



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

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Overview

This document outlines the policies and procedures of the Northern Colorado Continuum of Care's (NoCO CoC) coordinated entry system, formally known as Coordinated Assessment and Housing Placement System (CAHPS). The Policies and Procedures for CAHPS are expected to be implemented in a uniform way across the NoCO CoC for all partner agencies in order to ensure consistency of services, efficient and sustainable process, and ease of access.

NoCO CoC CAHPS process and policies and procedures follow all of the established HUD policies, including [Notice CPD-17-01: Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System](#) and the CoC Program Interim Rule [24 CFR 578.7\(a\)\(8\)](#), and all other applicable Federal rules.

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 Definition of CAHPS

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 entry (CE) system, Coordinated Assessment and Housing Placement System (CAHPS). CAHPS is the process of:

1. Identification and access to services for households experiencing a housing crisis,
2. Assessment of needs, preferences and vulnerability,
3. Prioritization through assigning level of need or vulnerability to households seeking assistance so that housing and services is allocated to households with the greatest need,
4. Referral and matching to appropriate resources, housing, and services, and
5. Oversight of navigation into permanent and stable housing.

The purpose of CAHPS is to streamline homelessness intervention services and resources so that housing crises are diverted and prevented when resources are available, and in the occurrence of homelessness it is rare, brief, and non-recurring. Coordinated entry provides real time data on homelessness in northern Colorado, allowing the response system to address community needs appropriately. The CAHPS process is operated by the Northern Colorado Continuum of Care through the Homelessness Management Information System (HMIS) leads, CAHPS Project Coordinator, and CAHPS Community Coordinator, in collaboration with NoCO CoC partner agencies.

NoCO CAHPS has a goal of ending homelessness by maintaining an efficient homeless response system that achieves and maintains a functional zero for all populations served so that homelessness is rare, short-lived, and nonrecurring.

Mission: The CAHP System is a community-wide process that connects households who are currently experiencing homelessness with appropriate housing intervention and/or needed resource(s).

Vision: CAHPS streamlines housing services so that homelessness in Northern Colorado is rare, brief, and non-recurring.

CAHPS Guiding Principles

- The system will operationalize a shared community vision across Larimer and Weld counties with clear priorities and community ownership. The system will collaborate with CoC partners throughout 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 at all levels of the housing process.
- CAHPS will implement a low barrier to entry approach to make our housing process more accessible, efficient and effective. No individual will be turned away from services based on income, credit score/history, employment, disability status, substance use, gender or racial identity, citizenship status, or mental health history.
- 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.
- Quality 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 data and performance driven.
- Prioritization based on level of vulnerability and need will assist community partners in providing timely and targeted resources and services.
- Our process will be transparent with expectations and outcomes communicated regularly to all stakeholders, including housing service providers and individuals experiencing homelessness.

CAHPS Requirements and Best Practices

CAHPS Requirements:

- All Continuum of Care (CoC) and Emergency Solutions Grant (ESG) grantees and sub-grantees must participate completely and in all stages of the CAHP System. CoC and ESG grantees and sub-grantees will use coordinated entry to fill all permanent housing resource vacancies.
- If other funders, such as the Colorado Department of Local Affairs (DOLA), requires their housing resources be assigned through CAHPS, CAHPS will accommodate for this and ensure that all housing resources are assigned through coordinated entry in a timely manner.
- CAHPS Partners will not deny admission to housing or separate individuals from family members based on age, sex, gender, gender identity, or sexual orientation. The CAHPS Steering Committee and NoCO CoC Governing Board are responsible for ensuring this policy (Please see “Non Discrimination Policy” on page 30 for more information).
- All ESG funded Emergency Shelters and Street Outreach teams are required to be Assessing Access Points for CAHPS.

Best practices regarding CAHPS:

- Providers outside the CoC and ESG funding stream are encouraged to use CAHPS to identify appropriate candidates for housing vacancies in the spirit of collaborative, efficient, and effective allocation of housing resources.
- Service providers, and anybody who may interact or support households experiencing homelessness, within Weld and Larimer Counties will participate in case conferencing to facilitate wrap around services to move clients into housing as quickly as possible.
- CAHPS Access Points (assessing or non-assessing) are responsible for providing the

most up to date list of emergency services available in the region once a household contacts them in need of services. A list of all emergency resources in the region, including but not limited to all emergency sheltering options, is maintained by the local 211 and on www.nocococ.org for use by service providers and households in need of services.

CAHPS Steering Committee

The CAHPS Steering Committee, a subcommittee of the NoCO CoC Governing Board, is responsible for the oversight of CAHPS implementation. The Steering Committee ensures consistency in access to resources across the two counties of the CoC. Activities of the Steering Committee include, but are not limited to:

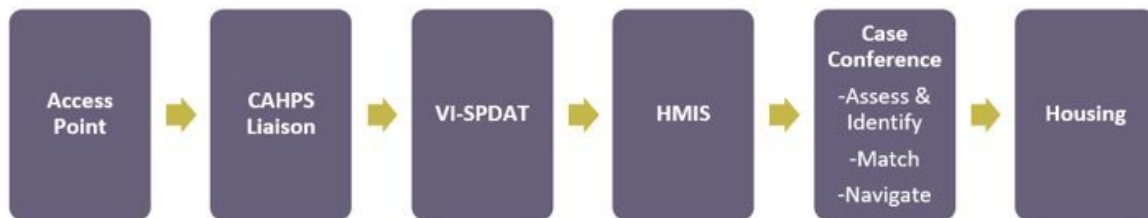
- Determining the working priorities and order of business of CAHPS
- Managing the overall course of CAHPS operations and process
- Collaborating to problem solve and plan in support of the capacity, efficiency, and equitability of the coordinated entry system
- Providing guidance on key issues related to CAHPS based on the needs and priorities of the community
- Assisting in the annual development, review, and submission of recommendations to the NoCO CoC Governing Board (the Governing Board)
- Conducting the annual evaluation of the system including the review of CAHPS policies and procedures
- Making informed decisions and providing guidance based on the learnings from Community Solution's Built for Zero (BFZ) to achieve functional zero for all populations
- Initiating and overseeing CAHPS-related workgroups
- Monitoring HUD compliance
- Conducting the annual CAHPS Evaluation
- Reviewing any grievances (see "Grievances Policies" on page 32 for more information.)

CAHPS Steering Committee Composition

The Steering Committee is made up of experts who provide guidance on key issues related to CAHPS. The Steering Committee will be made up of community members that represent both Weld and Larimer Counties. The Steering Committee will have representatives reflective of the different sectors and organizations that participate in CAHPS, including but not limited to: Veterans, Youth, Single Adults, Funders, Families, Housing Providers, Behavioral Health Professionals, Behavioral Crisis Teams, and those with lived experience of homelessness. People at all levels of services at their organization are welcome to serve on the CAHPS Steering Committee. The Steering Committee aims to always have representation from the following sectors: Veteran, Family, Single Adult, Victim Service Providers, and Behavioral Health Professionals (or Behavioral Crisis teams). The Steering Committee will prioritize diversity of lived experiences and identities by being representative of the community by specifically including people with diverse LGBTQIA+, race, ethnicity, and education backgrounds.

The Steering Committee will have no more than 10 members who commit to serving at least one, one year term. The makeup, including the appropriate number of Steering Committee members, will be reviewed annually. When there are open seats, the Steering Committee will accept applications for new committee members on a rolling basis to ensure diverse and dynamic representation. NoCO CoC staff (including the CAHPS Coordinators) and HMIS staff will sit on the Steering Committee but will be non-voting members of the committee.

Components of the Coordinated Entry System



1. Access Point: Assess and Identification

Access Points are places, virtual or physical, where an individual or family in need of assistance interacts with and is entered into the coordinated entry system as appropriate. In order to ensure an equitable system for all households in need of assistance, CAHPS must be easily accessible to everyone in need and for partners throughout the CoC.

Households are able to enter the CAHP System by interacting with Assessing Access Points or non-Assessing Access Points. Assessing Access Points conduct the vulnerability assessment (VI-SPDAT) and enter households into CAHPS through HMIS. Non-Assessing Access Points (or non-Access Points) refer households to CAHPS through findhelp.org or through partner warm handoff to an Assessing Access Point (please see appendix N for information regarding findhelp.org). The NoCO CoC website (www.nocococ.org) has a complete list of Assessing Access Points in the community.

The NoCO CoC has chosen a “no wrong door” method of entry for households experiencing homelessness into the coordinated entry system, meaning that access is provided at all partner locations. All CoC and ESG funded providers are required to participate in all steps of the CAHP System. Please note, housing partners and organizations dedicated to homelessness will have a more active role in the CAHPS process.

Assessing and Non-Assessing Access Point expectations and requirements are found in the CAHPS Access Point MOU (please see appendix E).

Local entities encouraged to participate in CAHPS as either an Access Point or Non-Assessing Access Point:

→ Affordable Housing Developer(s)	→ Mental Health Services Organizations
→ CDBG/HOME/Entitlement Jurisdiction	→ Non-CoC Funded Victim Service Organizations
→ Collaborative Applicant	→ Non-CoC Funded Youth Homeless Organizations
→ Colorado Division of Housing	→ Non-profit Service Providers
→ EMT/Crisis Response Team(s)	→ Public Housing Authorities
→ Homeless or Formerly Homeless Persons	→ School Administrators/Homeless Liaisons
→ Hospital(s)	→ Street Outreach Team(s)
→ Law Enforcement	→ Substance Abuse Service Organization
→ Local Government Staff/Officials	→ Community Health Centers
→ Local Jail(s)	

2. CAHPS Liaison

The CAHPS Liaison serves as the primary point of contact between the CAHP System and

agency staff who are involved in carrying out the coordinated entry system at the Access Point. The CAHPS Liaison is identified by the agency. The CAHPS Liaison communicates with CAHPS and HMIS staff any questions, thoughts, or concerns regarding the agency's participation in CAHPS.

The CAHPS Coordinators will meet individually with the CAHPS Liaisons to review data collected and quality annually. This meeting will provide an opportunity for the CAHPS Liaison to voice any thoughts or concerns regarding CAHPS.

The CAHPS Coordinators will host monthly CAHPS Liaison check-ins. The monthly CAHPS Liaison check-ins will be held virtually, and population based (family, single adult, and veteran). This time will be used to review any patterns or discrepancies in data.

3. VI-SPDAT: Triage and Assessment

The NoCO CoC CAHP System uses the Vulnerability Index- Service Prioritization Decision Assistance Tool (VI-SPDAT) as its triage assessment tool. The VI-SPDAT provides CAHPS 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.

Additionally, administering the assessment is intended to help homeless service providers determine several things, including:

1. Household's vulnerability compared to others
2. Most appropriate housing resources for each household
3. Document readiness
4. Household's barriers to housing
5. Most appropriate supportive services.

Population specific VI-SPDATs can be found on www.nocococ.org. Please see "Administering an Assessment" below for more information.

Eligibility and When to Administer a Triage Assessment

A VI-SPDAT will be administered by trained service providers at Access Points when households present as Category 1 or Category 4 homeless:

- 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 or attempting to flee domestic violence. Please see "Domestic Violence Survivor Access Policy and Procedures" on page 28 for more information.

Administering an Assessment

CAHPS uses 4 different population specific VI-SPDATs to capture the most accurate score per household.

1. **Family VI-SPDAT** (F-VI-SPDAT) will be used anytime there are children involved in the make-up of the household, no matter the adult make-up of the family unit, including when a individual is pregnant or a child will return to custody with housing.
2. **Transitional Age Youth VI-SPDAT** (TAY-VI-SPDAT) will be used with unaccompanied youth, ages 18-24. Individuals under the age of 18 will not be assessed using the VI-SPDAT.
3. **Single Adult** (VI-SPDAT) will be used to assess any single adult age 25 years or older, even if the client is married or in a partnership, when children are not involved. This is

also used with adult veterans without children.

4. **Justice VI-SPDAT** (JD-VI-SPDAT) will be used when the client is incarcerated or exiting incarceration. If a client has been incarcerated for over 90 days, they are not considered literally homeless and should not be assessed.

To the best of the service provider's ability VI-SPDATs and all other housing related assessments will be provided in the primary language.

It is required that every Access Point service provider use the same opening speaking points (see Appendix H), follow the order of the VI-SPDAT, and ask the NoCO CoC specific follow up questions. Access Points within the NoCO CoC are required to use the **most recent** versions of the VI-SPDAT (see Appendix H or www.nocococ.org).

Other Information Collected

At the time of assessment, service providers will collect information regarding chronicity, length of time homeless, current living situation, and additional universal data elements for HMIS enrollment.

Access Points will have households sign a Release of Information (ROI) (please see appendix G or www.nocococ.org) in order to engage the household in the coordinated entry system. This ROI cannot be modified, except where allowable (as noted on the document). An individual maintains the right to refuse to sign the ROI and participate in CAHPS upon initial engagement with an agency. All providers should continue to engage with individuals that do not wish to participate, in hopes that at one point the household will become interested in engaging in CAHPS. A household may rescind their ROI and participation in CAHPS at any time.

Trauma Informed Care and Assessment

CAHPS partners are encouraged to provide training regarding trauma informed care and assessment to their staff to ensure that households are provided the best care. The VI-SPDAT asks deeply personal questions that may touch on sensitive and possibly triggering events an individual has experienced.

Additional assessments may be administered by the case manager after the household has been enrolled into programming to determine how to best serve the household, but service providers are encouraged to limit the number of additional assessments administered in keeping with trauma-informed care by minimizing the number of duplicative, unnecessary, intrusive, and sensitive questions posed to individual seeking assistance.

Note regarding Phased Assessment: At this time the NoCO CoC CAHP System does not have the capacity and funding for phased assessment. A goal of CAHPS is to develop a "phased assessment" approach to coordinated entry, meaning that different assessments are administered to households consistently depending on their housing crisis:

1. *Prescreening-Diversion and Prevention:* 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 is intended to reduce entries into the formal homeless response and sheltering system by directing households to other emergency assistance that may help them maintain housing and stability. When capacity allows, the CAHP System will attempt to divert individuals and families from experiencing homelessness will be made in all circumstances.

2. Triage (VI-SPDAT): see above

All Access Points, assessing and non-assessing, are encouraged to document the number of households diverted from homelessness and the cost of doing so.

4. HMIS

Access Points are responsible for entering quality data into the HMIS system, including the VI-SPDAT, ROI, HMIS enrollment (including universal data elements), and updating current living situations.

The NoCO CoC CAHPS and HMIS team is responsible for providing training to community partners. The CAHPS and HMIS teams work and support community partners (specifically through the CAHPS Liaisons and Data Partner Agency Liaisons (DPALs) in developing a system within their agencies regarding CAHPS and HMIS data and maintenance.

HMIS produces a By-Name List based off of CAHPS enrollments. Please see policies on “HMIS Use” (page 16) and HMIS and CAHPS Training” (page 20) for more information.

5. Case Conference

Case conferencing is a series of weekly, virtual meetings of relevant staff from multiple projects and agencies. Staff gather to discuss households, resolve barriers to housing, and make decisions about priority, eligibility, matching to resources, and program enrollment. Case conferencing is a community wide effort to gather accurate information and paint a comprehensive picture of households seeking housing. Case conferencing is designed to target the most appropriate housing intervention available in the community for the most vulnerable households. Partner agencies are responsible for sending appropriate staff to each case conference. Case conferencing provides space to adjust prioritization so that persons are offered other, and potentially less intensive, interventions rather than waiting for specific CAHPS resource referrals.

Information released during Case Conferencing

In accordance with the ROI households signed, only the following information may be disclosed about an individual or family during a case conference:

- Identifying information (name or unique identifier)
- Eligibility information (veteran status, chronic homeless status, household composition, and other criteria specifically related to eligibility determination)
- Prioritization information (chronicity, VI-SPDAT score, length of time homeless, and other 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
- Information related to a household’s housing status

This will be reviewed on a regular basis for new staff participating in case conferencing.

Case Conferencing Participants and MOUs

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 participating agencies in case conferencing must sign the NoCO CoC CAHPS MOU (either Access Point or Non-Access Point) and be listed on the ROI. The current MOU is provided in Appendix E or at www.nocococ.org.

Requesting Referrals during Case Conferencing

Agencies or programs that must or choose to receive a referral to an available housing programs are required to notify the CAHPS team by the Friday prior to case conferences at noon.

Case Conference Bucket System

The CAHP System uses a “bucket” approach to case conferencing. The “buckets” are based on the stages of the CAHPS housing process as recommended by the Community Solution’s Built for Zero: Case Conferencing Cohort 2021. The three buckets- Identify and Assess, Match, and Navigate, meet weekly at a designated time.

Identify and Assess

The purpose of the Identify and Assess case conference is to discuss household barriers to housing and collaboratively problem solve to create plans to move households towards housing. Other topics include, but are not limited to:

- Creating plans for document readiness
- Addressing VI-SPDAT scores to make sure they are representative of the household
- Sharing housing related information on behalf of households to collaboratively create service plans and advocate for available resources
- Ensure that information is accurate, particularly regarding chronicity, special status, current living situation, and document readiness
- Review new households added to the CAHPS project
- Track preference of housing resources (where a household would like to live and what type of resource is appropriate)

Match

The purpose of this meeting is to approve the matching of households from discussion in the Identify and Assess case conference to housing resources. Households from the appropriate By-Name List, including households assessed by a Victim’s Service Provider, will be considered for resources. Matching to resources will be made based on the designated prioritization system (see page 13 for the “CAHPS Prioritization” policy).

Any deviations from the designated prioritization policy will be discussed and the appropriate procedure will be completed (including completing a deviation form). See the “Timely Submission” policy on page 26 for more information on the process of requesting a resource referral.

Navigate

The purpose of this case conference is to create a collaborative and concrete plan to support households towards permanent housing. This includes discussing barriers and problem solving to move households towards housing. Households with resources assigned through CAHPS or not can be discussed during this time. The case conference team will discuss initial care coordination and continuance of document readiness.

Veteran

Due to the amount of Veteran specific resources in the community, a dedicated case conference for Veterans is held weekly. The purpose of this meeting is to create plans for permanent housing, coordinate services, and match Veterans with appropriate resources. Assigning resources during the Veteran case conference will utilize the same prioritization process as the Match case conference listed above. Please see the “Veteran Access Policy and Procedure” on page 29 for more information

Please note: additional case conference meetings can be created if the need is identified by the community and approved by the CAHPS Steering Committee.

6. Housing

The goal of CAHPS is to move households into appropriate and permanent housing. Households maintain the right to deny resources. Please see section “Housing Navigation Policies: Program Eligibility, Referral Acceptance and Housing Navigation/Placement, and Denials.”

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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.

CAHPS Prioritization

From HUD's CE Core Elements Guidebook:

“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.”

The process of prioritization identifies and prioritizes households within the CoC based on severity of needs for access to housing and services to ensure that the most vulnerable households experiencing homelessness in the community are housed first. Prioritization ensures consistency throughout CAHPS. CAHPS Prioritization is determined by the CoC Governing Board, advised by the CAHPS Steering Committee.

The NoCO CoC prioritizes:

1. Chronicity
2. Highest VI-SPDAT score
3. Longest Length of Time (LoT) Homeless

Other factors considered are:

- Vulnerability to illness or death
- High utilization of crisis or emergency services to meet basic needs
- Vulnerability to victimization
- Significant challenges or functional impairments
- The extent to which people, especially youth and children, are unsheltered
- Other factors determined by the community based on severity of needs.

Please see Appendix O for more information regarding other factors considered.

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. Due to this discrepancy, the NoCO CAHPS Steering Committee has developed a chart to compare household's VI-SPDAT scores from different assessments in the case that a family, single individual, or youth are eligible for the same resource. Please see Appendix K.

Housing Navigation Policies: Program Eligibility, Referral Acceptance and Housing Navigation/Placement, and Denials

Program Eligibility

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 participation requirements or preconditions as possible for entry to programs. CAHPS encourages programs to create low barrier opportunities to housing. Barriers include, but are not limited to, sobriety or a minimum income threshold. As outlined in the CAHPS MOU, CoC and ESG-funded agencies are required to provide Housing First informed programming and CAHPS participating agencies are encouraged to embrace Housing First practices across programs. For more information regarding Housing First and CAHPS partner requirements, please reference the CAHPS MOU.

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 are responsible for determining the eligibility of prospective participants in their programs and for collecting and maintaining eligibility documentation. The coordinated entry system is well positioned to preliminarily screen for presumptive eligibility and consider the likelihood of a prospective participant's eligibility before making a referral. Agencies who use CAHPS to receive referrals are expected to provide basic eligibility requirements for resources to the CAHPS Coordinators (as outlined in the CAHPS MOU) through the CAHPS Resource Referral Request Form (appendix Q) so that CAHPS may accommodate potential differences of prioritization standards and preferences throughout the case conference process. CoC and ESG funded programs are required to share their eligibility requirements with CAHPS to ensure CoC standards are adhered to.

Referral Acceptance and Housing Navigation/Placement

It is expected referral decisions will be made through Case Conferencing meetings based on the BNL and CAHPS prioritization standards. If a referral deviates from the prioritization criteria, this must be documented on the form provided in Appendix J.

During the Match and Navigate case conferences, the community will identify direct service providers to connect the referred household to the housing resource. Direct service providers are responsible for assisting households throughout the referral and housing process, including working towards housing readiness. Staff will provide light touch case management by identifying barriers and assisting the household in addressing those barriers. That direct service provider 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 assign the most appropriate person or agency to outreach to the household.

Denial by Household

Based on CAHPS' guiding principles, CAHPS respects household choice in the housing process. Households may decline any housing referral made to them. In this case, the household maintains their spot on the By-Name List. After three referral rejections, the Case Conferencing team will facilitate a case conference to address housing barriers and underlying reasons for the individual's refusal to accept a referral.

If a household rejects a housing option, a new referral is made at the next case conference. The housing resource must notify the CAHPS Coordinators in the process identified in the "Timely Submission" policy on page 26.

Denial by Housing Provider

Eligible households cannot be denied by housing providers unless one or more of the following conditions apply:

- There are no actual vacancies available.
- The household cannot be contacted after three attempts to reach them over a 14-day period. (Attempts to contact must be recorded in HMIS)
- 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 determine chronicity).
- Other (Please note: this option should only be used in limited instances and should be immediately communicated to the CAHPS team so that they may issue a referral for a different housing project and/or problem solve as soon as possible.)

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).

All households maintain the right to appeal any decisions made by the case conferencing team. Please see the "Right to Appeal Policies and Procedures" on page 33.

HMIS: Use, By-Name List, Data Collection, Evaluation, and Corrections

NoCO CoC HMIS policies and procedures are based off of [COHMIS Policies and Procedures](#). Users of the NoCO CoC HMIS but abide by all policies and procedures outlined in the COHMIS Policies and Procedures.

HMIS Use

CAHPS will utilize the Colorado Homeless Management Information System (COHMIS) for the purposes of storing and sharing data. Specific uses of HMIS include:

1. Managing the CAHP System, including the By-Name List (BNL)
2. Storing Client Data
3. Creating projects and reports to analyze the data regarding services being provided
4. Tracking funding referrals

COHMIS will be offered to CAHPS and NoCO CoC partners to use for client data storing free of charge.

The HMIS data leads will support the CAHPS Coordinators to ensure CAHPS meets the data collection expectations of HUD.

Clients will not be added to the CAHP System when they have been assessed by a VSP. Households who are assessed by a VSP will be included in CAHPS through a VSP designated coordinated entry system as required by VAWA to ensure client safety. Included in the VSP designated coordinated entry system will be a By-Name List, as well as methods for a household's process towards housing. A unique identifier (designated by the assessing agency) will be used.

By-Name List

The By-Name List (BNL) is operated within CAHPS in HMIS as a tool for matching households in need of housing resources to the appropriate housing resource. The BNL is a list of every household experiencing homelessness in the Northern Colorado CoC area (Weld and Larimer Counties). The BNL functions as a prioritized list for all households who have been assessed by an Access Point using the appropriate VI-SPDAT and are still living in the community. The BNL is housed on HMIS. Households who access CAHPS through a Victim Service Provider are not included on the HMIS BNL. The NoCO CoC CAHPS program currently manages three BNLs: single adults, veterans, and families, in addition to separate BNLs from the VSPs.

BNL management through case conferencing includes considering multiple factors, reconciling competing interests, including households who access CAHPS through a Victim Service Provider, and making difficult decisions regarding resource referral. Please see the "BNL Maintenance, Safety, and Security" policy below.

By Name List Maintenance, Safety and Security:

The CAHPS Coordinators are responsible for maintaining the BNL for the NoCO CoC. Names and Contact information for CAHPS Coordinators can be found at www.nocococ.org.

The CAHPS Coordinators are tasked with overseeing case conferencing, updating the BNL, and ensuring appropriate privacy and security protocols are followed by CAHPS participating agencies to ensure consistency and data quality.

The Northern Colorado BNL is stored in the CAHPS project in HMIS. Administration of the BNL must abide by the HMIS privacy and security standards, as described in HUD's most recent version of the Data and Technical Standards Notice. Any information from the BNL that is disseminated will only be shared with agencies included on the Release of Information (ROI). Household information will only be sent in using the unique identifiers (please see the "Unique Identifier Policy and Procedure" on page 28), password-protected documents, through encrypted emails, via USB flash drive, or printed on paper (and then collected and shredded).

Data Collection

CoC and ESG-funded programs are required to perform data collection on the Homeless Management Information System (HMIS). All other partners are **HIGHLY** encouraged to utilize HMIS as their data collection platform. NoCO CoC CAHPS will utilize the Colorado Homeless Management Information System (COHMIS) for the purposes of storing and sharing data, managing the BNL, and creating projects to analyze the data regarding service being provided. Please see the "Timely Submission" on page 26 regarding data collection expectations.

Data will be collected and entered into HMIS on every household that interacts with the coordinated entry system through Access Points, except for victims and survivors of domestic violence being served by victim services providers (VSPs) and households who have not signed an ROI for HMIS. Please see the "Domestic Violence Survivors Access Policy" for more information (page 28).

Data is expected to be entered into HMIS within two business days from the date of assessment. CAHPS Liaisons, assessors, and data entry staff are expected to add the assessments they personally complete into HMIS.

Victim Service Provider (VSP) Data Collection

VSPs maintain individual BNLs that are securely sent to the CAHPS Project Coordinator. The CAHPS Project Coordinator then ensures that all permitted information is included in the case conferencing BNL. The State of Colorado is currently developing a comparable database for households who are assessed by a VSP as required by VAWA to ensure client's safety and maintain equity to housing resources. In regards to BNL management and CAHPS participation, a unique identifier (UID) will be used as an alias for victim's safety.

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 ROI, a household gives permission for the service provider 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 will be shared in this process.** All Access Points are required to have the ROI readily available.

Households maintain the right to refuse to sign the CAHPS ROI. If a household refuses to sign the CAHPS ROI, the household cannot be denied access to services or housing outside of the coordinated entry system, and so the provider is required to serve the household (as programming/eligibility allows), in a traditional manner, outside of the coordinated entry system. Households 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. Clients 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.

If a household refuses to sign the ROI, data may still be collected but it will not be shared in HMIS and the household will be tracked on the BNL using a unique identifier.

If a household has an expired Release of Information (ROI), a banner will appear on the top of the HMIS profile notifying providers of the expired ROI. If a household has an expired ROI, they will be removed from the Active BNL and not discussed during case conferencing- therefore the household is not eligible for referral to resources. Once the new ROI is obtained and sent to the CAHPS Coordinator, the household will return to Active in CAHPS again.

The HMIS Leads will support the CAHPS Coordinators to ensure that CAHPS meets the data collection expectations of HUD.

Data Evaluation

The HMIS leads will continuously work with the CAHPS Coordinators to evaluate the quality of data being entered into HMIS. The HMIS team will notify the CAHPS Coordinators of parities in data. The HMIS team will provide reports to the CAHPS Coordinators regarding, but limited to:

- Length of time (LoT) homeless from identification to housing
- LoT from identification to a housing referral
- LoT from a referral to housing
- Referral outcome: rates of referral acceptances vs denials and the reasons for denials
- Racial, ethnic, gender, and other disparities
- Vulnerability Assessment Scores across agencies.

NoCO CoC HMIS is monitored and evaluated by the HMIS leads of the other Continuums of Care in Colorado through the HMIS Statewide Collaborative.

Data Corrections

All staff with CAHPS data entry access are responsible for completing annual training and are therefore responsible for making corrections when data quality issues arise. The CAHPS Coordinators will contact the CAHPS Liaisons as needed with specific tasks to assist with making data corrections.

The CAHPS coordinator and HMIS Leads will address any patterns with the CAHPS Liaisons in regard to data quality issues.

HMIS and CAHPS Training

HMIS and CAHPS trainings are conducted through the virtual COHMIS Learning Management System (LMS). In addition to resources provided through the LMS, HMIS end user and CAHPS partner staff can refer to the CAHPS Data Entry in HMIS Manual on www.nocococ.org.

Requesting Trainings and Training Maintenance

Any requests for staff training must be completed by the agency's CAHPS Liaison. The CAHPS Liaison must complete a "Training Request Form" (appendix R) and send to cahps@unitedway-weld.org. All partners are able to access the LMS, including Victim Services Providers. Any training that is not administered by the CAHPS team via the LMS is considered an unofficial training; those who partake in unofficial trainings are still required to participate in trainings via LMS before participating in Case Conferencing, administering the VI-SPDAT, and entering data into HMIS.

The CAHPS Coordinators will maintain a log of service providers who have completed training. The HMIS team will send the CAHPS Community Coordinator a report monthly of providers who have been assigned and who completed trainings.

Partner staff at Access Points who do not complete the annual data entry training will lose access to HMIS. Assessors who do not stay up to date on their training will be addressed by the CAHPS coordinator and CAHPS Liaison at their agency. All staff must read the CAHPS handbook before accessing HMIS.

CAHPS and Case Conference Training

All partners who participate in CAHPS in any capacity, including case conferencing, must complete CAHPS 101: Coordinated Entry, the Basics. All partners who attend case conferencing must complete CAHPS 101 prior to attending case conferencing.

Triage Training (VI-SPDAT)

Every person who administers the triage tool must complete VI-SPDAT specific training, "Administering the VI-SPDAT". VI-SPDAT training videos and test will be administered by the CAHPS Coordinators through the Learning Management System (LMS). A list of individuals who have completed the training and can administer the VI-SPDAT will be maintained by the CAHPS Coordinator.

HMIS and CAHPS Data Entry Training

All agencies who serve as an Access Point are required to assign CAHPS and HMIS data entry responsibilities to a portion of their staff. All staff who will be entering data into HMIS are required to complete "HMIS 101: Policies and Procedures" and "HMIS 201: Clarity Data Entry". Partners will automatically be sent an annual refresher training.

If partners enter data into the CAHPS project within HMIS, they must also complete "CAHPS HMIS Data Entry Training" in addition to HMIS 101 and HMIS 201. To ensure CAHPS data is entered correctly it is imperative that all staff with data entry privileges complete the annual refresher training. It is the role of the liaison at each agency to ensure that the appropriate staff has access to the appropriate training.

In order to ensure data is entered correctly, all staff with data entry privileges must complete the

annual refresher training. Staff at partner agencies who do not complete the annual data entry training will lose access to HMIS.

CAHPS Evaluation

The coordinated entry system is an evolving process. Adjustments will be made based on findings from the CAHPS annual evaluation. The annual evaluation will include:

1. Feedback from CAHPS and CoC partners via survey (as outlined in CAHPS MOU) regarding CAHPS as a whole and the CAHPS MOU
2. Feedback from persons with lived experience of homelessness
3. Feedback from the CAHPS Steering Committee regarding all aspects of the CAHP System
4. Review of CAHPS Policies and Procedures, CAHPS MOU, and CAHPS ROI by the CAHPS Steering Committee

The CAHPS Steering Committee is responsible for all the following regarding the annual CAHPS Evaluation:

- Reviewing the partner survey results and creating action response plans
- Reviewing and revising the CAHPS Policies and Procedures as applicable, in addition to proposing any changes to the NoCO CoC Governing Board. It is the responsibility of the NoCO CoC Governing Board to review and vote on proposed revisions.(please “Policy and Procedure Updates”).
- Assessing the coordinated entry system to ensure it is operating as intended
- 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
- Solicit voluntary feedback from households that have participated in the coordinated entry process.
- Collect feedback from the CAHPS Liaisons through annual individual check ins. (please see below section regarding CAHPS Liaison check-ins)

Policy and Procedure Updates

The CAHPS process will continuously evolve therefore this document will be updated to reflect changes to the system. CAHPS Policies and Procedures will be reviewed annually by both the CAHPS Steering Committee as well as the NoCO CoC Governing Board and updated as found appropriate. Any requests by entities for changes to the policies and procedures must be submitted in writing to the CAHPS Steering Committee via cahps@unitedway-weld.org, which will review the requests on a rolling basis. Changes will 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.

HMIS Reports and System Performance Measure Report

The HMIS Lead Agency will annually provide the CAHPS Steering Committee a complete HMIS report including the System Performance Measure (SPM) report. The HMIS report will include:

- Timeframe for reporting and filling vacancies to adjust referral workflow as needed to proactively match households with anticipated program openings to minimize lag time between vacancies and referrals
- Referral outcomes and the successfulness of CAHPS resource referrals and placements
- How do the demographics of the people on the BNL compare to the demographics of people receiving resources?
- The score distribution across agencies
- length of time homeless (LOT) from identification to housing
- LOT from identification to a housing referral
- LOT from a referral to housing
- Referral outcomes: rates of referral acceptances vs denials and the reasons behind them
- Disparities (race, ethnic, gender, etc..)
- Scores across agencies

The HMIS report will include the following measures 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

CAHPS Prioritization Recommendations

Prioritization regarding ESG-Homeless Prevention Funds

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 on the same day, the more vulnerable household will be prioritized if enough funding is not available for both households. For full information regarding ESG Homeless Prevention, please see Appendix D: ESG Policies and Procedures.

Prioritization regarding Emergency Shelter

It is important to note that the NoCO CoC has determined that emergency shelter services (particularly those that receive ESG funding) are not required to prioritize 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.

Prioritization regarding non-CoC funded Permanent Supportive Housing (PSH)

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. 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.

Prioritization regarding Rapid Rehousing and Transitional Housing

It is expected that CoC and ESG funded RRH providers will accept referrals for households that have a medium (6-to-7) and high (8+) VI-SPDAT score and households 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 four, 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. Non-CoC or ESG funded RRH or TH programs are highly suggested to follow the same prioritization techniques as CoC and ESG funded programs per best practice guidance.

Temporary Prioritization during Declared Emergency or Disaster Policy

There may be times when it is deemed necessary to temporarily alter the CAHPS resource prioritization criteria to include those households' 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. This is determined by the CAHPS Steering Committee and the NoCO CoC Governing Board.

If there is a declared State of Emergency that covers any part of the NoCO CoC, 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 decision 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 assessing 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.

Timely Submission

CAHPS Data Collection and Entry

Timely submission of data into HMIS is a critical component of maintaining a real-time, up-to-date, and accurate BNL. This policy ensures that data is submitted and entered onto the BNL accurately, with errors and discrepancies being caught in a timely manner.

Newly assessed households will be enrolled in HMIS CAHPS project within two business days of assessment. All data is expected to be entered into HMIS within two business days from the date of collection. CAHPS Liaisons, assessors, and data entry staff are expected to add the assessments they personally complete into HMIS.

The ROI for each individual and household must be uploaded into the CAHPS project upon collection, or within two business days of collection, and must be updated annually.

A household's current living situation (CLS) must be updated every 60 days to remain active on the BNL. After 120 days without an updated CLS the household is automatically removed from the BNL and moved to "inactive" status.

CAHPS partners are encouraged to use the available data dashboards to ensure household information is up to date and households remain on the Active BNL (see appendix P for more information on Tableau).

If the client is missing any vital documents, partner staff will begin working with the household immediately to obtain vital documents, such as birth certificate, driver's license, photo identification, social security card, or other approved documentation (such as DD214 or Medicaid award letter). Keeping in line with Housing First practices, document readiness will not affect a household's referral to a resource, unless the resource eligibility criteria specifically state such criteria. Upon obtaining vital documents, data will be updated in HMIS.

Please see the "Inactive Policy and Procedure" below for more information.

Housing Resources

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 Coordinators by Friday at 12:00pm (noon) to be considered for the following week's case conference. The partner agency must email cahps@unitedway-weld.org with a completed "Referral Request form" (found on www.nocococ.org). Referrals will be made during the "Match" 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 CAHPS Coordinator will make arrangements with partner agencies for discussion regarding the assignment of the resource.

Inactive Policy and Procedure

To maintain a real-time BNL, as well as a robust coordinated entry system, it is vital that all CAHPS Liaisons, assessors, and data entry staff abide by the inactive policy. To ensure that there is an efficient assessment and referral process, it is important to ensure that the CAHPS system can contact and connect with households as soon as housing resources are available, therefore client data must be up to date in HMIS. It is important agency staff maintain contact with households on the BNL to avoid a delay in the referral process as well as an accurate BNL. Lack of contact can make it difficult for the system to determine whether households are still in need of housing. In some situations, these households may have self-resolved their housing crisis or relocated to another area.

Households who have been on the BNL that have not interacted with the homeless system in the last 60 days, status in HMIS will change to "Inactive". Partners must update CLS's every 60 days for the household to remain on the Active list. After 120 days of inactivity the household will be auto-exited from the BNL and therefore from the CAHPS HMIS project, but their information will remain in the service provider's project. It is the responsibility of the agency who has completed the VI-SPDAT or who interacts with the household to update the CLS.

If a household's current living situation has been updated and therefore status has changed to active, the household will be put back onto the BNL. Once a household's CLS is updated, the provider who made the changes will notify the CAHPS Project Coordinator that the change was made. The CAHPS Project Coordinator will then update the BNL. When the household's status has been made "active" again, they can be referred to housing resources.

If a client's ROI is not updated annually the household will be moved to inactive.

Please reference the data entry manual for data entry specific instructions.

Institution Policy and Procedure

Households who enter an institution (e.g. hospitalization, jail, etc.) will have their CLS updated on the BNL. Households will be made Inactive in CAHPS and removed from the BNL after over 90 days of stay in an institution.

Cross CoC Referral Policy

In the case in which a client (who by this time has already been placed on the NoCO CoC CAHPS by-name list) notifies CAHPS partner staff that they would like to seek housing in a different CoC; case management staff with assistance from the CAHPS Coordinators will 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.

Unique Identifier Policy and Procedure

All households enrolled in NoCO CoC CAHPS are assigned a unique identifier (UID), BUT only households that fall into one of the following categories will solely be referred to using their UID:

- Households who are unable to sign a ROI because of medical and/or mental health concerns to complete the VI-SPDAT
- Households who refuse to sign the CAHPS ROI and must be conferenced using a UID
- Household is receiving services from a victim service provider (see Domestic Violence Survivor Access Policy)
- When sending personally identifying information (PII) electronically

Utilizing UIDs when necessary is an important factor to capture the true number of households experiencing homelessness within the CoC.

All households have a right to equal and fair access to housing and this process ensures equal access for those whose needs may not be fully addressed by the coordinated entry system. A UID allows for a household to be discussed and considered for housing without any of their personally identifying information (PII) to be exposed to the case conferencing team.

For households who are unable to sign a ROI because of medical and/or mental health concerns and households who refuse to sign the ROI, HMIS will produce the UID for the household to be referred to throughout the CAHP System. Details such as mental health diagnosis, physical health vulnerability, age, family status, criminal record, and financial resources may be discussed without association to a particular name in reference to the households housing. Any information discussed must be relevant to the household's housing situation so as to protect the household's identity.

If, and when, the household completes a VI-SPDAT and/or ROI, their full name will be added to the BNL with their score. The agency representative should always review the BNL first to see if the household has already completed a VI-SPDAT, decreasing the risk of duplication.

UID's will be used in the case of sending information via email between agencies and service providers. Any personal identifying information, such as first or last name, date of birth, nickname, or social security number, will not be used as a method of referring to a client.

Domestic Violence Survivor Access Policy and Procedure

Victim service providers (VSPs) play an integral part in Northern Colorado's housing and homeless response system by providing permanent housing (including rapid rehousing, shelter, and transitional housing), advocacy, and supportive services for victims of domestic violence. It is critical that VSPs be included as full partners at all levels of the CAHPS process to ensure that all households in need are able to access housing and services tailored to their unique circumstances and needs.

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 the coordinated entry system. All CAHPS Access Points will be trained on how to identify domestic violence, how to refer victims to VSPs for services and how to access CAHPS confidentially. VSPs may only share non-personal identifying information to be included on a separate BNL maintained by the CAHPS Coordinators. The information on this list will be a UID and the VI-SPDAT score. VSPs must offer assessed households an alternate ROI specific

to their agency that details housing-related information is able to be released in case conferencing.

In accordance with Violence Against Women Act (VAWA) and the Family Violence Prevention Act (FVPA), VSPs will determine a method of dedicating a UID for each household. The UID will be the only way of referring to the household. A household's PII will NOT be shared outside of the VSP into a shared database such as HMIS. The CAHPS coordinator will maintain a BNL for households served by VSPs that includes their UID and their score.

Training

In partnership with regional VSPs, the CAHPS Coordinators will facilitate domestic violence trainings for all Northern Colorado CAHPS Access Points annually and as needed. Access Points have a responsibility to send all staff who conduct VI-SPDAT assessments to the annual training. Topics the trainings will cover, but are not limited to, include:

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

Access Points and Referring Victims to Victim Service Providers

The primary VSPs that operate in the Northern Colorado region are:

- Alternatives to Violence (Loveland)
- A Woman's Place (Greeley)
- Crossroads Safehouse (Fort Collins)
- Estes Valley Crisis Advocates (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.

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 the coordinated entry system confidentially. Due to federal confidentiality requirements, VSPs participating in CAHPS will be responsible for maintaining their own records internally, including VI-SPDAT hard copies and scores and client contact information. VSPs will only provide a UID and VI-SPDAT score to be included on the shared BNL. Additionally, VSPs will not use the general CAHPS ROI, but will provide an agency-specific release that covers disclosure of specific, non-PII during case conferencing and for connecting the household to a housing resource.

Veteran Access Policy and Procedure

Due to the unique resources available to veterans and people who have served in the armed forces, CAHPS will facilitate the efficient matching to resources and collaboration of service providers through a veteran specific case conference. Through the VI-SPDAT, all providers conducting assessments will identify any households with a history of serving in the U.S. armed forces and the household will be included on the Veteran By-Name List. Service providers from the VA will clarify veteran status within the Veterans Affairs (VA) system regarding healthcare eligibility, veteran status, and housing resource eligibility. Appropriate resources will then be identified.

Non-Discrimination Policy

The Northern Colorado Continuum of Care (NoCO CoC) is committed to making homelessness rare, short-lived, and non-recurring for all people experiencing homelessness and housing instability. Additionally, the NoCO CoC is committed to creating an environment in which all individuals are treated with respect and dignity, as well given equal treatment and opportunity.

In order to do, the NoCO COC and all of its partner organizations (including the staff, volunteers, and contractors at partner organizations), including CoC and ESG funded organizations, are prohibited from using any assessment tool, prioritization process, or any other factors that discriminate households on the basis of any protected characteristic including race, ethnicity, color, national origin, language, ancestry, religion, sex, familial status, age, gender identity, LGBTQ+ (lesbian, gay, bisexual, transgender, queer/questioning, etc.) status, marital status, domestic or sexual violence victim status, or disability (type or amount of disability or disability-related services or supports required). CoCs are prohibited from discriminating based on actual or perceived sexual orientation, gender identity, or marital status.

All individuals benefiting from homeless system services are ensured reasonable accommodation and reasonable modifications under the Fair Housing Act. Please see “Right to Request Reasonable Accommodation” policy (page 33) and Appendix M for the “Request for Reasonable Accommodation Form”.

The NoCO CoC and its partners must abide by any non-discrimination and equal opportunity policies of federal civil rights laws. Please see “Right to Appeal Policy and Procedures” (page 33) and Appendix L for the “Right to Appeal” form if a household or provider believes discrimination has occurred.

Additionally, the NoCO CoC is committed to providing equal access to all persons, especially those least likely to seek or receive services and those who historically had the most difficulty receiving and accessing resources and services, to CAHPS. This includes, but is not limited to, all applicable civil rights and fair housing laws and regulations, including HUD’s Equal Access and Gender Identity Rules. Please see the “Equal Access Procedures” below.

Equal Access Procedures

In order to ensure equal access CAHPS and its partners will:

- provide assessments and referrals to any person seeking services (despite possible certain eligibility requirements for participation in certain programs)
- provide access to the coordinated entry process despite lack of income, history of substance use or criminal activity, domestic violence history, previous or current resistance to services, disability, poor credit, lease violations, lack of employment history, citizenship status, or any protected characteristic
- take special consideration to protect the rights of all individuals, regardless of race, ethnicity, color, national origin and citizenship status, language, ancestry, religion, sex, familial status, age, gender identity, LGBTQ+ (lesbian, gay, bisexual, transgender, queer/questioning, etc) status, marital status, domestic or sexual violence victim status, or sensory, mental, or physical disability
- pay particular attention to known or potential disparities of historically and currently marginalized identities
- center racial equity and the voices of those with lived experience in system improvement

efforts

- commit to taking actions to see significant changes in housing stability, particularly for those disproportionately represented in the homeless response system and the experience of those going through the homeless response system
- use an equity lens to examine local data and context and identify inequities in the system
- continue to engage in improvement projects that test potential racially equitable strategies and processes

In order to ensure equal access, the Northern Colorado Continuum of Care will:

- Provide annual and as-needed training to service providers and others regarding the HUD Equal Access and Gender Identity Rules and related requirements.
- Use appropriate inclusive language in communications, publications, training events, personnel handbooks and other policy documents that affirms the CoC's commitment to serving all eligible clients in adherence with the HUD Equal Access and Gender Identity Rules.
- Support all clients in understanding their privacy rights and the implications of releasing information.
- Regularly monitor CoC-funded and ESG-funded agencies and regional coordinated entry systems to ensure compliance with HUD's Equal Access and Gender Identity Rules, and other applicable civil rights and fair housing laws and regulations.
- Facilitate and encourage service providers to use an equity lens when reviewing policies and procedures

The NoCO CoC strongly encourages all service provider partners to:

- Make sure that staff and volunteers understand that a client may present their gender differently than the way staff and volunteers identify their gender.
- Ensure that all staff and volunteers maintain the confidentiality of a client's legal name and sex at birth and understand the potential impact that disclosure can have on a client's progress toward self-sufficiency.
- When possible, ensure that new construction and rehabilitation includes and promotes privacy and safety in sleeping areas, bathrooms and showers.
- Take prompt action to resolve inappropriate behavior, treatment, harassment, or any other equal access issues by staff, volunteers or clients.
- Include policies and procedures in employee handbooks and training that prohibit discrimination and provide guidance to staff to ensure that all persons have equal access to the agency's services.
- Review policies and procedures with an equity lens to ensure that the agency is not creating barriers to services

The NoCO CoC strongly encourages all direct service staff partners to:

- Do their best to ensure client safety and prevent harassment.
- Not consider a client or potential client to be ineligible for services because their appearance or behavior does not conform to gender stereotypes.

- Not ask questions or seek information concerning a person's anatomy or medical history beyond that necessary to determine program eligibility.
- Not require a person's gender identity to match the gender listed on an ID or other documents.
- Help clients understand the resources available to help them obtain legal identification documents.
- Use the clients preferred gender and pronoun.
- Keep clients' transgender status confidential, unless the client wants to share this information.
- Treat clients' gender identity and sex at birth as confidential medical information that will not be disclosed without written time-limited consent.
- Provide services to clients despite race, ethnicity, color, national origin, language, ancestry, religion, sex, familial status, age, gender identity, LGBTQ+ (lesbian, gay, bisexual, transgender, queer/questioning, etc) status, marital status, domestic or sexual violence victim status, or sensory, mental, or physical disability.

Grievance Policies

Client

CAHPS partner agencies are required to have policies and procedures for addressing client complaints. 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 cahps@unitedway-weld.org. The CAHPS Steering Committee will address client complaints as they arise and will create a resolution plan for the grievance. The CAHPS Steering Committee will note any patterns in client complaints and will create a plan to address patterns if the need arises.

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 cahps@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. The CAHPS Steering Committee will provide a written explanation regarding the resolution they determined. 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.

Right to Appeal Policy and Procedure

Any household in consideration for a housing resource through 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 team by emailing cahps@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 cahps@unitedway-weld.org

Right to Request Reasonable Accommodation Policy and Procedure

Any household participating in 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.

Transitional Housing Policy

Transitional Housing vs Temporary Housing

Transitional Housing 24 CFR 578.3	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)

The BNL will allow for service providers to indicate a household’s placement in transitional housing. 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’s definition of homelessness.

Households 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. Beds/units that are not funded by the HUD CoC program, and/or are funded by another agency participation in the CAHPS process is not required but is encouraged.

Rapid Rehousing (RRH) is a model for helping homeless households 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 RRH funds to provide Bridge Housing for those experiencing homelessness. Program participants that are receiving RRH Assistance through programs such as the Emergency Solutions Grants (ESG), Continuum of Care (CoC), 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 program participants in RRH 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 literally 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).¹

Appendix A: Glossary of Terms

Access Point: a community service or agency that provides services to people experiencing homelessness. An Access Point does not need to be an organization that provides only homelessness-related services, but simply an organization that interacts with people experiencing homelessness. An Access Point provides assessments and referrals to community resources.

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, 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 households 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. NoCO CoC has chosen to use the VI-SPDAT as its standardized assessment.

By-Name List (BNL): 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

¹ 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/>

- 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: 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..." The NoCO CoC's coordinated entry system is titled **Coordinated Assessment and Housing Placement System (CAHPS)**.

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. The NoCO CoC participates in the COHMIS System through Clarity. The CAHP System is housed in HMIS.

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): 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 covers all of Larimer and Weld counties, Colorado.

NoCO CoC Governing Board (the 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 and is the advisory and decision-making board for the CoC. The Governing

Board maintains seats for the two counties, a seat for the Collaborative Applicant, a seat for the HMIS Lead, three seats for municipalities with Consolidated Plans (Loveland, Greeley, Fort Collins), and one for the state of Colorado.

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.

Phased Assessment: At this time NoCO CoC CAHP System does not have the capacity or funding for a phased assessment system. The NoCO CAHP System aims to use a phased assessment approach in the future. A phased assessment approach means that different assessments will be administered at different times and phases of a households housing insecurity or homelessness, depending on the needs of the household.

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).

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.

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

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.

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](#).

Victim Service Provider (VSP): 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.

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

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

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>

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). Denials must be recorded in HMIS.

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: cahps@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.

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

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 nocohomelessness@gmail.com.

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 nocohomelessness@gmail.com

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.

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

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

Name

Date

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.

Name

Date

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 by asking 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

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, or request an accommodation in person at CCRD's office.

Appendix N: Find Help

Find Help is an online network of nonprofits and social care organizations. The NoCO CoC utilizes Find Help as an entry way into the CAHPS system. The CAHPS program in Find Help is intended for agencies who are not Assessing Access Points, households experiencing homelessness, and shared systems (emergency services, libraries, schools, etc.)

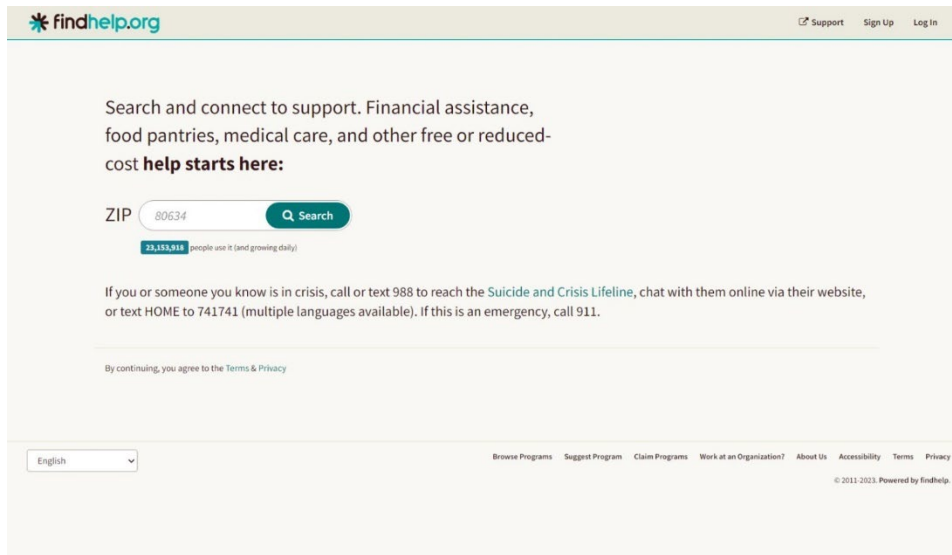
A referral to Find Help should be made when a service provider is working with someone who is experiencing literal homelessness or is fleeing domestic violence. If the service provider is unsure whether the household is experiencing literal homelessness or not, completing the referral will provide a resource navigator with all the necessary information to make that determination.

Once a referral is submitted to the CAHPS program in Find Help, a resource navigator will be notified via email. They will triage the referral to an agency/Access Point that will assist the client with accessing services/and or completing the VI-SPDAT for entry into CAHPS. The resource navigator will determine if the household is eligible for assessment. A referral through Find Help does not guarantee housing or referral to housing.

Service providers or households are able to make referrals through Find Help.

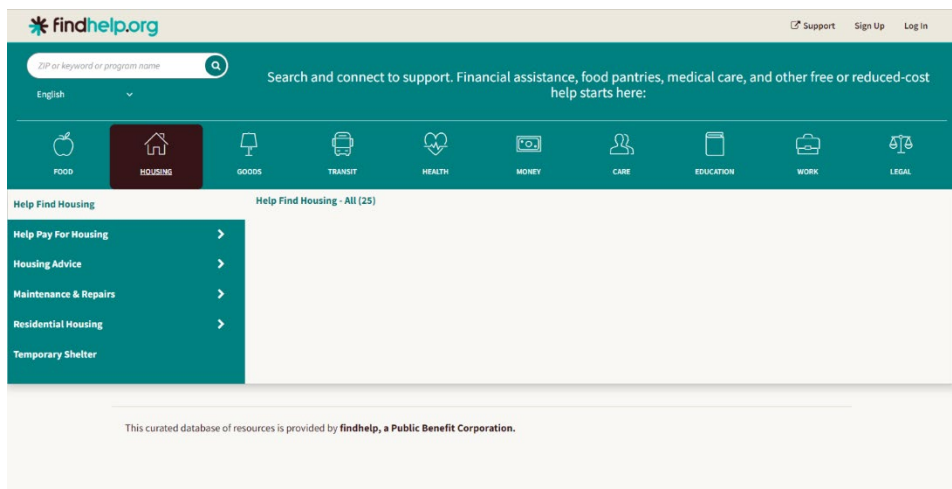
How to Refer a Household to CAHPS through Find Help

1. Go to <https://www.findhelp.org/>

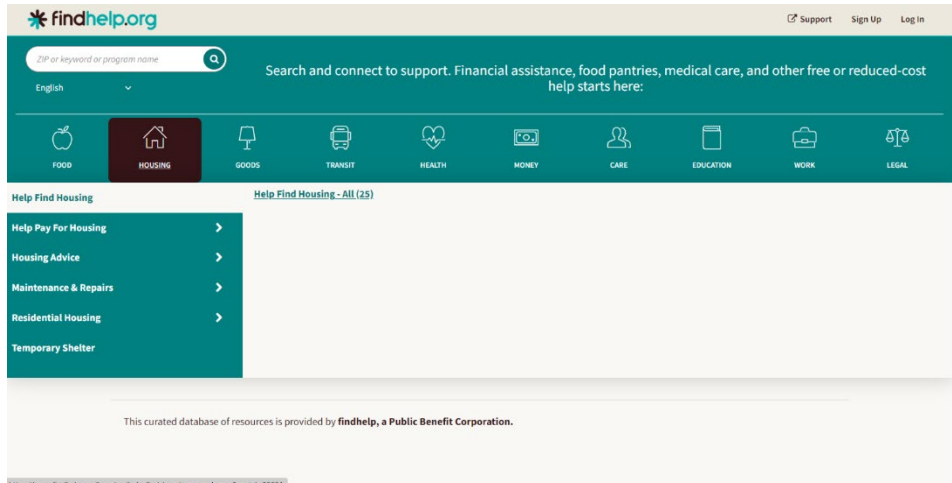


2. Type in a zip code for either Weld or Larimer Counties

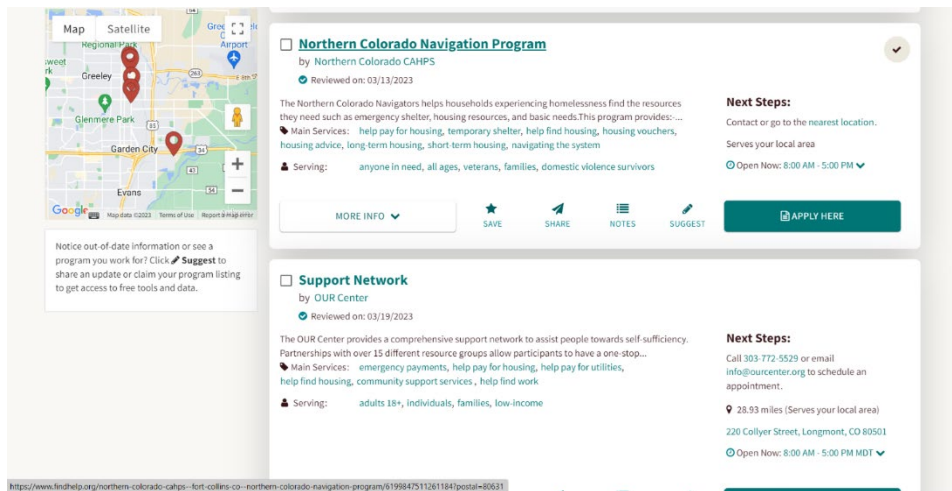
3. Go to "Housing"



4. Go to "Help Find Housing"

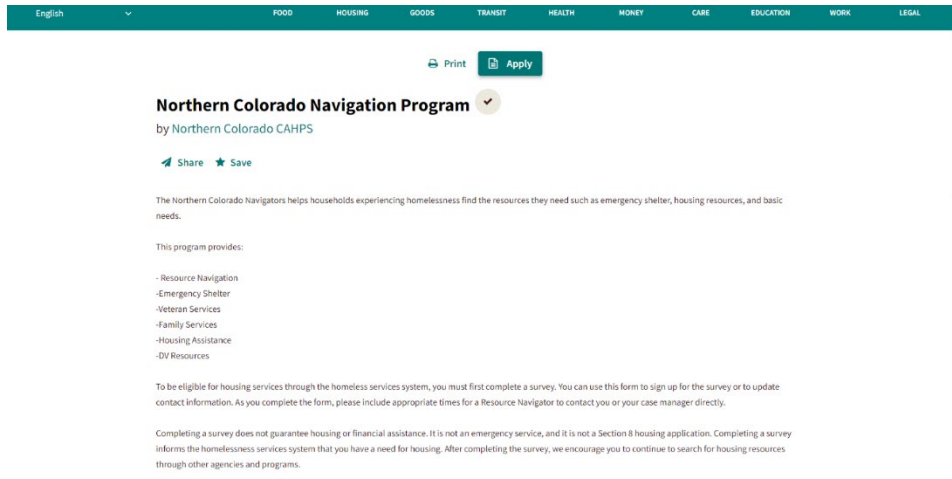


5. Scroll down to “Northern Colorado Navigation Program” by “Northern Colorado CAHPS”



6. Click “apply”

- a. Please complete the screener if the person is experiencing category 1 and category 4 homelessness, or if you are unsure if the household is experiencing homelessness.
- b. you are able to complete the referral for someone else if you feel comfortable doing so



7. Complete the screener tool. After all of the questions are answered the information will be sent to a resource navigator at the Murphy Center in Fort Collins, the Loveland Resource Center, and the Housing Navigation Center in Greeley.

Appendix O: Other Factors Considered

Vulnerability to illness or death: ask- is this individual or household at greater risk of illness or death due to certain diagnoses or experiences? Is this person staying unsheltered and because of this at great risk of illness or death?

High utilization of crisis or emergency services to meet basic needs: ask- does this individual or household use crisis or emergency services at their primary care or primary response to challenges they experience? Does this individual or household frequently call 9-1-1 or crisis/emergency services? Does this person utilize crisis or emergency services for basic care or response because of their homelessness?

Vulnerability to Victimization: A victimization is a single victim or household that experiences a criminal incident, such as physical assault, rape or sexual assault, or personal theft. Some factors that increase an individual or households vulnerability to victimization include:

- People who have engaged in sex work or engage in sexual acts in exchange for goods/money/food/help
- People who carry and take prescription medications and live unsheltered
- Women
- People with developmental or intellectual disabilities
- Transgender individuals, especially transgender individuals of color
- Youth
- Fleeing domestic violence, living with abusive partner, or abusive partner knows where they are

ask- is this individual or household at risk of suffering further trauma or harm? Are they at an increased risk due to certain identities they hold, or certain experiences they have? Is this person at risk of being targeted or taken advantage of due to certain personal circumstances?

Significant challenges or functional impairments: ask-could this person benefit from greater support for activities of daily living? Does this person experience significant challenges or functional impairments that impair their function, limit their activity, and restrict their participation in normal daily activities? Does this person need support, need assistance or would benefit from assistance in completing daily activities?

The extent to which people, especially youth and children, are unsheltered: this speaks to the extent to which youth (defined as individuals 24 years old or younger-can be with family unit or partner) and children (individuals under 18- can be with family unit) are unsheltered (meaning living someplace that is not meant for habitation- in outdoor encampments, car, in campers/RV that lacks permanency or plumbing, in abandoned buildings). If children or youth are staying at a shelter this factor does not apply. Sheltered is considered staying at an emergency shelter or other temporary housing.

Other factors determined by the community that are based on severity of needs: This is determined by the CAHPS Steering Committee or by the CoC Governing Board. The CAHPS Community will be notified when specifications are added to this factor.

Appendix P: Tableau

Tableau is a resource for service providers to easily access households they are serving to check their active and inactive list. Tableau is a public facing site and so UIDs are used. Tableau is updated every morning. Links to the Active and Inactive By-Name Lists can be found on the NoCO CoC website at www.nocococ.org.

Appendix Q: Resource Referral Request Form

The Resource Referral Request Form is to be completed by a partner agency who is in need of a CAHPS referral for a housing resource. The Resource Referral Form must be submitted to cahps@unitedway-weld.org by Friday at noon to receive a referral for the following week's case conference.

The form can be found on www.nocococ.org.

Appendix R: Training Request Form

The Training Request Form is to be completed by a partner agency's CAHPS Liaison and submitted to cahps@unitedway-weld.org to request for training for agency staff. This form can be found on www.nocococ.org.

Date: _____

Requesting Organization: _____ CAHPS Liaison: _____

CAHPS 101, Coordinated Entry-the Basics: required for everyone who will participate in case conferencing or engaging in the CAHP System at any level; overview of the CAHPS system

Administering the VI-SPDAT (assessor training): for those who are conducting VI-SPDATs with clients

HMIS 101-Policies and Procedures: series of videos followed by a quiz

HMIS 201-Clarity Data Entry: required for anyone who will have access to our HMIS software; covers entering clients into the database, recording services received, and exiting clients from programs

CAHPS HMIS Data Entry Training (CAHPS data entry): for those who are enrolling individuals in the CAHPS program in HMIS and adding their VI-SPDATs to the system

Please identify the name, email, and training staff need to be registered for.

1. Name: _____ Email: _____

CAHPS 101 Assessor Training HMIS 101 HMIS 201 CAHPS data entry

2. Name: _____ Email: _____

CAHPS 101 Assessor Training HMIS 101 HMIS 201 CAHPS data entry

3. Name: _____ Email: _____

CAHPS 101 Assessor Training HMIS 101 HMIS 201 CAHPS data entry

4. Name: _____ Email: _____

CAHPS 101 Assessor Training HMIS 101 HMIS 201 CAHPS data entry

5. Name: _____ Email: _____

CAHPS 101 Assessor Training HMIS 101 HMIS 201 CAHPS data entry