referenced without revealing PII. However, such details as mental health diagnosis, physical health vulnerability, age, family status, criminal record, and financial resources may be discussed without association to a particular name.

When first identified, the CAHPS Coordinator will request a unique identifier from the referring agency based on the agency associated with the initial referral. This unique identifier will be the agency acronym and a unique number. For instance, John Smith is referred by Volunteers of America. The unique identifier will be VOA001. This process for developing unique identifiers will remain in place until HMIS is available to provide the unique identifier. The CAHPS Coordinator will then add this identifier to the By Name List. Not only is this important for those who will not or are not able to sign an ROI or complete a VI-SPDAT, but is important factor to capture the true number of those experiencing homelessness in Northern Colorado. The referring agency will maintain a private list of those who they have referred with a unique identifier with the actual name of the household/individual.

If and when the person does consent to or is able to complete a VI-SPDAT and/or ROI, their full name will be added to the By Name List with their score.

The agency representative should always review and check the By Name List first to see if the household/individual has already completed a VI-SPDAT, decreasing the risk of duplication.

## Appendix A: Glossary of Terms

**Assessment:** In the context of the coordinated entry process, HUD uses the term “assessment” to refer to the use of one or more standardized assessment tool(s) to determine a household’s current housing situation, housing and service needs, risk of harm, risk of future or continued homelessness, and other adverse outcomes. HUD does not intend that the term be confused with assessments often used in clinical settings to determine psychological or physical health, or for other purposes not related to preventing and ending the homelessness of persons who present to coordinated entry for housing-related assistance. Assessment tools often contain a range of questions and can be used in phases to progressively engage a participant over time.

**Phases of Assessment:** The NoCO CoC CAHPS has chosen to use a phased assessment approach, meaning that different assessments will be administered at different times, depending on the needs of the household.

**By-Name List:** List of individuals and families experiencing homelessness that have been assessed and prioritized by CAHPS. By-name lists only contain information that is pertinent to the housing search process.

**Chronic Homelessness:** The definition of “chronically homeless,” as stated in the [Definition of Chronically Homeless final rule](#) is:

- a. A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:
  - i. lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; **and**
  - ii. Has been homeless and living as described in paragraph (a)(i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (a)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility;
- b. An individual who has been residing in an institutional care facility, including a jail, substance use or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering the facility;
- c. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of this definition (as described in Section I.D.2.(a) of Notice CPD-16-11), including a family whose composition has fluctuated while the head of household has been homeless.

**Coordinated Entry System (also known as CAHPS, or Coordinated Assessment and Housing Placement System):** The CoC Program interim rule at [24 CFR 578.3](#) defines centralized or coordinated assessment as the following: “...a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily





accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool...”

**Emergency Shelter:** A safe space for individuals and families, providing temporary shelter from the elements and unsafe streets, while the household is looking for permanent housing.

**Emergency Solutions Grant (ESG):** HUD’s ESG Program provides funding to:

- (1) engage homeless individuals and families living on the street;
- (2) improve the number and quality of emergency shelters for homeless individuals and families;
- (3) help operate these shelters;
- (4) provide essential services to shelter residents;
- (5) rapidly rehouse homeless individuals and families, and
- (6) prevent families/individuals from becoming homeless.

**ESG Program Components:** ESG funds may be used for five program components: street outreach, emergency shelter, homelessness prevention, rapid re-housing assistance, and HMIS; as well as administrative activities (up to 7.5% of a recipient’s allocation can be used for administrative activities). According to the ESG Interim Rule at [24 CFR 91.110](#) a State’s consultation with CoCs must address three specific substantive areas:

- Allocation of resources (both by type of activity and geographic distribution).
- Development of performance standards for, and evaluating outcomes of, projects and activities assisted by ESG funds. The ESG recipients will use this state consultation with CoC performance standards for evaluating the activities carried out with ESG funds, including how well sub-recipients succeed in:
  - targeting those who need the assistance most;
  - reducing the number of people living on the streets or emergency shelters;
  - shortening the time people spend homeless; and
  - reducing participants’ housing barriers or housing stability risks.
- Development of funding, policies, and procedures for operating and administering any Homeless Management Information System (HMIS) in which State sub-recipients will be required to participate.

**Family Vulnerability Index Service Prioritization Decision Assistance Tool (F-VI-SPDAT):** A tool developed and owned by OrgCode and Community Solutions, utilized for pregnant or parenting households to recommend the level of housing supports necessary to resolve the presenting crisis of homelessness. Within those recommended housing interventions, the F-VI-SPDAT allows for prioritization based on presence of vulnerability.

**Homeless (HUD definition Per [24 CFR 578.3](#)):**

- Category 1 – Literally homeless individuals/families
- Category 2 – Individuals/families who will imminently lose their primary nighttime residence with no subsequent residence, resources, or support networks
- Category 3 – Unaccompanied youth or families with children/youth who meet the homeless definition under another federal statute
- Category 4 – Individuals/families fleeing or attempting to flee domestic violence



**Homeless Management Information System (HMIS):** a web-based software application designed to record and store person-level information regarding the service needs and history of households experiencing homelessness throughout a Continuum of Care jurisdiction, as mandated by HUD.

**Housing Opportunities for Persons with Aids (HOPWA):** A Federal program dedicated to the housing needs of people living with HIV/AIDS.

**U.S. Department of Housing and Urban Development (HUD):** Department of Housing and Urban Development; the United States federal department that administers federal programs dealing with better housing and urban renewal. HUD oversees CoC- and ESG-funded programs.

**Northern Colorado Continuum of Care (NoCO CoC):** Continuum of Care is defined to convene the group that is organized to carry out the responsibilities required under the HEARTH Act, and that is composed of representatives of organizations including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons. These entities consist of the relevant parties in the geographic area. Continuums are expected to include representation to the extent that the type of organization exists within the geographic area that the CoC represents and is available to participate in the Continuum. For example, if a Continuum of Care did not have a university within its geographic boundaries, then HUD would not expect the Continuum to have representation from a university within the Continuum. The NoCO CoC geography covers all of Larimer and Weld counties.

**NoCO CoC Governing Board:** The oversight entity responsible for implementing the CoC Program Interim Rule. The Governing Board is made up of members of the NoCO CoC.

**Permanent Supportive Housing (PSH):** Permanent housing for a household that is homeless on entry, and has a condition or disability, such as mental illness, substance use disorder, chronic health issues, or other conditions that create multiple and serious ongoing barriers to housing stability. Households have a long-term high level of service needs in order to meet the obligations of tenancy and maintain their housing. Tenants have access to a flexible array of comprehensive services, mostly on site, such as medical and wellness, mental health, substance abuse, vocational/employment, and life skills. Services are available and encouraged but are not to be required as a condition of tenancy.

**Prioritization:** In the context of the coordinated entry process, HUD uses the term "prioritization" to refer to the coordinated entry-specific process by which all persons in need of assistance who use coordinated entry are ranked in order of priority. The coordinated entry prioritization policies are established by the CoC with input from all community stakeholders and must ensure that ESG projects are able to serve clients in accordance with written standards that are established under [24 CFR 576.400\(e\)](#). In addition, the coordinated entry process must, to the maximum extent feasible, ensure that people with more severe service



needs and levels of vulnerability are prioritized for housing and homeless assistance before those with less severe service needs and lower levels of vulnerability. Regardless of how prioritization decisions are implemented, the prioritization process must follow the requirements in Section II.B.3. and Section I.D. of notice [CPD-17-01 \("Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System"\)](#).

**Rapid Rehousing (RRH):** A type of housing assistance that provides housing identification, move-in and rental assistance, and/or case management. Rapid rehousing provides short-term (up to 3 months) and medium-term (3-24 months) of tenant-based rental assistance to households that are literally homeless (category 1) or fleeing/attempting to flee domestic violence (category 4).

**Access Point:** Access Points provide housing assessments and referrals to community resources.

**Severity of Service Needs:** [Notice CDP-16-11](#) refers to persons who have been identified as having the most severe service needs. For the purposes of this Notice, this means an individual for whom at least one of the following is true:

- History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; and/or
- Significant health or behavioral health challenges, substance use disorders, or functional impairments, which require a significant level of support in order to maintain permanent housing.
- For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations.
- When applicable, CoCs and recipients of CoC-funded PSH may use an alternate criteria used by Medicaid departments to identify high need, high cost beneficiaries.

Severe service needs as defined in bullets 1-4 above should be identified and verified through data-driven methods such as an administrative data match or through the use of a standardized assessment tool and process, and should be documented in a program participant's case file. The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual. The determination cannot be made based on any factors that would result in a violation of any nondiscrimination and equal opportunity requirements, see [24 CFR 5.105\(a\)](#).

**Scoring:** In the context of the coordinated entry process, HUD uses the term "scoring" to refer to the process of deriving an indicator of risk, vulnerability, or need based on responses to assessment questions. The output of most assessment tools is often an "assessment score" for potential project participants, which provides a standardized analysis of risk and other objective assessment factors. While assessment scores generally reflect the factors included in the prioritization process, the assessment score alone does not necessarily determine the relative order of potential participants for resources. Use of case conferencing is often necessary to ensure that the outcomes of the assessment more closely align with the community's prioritization process by accounting for unique population-based vulnerabilities and risk factors.



**Transition-Aged Youth Vulnerability Index Service Prioritization Decision Assistance Tool (TAY-VI-SPDAT):** An assessment tool developed and owned by OrgCode and Community Solutions that is utilized for single young adults between the ages of 18-24, to recommend the level of housing supports necessary to resolve the presenting crisis of homelessness. Within those recommended housing interventions, the TAY-VI-SPDAT allows for prioritization based on presence of vulnerability. While the assessment tool recommends certain interventions based on the assessment score, the CoC must ensure that youth are provided with appropriate referrals to all projects for which they are eligible, and not “steered” to a particular project or provider simply based on the TAY-VI-SPDAT score.

**Victim Service Provider:** A private nonprofit organization whose primary mission is to provide direct services to victims of domestic violence. This term includes permanent housing providers—including rapid rehousing, domestic violence programs (shelters and non-residential), domestic violence transitional housing programs, dual domestic violence and sexual assault programs, and related advocacy and supportive services programs.

**Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT):** An assessment tool developed and owned by OrgCode and Community Solutions that is utilized for single individuals, including veterans, to recommend the level of housing supports necessary to resolve the presenting crisis of homelessness. Within those recommended housing interventions, the VI-SPDAT allows for prioritization based on presence of vulnerability.

**Transitional Housing:** (TH) is designed to provide homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing. Transitional housing may be used to cover the costs of up to 24 months of housing with accompanying supportive services. Program participants must have a lease (or sublease) or occupancy agreement in place when residing in transitional housing, see [24 CFR 578.3](#).

**Temporary Housing:** This means that the housing situation is intended to be very short-term or temporary (90 days or less)



## **Appendix B: Youth in the Coordinated Assessment and Housing Placement System**

All text taken directly from the [Coordinated Entry Policy Brief](#):

Integrating youth into the coordinated entry process:

“CoCs with a network of youth serving programs should consider whether they would better serve youth by creating coordinated entry access points dedicated to underage and transition aged youth. These access points can be located in areas where homeless youth feel comfortable and safe. They can be staffed with people who specialize in working with youth. CoCs should take care to ensure that if they use separate coordinated entry points for youth that those youth can still access assistance from other parts of the homeless assistance system and that youth who access other coordinated entry points can access assistance from youth serving programs.

Regardless of whether a CoC uses youth dedicated access points, the coordinated entry process must ensure that youth are treated respectfully and with attention to their developmental needs.”

Youth will have the choice of assessment tool. A single youth may choose to be assessed with either the VI-SPDAT or TAY-VI-SPDAT, while a pregnant or parenting youth may choose to be assessed with either the F-VI-SPDAT or the TAY-VI-SPDAT. Youth should also be referred to Runaway and Homeless Youth (RHY) funded providers as appropriate and as those providers participate in coordinated entry.

## Appendix C: CoC Housing First Standards

Any participating organization, regardless of funding source, must adopt and implement the following Housing First standards, practices, and protocols:

- Direct or nearly direct placement of targeted homeless people into permanent housing.
- Supportive services that are offered and readily available, but not required to remain in housing.
- Assertive outreach to engage and offer housing to homeless people.
- Low barrier approach that does not discriminate based on an individual's substance use or mental health challenges.
- Continued effort to provide case management.

According to the National Alliance to End Homelessness, Housing First principles include:

- Homelessness is first and foremost a housing problem and should be treated as such.
- Housing is a right to which all are entitled.
- People who are homeless or on the verge of homelessness should be returned to or stabilized in permanent housing as quickly as possible and connected to resources necessary to sustain that housing.
- Issues that may have contributed to a household's homelessness can best be addressed once they are housed.

Housing First Service Delivery Components:

- Emergency services that address the immediate need for shelter or stabilization in current housing.
- Housing, resource, and assessment which focuses on housing needs, preferences, and barriers; resource acquisition (e.g., entitlements); and identification of services needed to sustain housing.
- Housing placement assistance including housing location and placement; financial assistance with housing costs (e.g., security deposit, first month's rent, move-in and utilities connection, short- or long-term housing subsidies); advocacy and assistance in addressing housing barriers (e.g., poor credit history or debt, prior eviction, criminal conviction).
- Case management services (frequently time-limited) specifically focused on maintaining permanent housing or the acquisition and sustainment of permanent housing.



## **Appendix D: ESG & CoC Rapid Rehousing Written Standards**

The most recent copy of the Emergency Solutions Grant and Continuum of Care Rapid Rehousing Written Standards can be found at the link below. All recipients of ESG funds in the NoCO CoC must abide by these policies and procedures if they receive Rapid Rehousing assistance as a subrecipient of the NoCO CoC.

The most up-to-date version of the Rapid Rehousing Written Standards for the NoCO CoC can be found at: <https://www.nocococ.org>



## **Appendix E: NoCO CoC CAHPS Memorandum of Understanding (MOU)**

All agencies participating in CAHPS must sign an MOU and be listed on the CAHPS ROI. A link to the most up to date CAHPS MOU is below. It is required that anyone that participates in CAHPS signs the MOU.

<https://www.nocococ.org>





## **Appendix F: Prevention/Diversion Tool**

The Prevention/Diversion Tool on the following pages is an example tool that may be used across the NoCO CoC by all entities participating in CAHPS that have been identified as access points. The purpose of the Prevention/Diversion Tool is to help identify households that should not enter into the CAHPS, but rather access other resources that may assist them in maintaining their current housing.



## Prevention and Diversion Screen (Page 1 of 2) *Instructions in italics*

### INTRODUCTORY QUESTIONS

1. Are you homeless or do you believe you will become homeless in the next 72 hours? \_\_\_

Yes \_\_\_ No *HUD definition of homeless: living in a place not meant for human habitation, in emergency shelter (including domestic violence shelter), in transitional housing, or exiting an institution where they temporarily resided for up to 90 days and were in shelter or a place not meant for human habitation immediately prior to entering that institution.*

2. Are you currently residing with, or trying to leave, an intimate partner who threatens you or makes you fearful? \_\_\_ Yes \_\_\_ No

→ *If yes, refer to Domestic Violence Coordinated Entry Policy and proceed with question 2A.*

- *If no – proceed with question 3.*

2A. If a partner has ever threatened to hurt you, or made you afraid, or hit, slapped, kicked or otherwise physically hurt you or made you do something sexual you did not want to, it might be helpful for you to talk to someone confidentially as some of the questions that must be asked are very personal. Would you like to speak to someone at a Domestic Violence program and fill out this survey with them? Regardless of your answer, the answers you give will be kept confidential and any identifying information will not become part of the shared database.

\_\_\_Yes - DO NOT PROCEED WITH THIS ASSESSMENT and refer the client to a domestic service provider for assessment with a warm handoff.

\_\_\_No – refer to Domestic Violence Coordinated Entry Policy and provide information about regional DV providers. Switch to a modified paper intake form that excludes personally identifying information, and administer a paper copy of the VI-SPDAT, TAY-VI-SPDAT, or F-SPDAT that includes the name of the appropriate staff contacts as well as an internally generated ID number that the agency can associate with the client. After the assessment is conducted and a score is generated the completed tool should be destroyed.

3. Where did you sleep last night?

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4. Was it a safe location? \_\_\_ Yes \_\_\_ No *If no, ask "What made the location unsafe?" "Is there another place you can think of where you feel safe and could stay for a couple of nights?" If unsafe due to domestic violence, refer to DV services (Appendix B).*



**PREVENTION/DIVERSION QUESTIONS**

5. **Why did you have to leave the place you stayed last night?**

\_\_\_\_\_

6. **Could you stay tonight at the same location?**

Yes  No *If no, skip to Question 7*

a. **What would you need to help you stay where you stayed last night again?**

Landlord mediation

Conflict resolution

Rental assistance (Amount: \$\_\_\_\_\_)

Utility assistance (Amount: \$\_\_\_\_\_)

Other financial assistance (Amount: \$\_\_\_\_\_)

Other assistance (Please describe: \_\_\_\_\_)

b. **Would it help if I contacted the person you stayed with? What is the best way to contact that person?**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Contact date(s) and result \_\_\_\_\_

7. **Is there anyone else you (and your family) could stay with? Friends, family, co-workers?  Yes  No *If no, skip to Question 7***

a. **What would you need to help you stay there**

Landlord mediation

Conflict resolution

Rental assistance (Amount: \$\_\_\_\_\_)

Utility assistance (Amount: \$\_\_\_\_\_)

Other financial assistance (Amount: \$\_\_\_\_\_)

Other assistance (Please describe: \_\_\_\_\_)

b. **Would it help if I contacted someone you can stay with? What is the best way to contact that person?**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Contact date(s) and result \_\_\_\_\_

8. **Is the assistance needed to prevent or divert this household from entering the homeless system available in your community?  Yes  No**

a. **If no, what was the result of this screening process for this household?**

Referred to shelter  Referred to DV program  Received hotel/motel

voucher  No assistance given  Referred to Transitional Housing  Other



## **Appendix G: Release of Information (ROI)**

All providers participating in the NoCO CoC CAHPS must use the ROI found here:  
<https://www.nocococ.org/cahps>



## **Appendix H: VI-SPDAT, F-VI-SPDAT, TAY-VI-SPDAT, and JD-VI-SPDAT**

The NoCO CoC has chosen to use the VI-SPDAT as the triage/assessment tool for CAHPS. All providers and access points participating in CAHPS MUST use the most up-to-date version of the VI-SPDAT, F-VI-SPDAT, and TAY-VI-SPDAT. The CAHPS Steering Committee will inform all agencies when new versions of the VI-SPDAT tools are available for use, and will give an implementation timeline for the transition to the updated tool. Agencies cannot modify the VI-SPDAT in any way (by adding or subtracting questions) that will affect the scoring of the tool.

The most up-to-date version of the tools can be found here: <https://www.nocococ.org/cahps>

Agencies must utilize the opening speaking points found on the tool before administering the VI-SPDAT.



## Appendix I: NoCO CoC CAHPS Housing Provider Denial Reporting Form

All housing provider denials must be recorded on this form, and kept on record, for submission during the annual NoCO CoC CAHPS evaluation (to be conducted by the CAHPS Steering Committee of the NoCO CoC).

### Coordinated Assessment and Housing Placement System Housing Provider Denial Reporting Form

According to the Northern Colorado CAHPS Policies and Procedures document, a housing provider may deny a household based on one or more of the below criterion ONLY. All housing provider denials must be recorded on this form, and kept on record, for submission during the annual NoCO CoC CAHPS annual evaluation (to be conducted by the CAHPS Steering Committee of the NoCO CoC).

Agency Name: \_\_\_\_\_

Program/Project Name: \_\_\_\_\_

Household denied: \_\_\_\_\_

Date of denial: \_\_\_\_\_

# of times household has been denied (total/ongoing) : \_\_\_\_\_

# of times Agency/Housing Provider has denied a household (this year): \_\_\_\_\_

Reason for denial: (please check the appropriate box(es) below).

- There are no actual vacancies available
  
- The household rejects the housing program (refer to the policy above for more information)
  
- The household cannot be contacted after 3 attempts to reach them over a 14 day period
  
- The household presents with more/different people than originally referred, and the housing provider cannot accommodate the household for this reason
  
- The provider has determined, based on individual program **eligibility** requirements put in place by a **funding source** that the household cannot be accommodated (example: a household self-identifies as chronically homeless, but the receiving PSH provider that operates dedicated and prioritized PSH units cannot document chronicity)
  
- Criminal offense that is not allowable per *funding restrictions* (i.e. arson, meth production, etc.)



If checked yes, what is offense: \_\_\_\_\_

Other – please explain. Please note, CoC- and ESG- funded RRH and PSH providers should NOT select “Other” without consult from the CAHPS Coordinator or Case Conferencing Team.



## Appendix J: Documentation of Housing Referral Deviation from Prioritization Criteria

The following form must be used in all instances where a referral to a housing resource deviates from what would be the standard prioritization.

### Coordinated Assessment and Housing Placement System Documentation of Housing Referral Deviation from Prioritization Criteria

Agency Name: \_\_\_\_\_

Program/Project Name: \_\_\_\_\_

CoC Funded Provider:  Yes  No

ESG Funded Provider:  Yes  No

State Funded Provider:  Yes  No

Date of Deviation from prioritization criteria: \_\_\_\_\_

# of times program has deviated from prioritization criteria (calendar year total): \_\_\_\_\_

Was this deviation approved by the Case Conferencing Team:  Yes  No

Reason for deviation from prioritization criteria\*:

\*Please do not include names.





## Appendix K: Making VI-SPDAT Scores Comparable

In the prioritization section of this document, it notes that the CAHPS is required to take the household with the highest VI-SPDAT score. However, the three different tools (VI-SPDAT, F-VI-SPDAT, JD-VI-SPDAT, and TAY-VI-SPDAT) have different “highest” scores. Therefore, the NoCO CoC CAHPS Committee has developed the following chart to help compare highest VI-SPDAT scores.

- Highest score on VI-SPDAT: 15
- Highest score on TAY-VI-SPDAT: 15
- Highest score on JD-VI-SPDAT: 15
- Highest score on F-VI-SPDAT: 20

Score on F-VI-SPDAT	=	Score on VI-SPDAT/JD-VI-SPDAT/TAY-VI-SPDAT
0		0
1		1
2		2
3		3
4		4
5		4
6		5
7		6
8		7
9		8
10		8
11		9
12		10
13		10
14		11
15		12
16		13
17		13
18		14
19		15
20		15



## **Appendix L: Right to Appeal Form**

The following form is intended to be used in the event that a household would like to appeal the decision made by the CAHPS. It can be used in the instance that the household disagrees with the case conference team. It can also be used in the instance that a household wants to appeal the decision made by a local housing provider (e.g. if the housing provider denies a referral that was made by the case conference team).



**REQUEST TO APPEAL A DECISION MADE BY YOUR LOCAL CAHPS CASE CONFERENCE TEAM AND/OR LOCAL HOUSING PROVIDER**

If you need assistance with this form or have any additional questions, please contact: Summer Garcia at [Summer@unitedway-weld.org](mailto:Summer@unitedway-weld.org). Thank you.

Date of Request: \_\_\_\_\_  
Name of Applicant/Client Requesting Appeal: \_\_\_\_\_  
Housing Program: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Name of Designee, if applicable: \_\_\_\_\_  
Designee's Telephone Number: \_\_\_\_\_

1. Describe the decision that you would like to appeal. Please use additional pages if necessary.

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2. Explain why the appeal is needed. Please use additional pages if necessary.

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Please submit this form to the local case manager, housing navigator, etc. that you have been working with. If they are unable or unwilling to submit this form on your behalf, please send it directly to:

Mail:  
Summer Garcia  
CAHPS Coordinator  
United Way of Weld County  
PO Box 1944  
Greeley, CO 8063  
[summer@unitedway-weld.org](mailto:summer@unitedway-weld.org)



## **Appendix M: Request for Reasonable Accommodation Form**

The following form is intended to be used to any household that wishes to request reasonable accommodation for a housing resource that was referred to them through the local CAHPS.

**This form should only be used in the instance that the local housing provider does not have an internal form to use.**



## REQUEST FOR REASONABLE ACCOMMODATION

If you need assistance with this form or have any additional questions, please contact: Holden Young, Director of the Northern Colorado CoC at 970-353-4300 or [hyoung@unitedway-weld.org](mailto:hyoung@unitedway-weld.org)

Date of Request: \_\_\_\_\_

Shelter or Housing Program: \_\_\_\_\_

Name of Applicant/Client Needing Accommodation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Name of Designee, if applicable: \_\_\_\_\_

Designee's Telephone Number: \_\_\_\_\_

1. Describe the accommodation being requested. Use additional sheets if needed.

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2. Explain why the accommodation is needed. Use additional sheets if needed.

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By signing below, I self-verify that I have, or someone in my household has, a disability and needs the requested accommodation.

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Name

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Date

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Client Signature

By signing below, I authorize my shelter provider to verify that I have, or someone in my household has, a disability and needs the requested accommodation.

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Name

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Date

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Client Signature



## Verification Contact Information

Name: \_\_\_\_\_

Agency/Institution: \_\_\_\_\_

Fax: \_\_\_\_\_

Phone: \_\_\_\_\_

**If you disagree with the Reasonable Accommodation Decision, you have the right to Appeal and to file a Complaint.**

### Your Right to Appeal Your Accommodation Request

You can ask for an appeal in any of the following ways:

Ask the person you are working with to appeal the decision through the program's internal grievance process. Each grievance related to a reasonable accommodation request will be brought to the Colorado NoCO Governing Board's attention for further review.

If you feel as though your rights have been ignored or violated in this process, please see below for "Your Right to File a Complaint."

### Your Right to File a Complaint

If you believe that your rights have been ignored or violated or that you have been discriminated against, you have the right to file a complaint with DC government agencies or in court. You can file a complaint in any of the following ways:

*Per the Colorado Department of Regulatory Agencies:*

"Fair housing laws were enacted to ensure everyone has equal access to the housing of their choice.

Protected classes in housing include: Race, Color, Religion, Creed, National Origin/Ancestry, Sex, Disability/Handicap, Sexual Orientation (including Transgender Status), Marital Status, and Familial Status (children under the age of 18 in the household).

Examples of discriminatory housing allegations based on membership in a protected class include, but are not limited to: refusal to rent, unequal terms and conditions, discriminatory financing, failure to provide reasonable accommodation or modification for a person with a disability, refusal to sell, and retaliating against someone who has exercised his/her fair housing rights.

Aggrieved individuals who believe they have been subject to housing discrimination based on their protected class status have one year to file from the last date of discriminatory



harm to file a complaint with CCRD. Aggrieved individuals who believe they have been subject to housing discrimination based on their protected class status have two years from the last date of discriminatory harm to file a court action.

CaseConnect is the Colorado Civil Rights Division's electronic case management system which allows for online submission of intake and case information as well as evidence. The system also enables parties to check the status of discrimination claims and communicate with the Division.

You can access CaseConnect and file a complaint here:

<https://www.colorado.gov/pacific/dora/caseconnect-0>

**For more information please visit:**

*Colorado Civil Rights Division*

1560 Broadway, Lobby Level Welcome Center

Main Phone: 303-894-2997

Toll Free: 800-262-4845

V/TTD - Relay: 711

Personal bilingüe disponible

Hotline Español: 720-432-4294

Main Fax: 303-894-7830

Email: [dora\\_CCRD@state.co.us](mailto:dora_CCRD@state.co.us)

**How to Get Help Appealing or Filing a Complaint**

If you are an individual with a disability and require an accommodation in order to access CCRD's services, please call 303-894-2997 (local), 800-262-4845 (voice), 711 TTD - Relay, Hotline Español: 720-432-4294, send an email to [dora\\_CCRD@state.co.us](mailto:dora_CCRD@state.co.us), or request an accommodation in person at CCRD's office.