

**CT Balance of State (CT BOS) Continuum of Care Policies
Revised September 2019**

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I. CoC Overview

In accordance with HUD regulations (24 CFR Part 578), representatives from relevant organizations that serve homeless and formerly homeless individuals and other interested, relevant organizations within the following geographic areas, New Haven and its suburbs, Hartford suburbs, the Valley, Windham/Tolland Counties, Litchfield County, Manchester, New London/Norwich, Middletown/Middlesex, Bristol, and New Britain have established a Continuum of Care to carry out the duties assigned in the aforementioned regulations. That Continuum of Care is named the Connecticut Balance of State Continuum of Care (CT BOS). The Reaching Home Coordinating Committee (RHCC) is designated as the CoC Board for the CT BOS CoC. Reaching Home is the state-wide campaign to build the political and civic will to prevent and end homelessness in Connecticut. The RHCC delegates all responsibilities for managing the CoC to the CT BOS Steering Committee.

The CT BOS Steering Committee coordinates policies, strategies and activities toward ending homelessness in the CT BOS region. The CT BOS Steering Committee reports and is accountable to the RH Coordinating

CT BOS is a united coalition of community and state systems that assist homeless and near homeless residents in the BOS region to obtain housing, economic stability, and an enhanced quality of life through comprehensive services. CT BOS addresses critical issues related to homelessness through a coordinated community-based process of identifying and addressing needs utilizing not only HUD dollars, but also mainstream resources and other sources of funding. This is often achieved through the work of the local planning bodies (i.e., CANs) that help comprise the CT BOS CoC.

The BOS Steering Committee has adopted the policies contained herein to ensure compliance with HUD regulations and to support efforts to assist homeless and near homeless residents in the BOS region to obtain housing, economic stability and enhanced quality of life. These policies were developed over time by the BOS Steering Committee. The policies were adopted in full by the Steering Committee on September 11, 2014 and may be amended by a majority vote at any meeting of the Steering Committee, with a quorum present. Amendments made by the Steering Committee subsequent to 9/11/14 have been incorporated accordingly.

II. CoC By-Laws

CT BOS CoC by-laws are available at www.ctbos.org.

III. Governance Charter

CT BOS CoC Governance Charter is available at www.ctbos.org.

V. Program Operating Standards

1. CT BOS Housing First Principles

Housing First is a programmatic and systems approach that centers on providing homeless people with housing quickly and *then* providing services as needed using a low barrier approach that emphasizes community integration, stable tenancy, recovery and individual choice.

Low barrier approach to entry:

- Housing First offers individuals and families experiencing homelessness immediate access to permanent supportive housing without unnecessary prerequisites. For example:
 - a. Admission/tenant screening and selection practices do not require abstinence from substances, completion of or compliance with treatment, or participation in services.
 - b. Applicants are not rejected on the basis of poor or lack of credit or income, poor or lack of rental history, minor criminal convictions, or other factors that might indicate a lack of “housing readiness.”
 - c. Blanket exclusionary criteria based on more serious criminal convictions are not applied, though programs may consider such convictions on a case by case basis as necessary to ensure the safety of other residents and staff.
 - d. Generally, only those admission criteria that are required by funders are applied, though programs may also consider additional criteria on a case by case basis as necessary to ensure the safety of tenants and staff. Application of such additional criteria should be rare, and may include, for example, denial of an applicant who is a high risk registered sex offender by a project serving children, or denial of an applicant who has a history of domestic violence involving a current participant.

Community integration and recovery:

- Housing is integrated into the community and tenants have ample opportunity and are supported to form connections outside of the project.

- a. Housing is located in neighborhoods that are accessible to community resources and services such as schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks, and other recreation facilities.
- b. Efforts are made to make the housing look and feel similar to other types of housing in the community and to avoid distinguishing the housing as a program that serves people with special needs.
- c. Services are designed to help tenants build supportive relationships, engage in personally meaningful activities, and regain or develop new roles in their families and communities.
- d. Services are recovery-based and designed to help tenants gain control of their own lives, define their personal values, preferences, and visions for the future, establish meaningful individual short and long-term goals, and build hope that the things they want out of life are attainable. Services are focused on helping tenants achieve the things that are important to them and goals are not driven by staff priorities or selected from a pre-determined menu of options.

Lease compliance and housing retention

- Tenants are expected to comply with a standard lease agreement and are provided with services and supports to help maintain housing and prevent eviction. Visitors are expected to comply with requirements in the lease agreement.
 - a. Leases do not include stipulations beyond those that are customary, legal, and enforceable under Connecticut law.
 - b. No program rules beyond those that are customary, legal, and enforceable through a lease are applied (e.g., visitor policies should be equivalent to those in other types of permanent, lease-based housing in the community). Housing providers may ask for identification from visitors.
 - c. Services are designed to identify and reduce risks to stable tenancy and to overall health and well-being.
- Retention in housing is contingent only on lease compliance and is not contingent on abstinence from substances or compliance with services, treatment or other clinical requirements. For example:
 - a. Tenants are not terminated involuntarily from housing for refusal to participate in services or for violating program rules that are not stipulated in the lease.
 - b. Transitional housing programs offer participants due process to resolve issues that may result in involuntary discharge (unless immediate risk to health and safety)
 - c. PH providers only terminate occupancy of housing in cases of noncompliance with the lease or failure of a tenant to carry out obligations

under Connecticut's Landlord and Tenant Act (Chapter 830 of the Connecticut General Statute <http://www.cga.ct.gov/2011/pub/chap830.htm>).

- d. In order to terminate housing, PH providers are required to use the legal court eviction process.

Separation of housing and services

- Projects are designed in such a manner that the roles of property management (e.g., housing application, rent collection, repairs, and eviction) and supportive services staff are clearly defined and distinct.
 - a. Property management and support service functions are provided either by separate legal entities or by staff members whose roles do not overlap.
 - b. There are defined processes for communication and coordination across the two functions to support stable tenancy.
 - c. Those processes are designed to protect client confidentiality and share confidential information on a need to know basis only.

Tenant Choice

- Efforts are made to maximize tenant choice, including type, frequency, timing, location and intensity of services and whenever possible choice of neighborhoods, apartments, furniture, and décor.
- Staff accepts tenant choices as a matter of fact without judgment and provides services that are non-coercive to help people achieve their personal goals.
- Staff accepts that risk is part of the human experience and helps tenants to understand risks and reduce harm caused to themselves and others by risky behavior.
- Staff understands the clinical and legal limits to choice and intervenes as necessary when someone presents a danger to self or others.
- Staff helps tenants to understand the legal obligations of tenancy and to reduce risk of eviction.
- Projects provide meaningful opportunities for tenant input and involvement when designing programs, planning activities and determining policies.

2. Housing First Requirements

- All CT BOS projects (Permanent Supportive Housing Rapid Re-Housing, and Transitional Housing) are required to adopt the CT BOS Housing First Principles listed above or penalties apply. Applicable penalties are established by the BOS Steering Committee.

3. Non-discrimination

- Providers shall have non-discrimination policies in place and assertively outreach to people least likely to engage in the homeless system.
- Providers shall comply with all federal statutes including, the Fair Housing Act and the Americans with Disabilities Act.
- Providers shall comply with the following requirements as set forth by section 4a-60 of the Connecticut General Statutes:

(1) The Contractor agrees and warrants that in the performance of the Contract such Contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status, national origin, ancestry, sex, mental retardation, mental disability or physical disability, including, but not limited to, blindness, unless it is shown by such Contractor that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or of the state of Connecticut. The Contractor further agrees to take affirmative action to insure that applicants with job-related qualifications are employed and that employees are treated when employed without regard to their race, color, religious creed, age, marital status, national origin, ancestry, sex, mental retardation, mental disability or physical disability, including, but not limited to, blindness, unless it is shown by such Contractor that such disability prevents performance of the work involved;

(2) the Contractor agrees, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, to state that it is an “affirmative action-equal opportunity employer” in accordance with regulations adopted by the commission;

(3) the Contractor agrees to provide each labor union or representative of workers with which such Contractor has a collective bargaining agreement or other contract or understanding and each vendor with which such Contractor has a contract or understanding, a notice to be provided by the commission advising the labor union or workers’ representative of the Contractor’s commitments under this section, and to post copies of the notice in conspicuous places available to employees and applicants for employment;

(4) the Contractor agrees to comply with each provision of this section and sections 46a-68e and 46a-68f and with each regulation or relevant order issued by said commission pursuant to sections 46a-56, 46a-68e and 46a-68f;

(5) the Contractor agrees to provide the Commission on Human Rights and Opportunities with such information requested by the commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the Contractor as relate to the provisions of this section and section 46a-56.

g) The following subsections are set forth here as required by section 4a-60a of the Connecticut General Statutes:

- (1) the Contractor agrees and warrants that in the performance of the Contract such Contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of sexual orientation, in any manner prohibited by the laws of the United States

or of the state of Connecticut, and that employees are treated when employed without regard to their sexual orientation;

- (2) the Contractor agrees to provide each labor union or representative of workers with which such Contractor has a collective bargaining agreement or other contract or understanding and each vendor with which such Contractor has a contract or understanding, a notice to be provided by the Commission on Human Rights and Opportunities advising the labor union or workers' representative of the Contractor's commitments under this section, and to post copies of the notice in conspicuous places available to employees and applicants for employment;
- (3) the Contractor agrees to comply with each provision of this section and with each regulation or relevant order issued by said commission pursuant to section 46a-56; and
- (4) the Contractor agrees to provide the Commission on Human Rights and Opportunities with such information requested by the commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the Contractor which relate to the provisions of this section and section 46a-56.

(h) The Contractor shall include the provisions of section (g) above in every subcontract or purchase order entered into in order to fulfill any obligation of a contract with the state and such provisions shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the commission. The Contractor shall take such action with respect to any such subcontract or purchase order as the commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with section 46a-56; provided, if such Contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the commission, the Contractor may request the state of Connecticut to enter into any such litigation or negotiation prior thereto to protect the interests of the state and the state may so enter.

- (i) For the purposes of this entire Non-Discrimination section, "Contract" or "contract" includes any extension or modification of the Contract or contract, "Contractor" or "contractor" includes any successors or assigns of the Contractor or contractor, "marital status" means being single, married as recognized by the state of Connecticut, widowed, separated or divorced, and "mental disability" means one or more mental disorders, as defined in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders", or a record of or regarding a person as having one or more such disorders. For the purposes of this section, "Contract" does not include a contract where each contractor is

- (1) a political subdivision of the state, including, but not limited to, a municipality,
- (2) a quasi-public agency, as defined in C.G.S. § 1-120,

- (3) any other state, including but not limited to any federally recognized Indian tribal governments, as defined in C.G.S. § 1-267,
- (4) the federal government,
- (5) a foreign government, or
- (6) an agency of a subdivision, agency, state or government described in the immediately preceding enumerated items (1), (2), (3), (4) or (5).

4. Rapid Rehousing Standards

In accordance with HUD regulations (24 CFR Part 578), the CT BOS Continuum of Care (CT BOS) has developed, in consultation with ESG recipients, written standards for the provision of rapid re-housing (RRH) assistance. Those standards were developed by the CT Department of Housing, adopted by the CT BOS Steering Committee, and are available at: [INSERT LINK](#).

5. Educational Services for Children

BACKGROUND

Federal law ensures educational rights and protections for children and young adults 18-24 experiencing homelessness. Protections apply to children and youth who are living with a parent or guardian and those who are not. Every school district and public charter school in CT is required to designate a homeless liaison who is responsible for ensuring the identification, school enrollment and stability, attendance and opportunities for academic success of students in homeless situations using a child-centered, best interest framework for decision-making. In addition, HUD establishes requirements for CoCs and project applicants through the annual CoC competition and the CT Balance of State Continuum of Care (CT BOS) has established related requirements. This document summarizes basic information about the responsibilities of sub CoCs and recipients/sub-recipients of CoC and ESG funds. For more information or to find contact information for you local homeless liaison please visit: <http://youth-help.org>

Information is also available at the National Center for Homeless Education: <http://center.serve.org/nche/briefs.php>

RESPONSIBILITIES OF CANs

CT BOS CANs are responsible for coordinating with your local school district(s), charter school(s), in the following ways:

- Helping to identify children and young adults who are eligible for educational services. If a child or young adult does not have a fixed, regular, and adequate place to sleep at night, he or she is eligible. This includes those living in places not meant for human

habitation, emergency shelters, transitional housing, motels/hotels, campgrounds, in doubled-up situations, or in housing that lacks utilities, is infested or has other dangerous conditions.

- Helping to ensure that all families with children and young adults who qualify in your area are informed about their educational rights and their eligibility for educational services and they receive those services.
- Attending relevant meetings and planning events held by your local school district.
- Ensuring that the local school districts' homeless liaisons are aware of 211 and CAN processes for connecting homeless families and young adults to ESG & CoC resources and helping to resolve any issues that might arise in linking eligible households to those resources.
- Helping to ensure that when placing families in emergency, transitional or permanent housing, consideration is given to the educational needs of children, including placing children as close as possible to schools of origin and early childhood education programs.

RESPONSIBILITIES OF RECIPIENTS/SUB-RECIPIENTS & SAMPLE POLICY

Recipients and sub-recipients of CoC and ESG funds serving families with children and/or young adults 18-24 are responsible for the things outlined in the sample policy below, which is intended to help providers comply with requirements established under federal law, by HUD through the annual CoC project application, and by CT BOS. All projects receiving CoC funds that are serving families with children and/or young adults 18-24 are required to have similar policies. Projects may opt to adapt this sample policy or to adopt a different policy that fulfills the requirements.

Purpose:

To ensure that participants in (INSERT CoC PROJECT NAME) are helped to understand their educational rights established under Subtitle VII-B of the McKinney-Vento Homeless Assistance Act and most recently reauthorized by the Every Student Succeeds Act; To ensure that children and young adults are immediately enrolled in school, as required by federal and State law, & to ensure that they are connected to transportation and educational services to help them succeed in school.

Policy:

1. All housing, whether temporary or permanent, provided by the CoC project shall be located in neighborhoods that are accessible to community resources and services, including schools, libraries, and other educational services.
2. The Program Director and/or his/her designee is responsible for:
 - a. Ensuring that all families with children and young adults participating in this

- project are informed about their educational rights and their eligibility for educational services at intake and as necessary thereafter.
- b. Ensuring that no matter where they live, how long they have lived there, or how long they plan to stay, all children and young adults participating in the project are enrolled in school immediately, even if they lack the paperwork normally required (e.g., school records, records of immunization, and other required health records, proof of residency, guardianship, and other documents), are unable to pay fines or fees, or have missed application or enrollment deadlines. Students have the right to enroll in school and attend classes while the school gathers needed documents. Enrollment shall occur as quickly as possible and within no more than 48 hours of project entry. Children and young adults who are not required by State law to enroll in school shall be encouraged and assisted but not required to enroll. Families shall be encouraged and assisted to enroll children in early childhood education programs. Enrollment includes attending classes and participating fully in school activities and applies to youth without a parent or guardian.
 - c. Assist unaccompanied youth to choose and enroll in a school, giving priority to his/her wishes and assisting to exercise his/her right to appeal.
 - d. Advocating as necessary to ensure that homeless students are able to continue to attend their school of origin (i.e., where they went before becoming homeless or the school in which they were last enrolled) the entire time they are homeless and until the end of the academic year during which they find permanent housing. This includes pre-schools and the designated receiving school at the next grade level when a student completes the final grade level served by the school of origin. Remaining in the school of origin should be presumed to be in the best interest of the student unless contrary to the request of the parent, guardian or unaccompanied youth.
 - e. Assisting, as necessary, to ensure that the parent, guardian, or unaccompanied youth is provided with the required written explanation of decisions made by school districts/charter schools and how to appeal them and that they are referred to the local school district's homeless liaison who must carry out the dispute resolution process as expeditiously as possible.
 - f. Assisting, as necessary, to appeal any decision by the local school district or charter school that it is not in the student's best interest to attend the school of origin or the school where they currently live if requested by the parent, guardian or unaccompanied youth.
 - g. Advocating, as necessary, to ensure that if a dispute arises over eligibility, school selection, or enrollment, the student is immediately enrolled in the school in which enrollment is sought, pending resolution of all available appeals.

- h. Advocating, as necessary, to secure the transportation services to which students are entitled (i.e., to and from the school or preschool of origin, including until the end of the year when the student obtains permanent housing).
- i. Assisting, as necessary, to secure temporary transportation services through other means, if possible, when school districts/charter schools are unable to immediately provide such required services.
- j. Advocating on behalf of homeless students as necessary to ensure that they receive the services for which they are eligible according to their needs and comparable to those provided to other students, including assistance from the local school district's homeless liaison, Early Intervention Program for Infants and Toddlers with Disabilities, Head Start, other preschool programs, services for disabled students, free school meals, services for English language learners, gifted and talented services, before and after school care, career and technical education, summer learning, online learning, and referrals to health, mental health, dental and other services.
- k. Advocating as necessary to ensure that homeless students who meet the relevant eligibility criteria do not face barriers to accessing academic and extracurricular activities, including magnet and charter schools, summer school, career and technical education, advanced placement, online learning, and athletic programs.
- l. Advocating, as necessary, to ensure that students receive appropriate full or partial credit for coursework, including consulting with the prior school about partial coursework completed, evaluating students' mastery of partly completed courses, and offering credit recovery.
- m. Advocating as necessary to ensure that all homeless youth receive information and individualized counseling regarding college readiness, college selection, the application process, financial aid, and the availability of on-campus supports; and that unaccompanied homeless youths are informed of their status as independent students for the purposes of Federal financial aid for postsecondary education and assisted in receiving verification of such status.
- n. Advocating as necessary to ensure that records, including information about a student's living situation, are kept private.
- o. Helping homeless students to succeed in school and to get help from the local homeless education liaison, as necessary.
- p. Developing relationships with colleges to access higher education services specifically for homeless young adults.
- q. Designating a staff person who is responsible for:
 - Helping participants to understand their educational rights
 - Ensuring that children and young adults are enrolled in school and early childhood education

- Ensuring that students get access to all services, programs, and extracurricular activities for which they are eligible
- Ensuring that children and young adults receive the transportation services to which they are entitled

These need not be the only responsibilities of the designated staff person.

- r. Ensuring that the designated staff person is involved in the development of participants' service plans where there are extensive or significant unmet educational needs.
 - Ensuring that no policies, procedures, or practices that are inconsistent or interfere with the educational rights established under federal law are adopted by the project.

6. Special Requirements for Leasing and Rental Assistance Projects

- If agencies chose the leasing option, they are required to master lease and provide a sublease to tenants (not occupancy agreement); there also must be a functional separation of roles between services and property management.
- For rental assistance, there needs to be an agreement with the administrator including customary terms and conditions.

7. Participant/Applicant Bill of Rights

Emergency shelter, transitional housing, rapid re-housing, and permanent supportive housing projects operating within CT BOS must review with and provide a written copy of the *CT BOS CoC Participant/Applicant Bill of Rights* (see appendix) to all participants and applicants.

8. Grant Amendments

- Grant recipients are required to submit any proposed CoC project grant amendments to the relevant CAN for approval prior to submission to HUD.
- Grant recipients are also required to notify the CT BOS Steering Committee of any approved amendments.

9. Expenditure Data

- To assist with ongoing efforts to ensure full and efficient use of federal resources, all projects funded by CT BOS are required to enter expenditure data into HMIS.

VI. Performance Evaluation

1. Renewal Evaluations

- Each year, the BOS Steering Committee establishes performance targets, and evaluation criteria for renewing projects.
- Providers are asked to submit data such as consumer surveys and APRs to enable project evaluation before the NOFA is released.

2. Corrective Actions

- Each year the Steering Committee establishes a minimum scoring threshold.
- Projects scoring below the threshold must do a corrective action plan.
- Agencies in corrective action process are not eligible to apply for funding for new projects.
- Programs in corrective action status for 2 consecutive years may be at risk of losing their funding.
- Local BOS CoC representatives are copied on correction action letters for their jurisdictions.

3. Underspending

- If a project is underspent by more than 20% or \$50,000 for 2 years, the project is at risk of partial or complete reallocation.

VII. Grievances

1. Purpose

The purpose of the CT BOS Grievance Policy is twofold:

- A. To ensure that there is a fair and accessible process for providers and Steering Committee members to file a grievance with the CoC regarding decisions made during the CoC funding process (See Section 5 below).
- B. To ensure that there is a fair and accessible process for consumers served by CT BOS projects who have filed a grievance with a CT BOS CoC funded provider, are dissatisfied with the outcome and wish to file a grievance with the CoC (See Section 6 below).

2. Filing a Grievance

Grievances submitted by provider agencies and Steering Committee members shall be submitted in writing to the Grievance Committee via e-mail (ctboscoc@gmail.com). Consumer grievances can be submitted to the CT BOS Grievance Committee in writing via e-mail (ctboscoc@gmail.com) or by phone at (917)449-3918.

3. Composition of Grievance Committee

The Grievance Committee shall be made up of a minimum of three members of the CT BOS CoC Steering Committee. Members shall be appointed by the CT BOS CoC Steering Committee Co-Chairs. In all instances when a conflict of interest is present, parties shall recuse themselves from voting on and otherwise influencing the outcome of matters referred to the Grievance Committee. (see CT BOS Policies, Article VIII, Section 1).

4. Final review by the CT BOS Co-Chairs

All Grievance Committee decisions may be appealed to the CT BOS Steering Committee Co-Chairs within 10 working days of receipt of the committee's written decision. In instances in which a co-chair recuses, another Steering Committee member who was not involved in the decision being appealed may be appointed to participate in the final review. The final review shall be completed within 15 working days of receipt of the request. Within 10 working days of the review, the chairs shall issue a written decision specifying the reasons for the decision. The written decision shall be mailed or emailed to the person who filed the grievance by first class mail, and a copy will be maintained in the CT BOS project files. The decision is final and cannot be appealed.

5. Grievance Policy for Providers and Steering Committee Members

This policy should be used when a provider or Steering Committee member wishes to file a grievance related to the CoC funding process. For instance, a project may file a grievance to appeal a project evaluation result or the rejection of a project for CoC funding.

a. Resolution of a Grievance

Grievances will be reviewed by the Grievance Committee within 30 days of receipt. The committee will issue a written decision, specifying the reasons for the decision and any actions that need to be taken. The written decision shall also indicate the opportunity to request a final review by the CT BOS Steering Committee Co-Chairs, and provide instructions for requesting the final review, including contact information. The written decision will be emailed to the person filing the complaint.

b. Limitations on Grievances for Providers and Steering Committee Members

Each year, the CT BOS Steering Committee approves the renewal evaluation scoring standards prior to initiating the evaluation. The CoC distributes draft standards in advance and encourages comment. In order to ensure equity, scoring is applied consistently to each program.

The Grievance Committee will not consider grievances based on disagreements with the evaluation standards adopted by the Steering Committee. Rather providers who believe the criteria or performance targets should be adjusted or certain types of projects should be exempted or have different targets should coordinate with their CAN Steering Committee representative, attend the relevant Steering Committee meeting or submit an email to ctboscoc@gmail.com. The Steering Committee will consider all such comments received prior to establishing the annual standards

CT BOS establishes a standardized process that provides the same opportunity for all projects to make data changes in advance of obtaining the APR data used to evaluate projects. Subsequently, providers are also provided the opportunity to review their preliminary renewal evaluation results, make additional data changes and request that their project be re-scored. Deadlines for each step are distributed and providers receive multiple reminders. In order to ensure equity, deadlines are, generally, applied consistently to each program. Where there are extenuating circumstances that prevent a project from meeting a deadline, the CoC chairs may approve extensions. The Grievance Committee will not consider grievances based on data changes made after the deadline.

6. Grievance Policy for Consumers

This policy can be used by consumers who have filed a grievance related to a CT BOS CoC funded project with a provider agency and who remain dissatisfied with the outcome. Consumers must first complete any grievance process available to them through the relevant CT BOS funded agency prior to filing a grievance with CT BOS. Relevant issues may include determinations of service or housing subsidy terminations, repair issues, discrimination, mistreatment, or other disputes or complaints.

If the project serving the consumer is a DMHAS project (i.e., DMHAS is the CoC grantee or the project receives other DMHAS funding), the consumer must use the DMHAS Appeals Process (available at: <http://www.ctbos.org/wp-content/uploads/2017/04/1-Final-DMHAS-Rental-Assistance-Admin-Plan-June-2017-1.pdf>). The DMHAS Appeals Process includes the following steps:

- 1) Informal conference with the relevant CAN
- 2) Hearing with a DMHAS appeals panel
- 3) Final review by a Review Panel.

The outcome of the DMHAS Appeals process is final and not subject to review through the CT BOS Grievance process.

If the project serving the consumer is a DOH project (i.e., DOH is the CoC grantee or the project receives other DOH funding) or the grievance is about an eligibility or program acceptance decision, the consumer must file an appeal in accordance with the policies defined in the CT Coordinated Access Network (CAN) Policies and Procedures (available at: <http://www.ctbos.org/policies/>). The outcome of the CAN Grievance process is final and not subject to review through the CT BOS Grievance process.

Consumers who would like assistance determining which grievance processes are available to them may contact a staff member at the agency at which they receive services or the CT BOS team at (ctboscoc@gmail.com) or by phone at (917)449-3918.

Grievance Committee Hearing Process for Consumers

When a consumer submits a grievance to the CT BOS Grievance Committee, a hearing shall be held within 30 working days of the receipt of the grievance. A notice regarding the hearing shall be mailed to the consumer by first class mail and email, if applicable, not less than 10 days before the scheduled hearing. The notice shall include the date, time, and location of the hearing and a clear statement of the issues to be considered.

The consumer who filed the grievance must have the opportunity to be present during the hearing and to hear all oral information and review all written information that is being considered by the Grievance Committee. They must also have the opportunity to bring a person of their choice to assist them during the hearing. Consumers who would like help identifying someone who can assist them may contact a staff member at the agency at which they receive services or the CT BOS team at (ctboscoc@gmail.com) or by phone at (917)449-3918.

A member of the Grievance Committee shall keep a sign-in sheet of all who attended the hearing and a list of the documents presented. If the consumer opts not to attend the hearing, the Grievance Committee may, in lieu of convening a hearing, opt to review the grievance and gather all pertinent information via email, phone, or video conference. Such a review must be completed within 30 days of receipt of the grievance.

Within 10 working days of a hearing or other review process, the Grievance Committee shall issue a written decision specifying the reasons for the decision and any actions that need to be taken. The written decision shall also indicate the opportunity to request a final review by the CT BOS Steering Committee Co-Chairs, and provide instructions for requesting the final review, including

contact information. The written decision shall be sent by first class mail and email, if applicable, and a copy will be maintained in the CT BOS project files.

7. Public Posting of this policy

All CT BOS funded projects are required to post a copy of this policy in an area that is visible to staff working in and consumers receiving services from the project.

VIII. Monitoring

1. Purpose

HUD requires CoCs to monitor and evaluate CoC programs. CT BOS provides on-site monitoring for a subset of funded providers annually in order to help grantees prepare for HUD visits, reduce recapture risk, and identify areas of need for technical assistance.

2. Selection

The BOS Steering Committee establishes selection criteria annually to determine which programs will be offered monitoring.

3. Procedures and Tool

Monitoring procedures and the tool used during monitoring visits are available on the CT BOS website.

VIII. Coordinated Access

1. Introduction

The coordinated access policies contained herein apply to Permanent Supportive Housing (PSH), Emergency Shelter (ES), Transitional Housing (TH), and Rapid Rehousing (RRH) funded with CoC and ESG Funds in the CT BOS CoC jurisdictions. The aim is to set some CoC wide standards but allow for CAN level customization and tailoring to local circumstances. In addition to the policies contained in this document, in March 2018, the CT BOS Steering Committee adopted the Connecticut Statewide Coordinated Access System Policies and Procedures Manual, which is available at:

<http://www.ctbos.org/policies/>

2. Guiding Principles

The CT BOS CoC has defined the following coordinated access guiding principles:

- Promotes collaboration among providers
- Honors client choice re: geography and services needed
- Incorporates provider choice in enrollment decisions
- Establishes standard, consistent eligibility criteria and priorities
- Eligibility requirements limited to those required by funding sources (and no additional requirements that are not required by funders) in order to accommodate as many people as possible
- Ensures quality housing and services are provided
- Ensures clear and easy access for consumers
- Improves efficiency, communication, and knowledge of resources
- Is cost effective and focuses on cost effective solutions to homelessness
- Uses systemic “Rapid Exit to Housing” approach
- Streamlines processing
- Accountability -The process must be transparent and consistent
- Leverage HMIS and the use of “real time” data whenever possible (Once new system is up and 2-1-1 is fully staffed)
- Prioritizes Enrollment Based on Need
- Goal: a system that is clear and creates ease of access for clients
- All data collected is relevant to the process
- Staff are trained and competent in assessment

3. Intake

- **Accepting People from Other Public Systems of Care**

The McKinney-Vento Act, as amended by the HEARTH Act, stipulates that state and local governments have policies and protocols in place to ensure that publicly-funded institutions do not routinely discharge individuals into homelessness. Before accepting participants into CoC programs from the Mental Health, Foster Care, Correctional or Public Health Systems, providers will work to ensure that all other discharge options have been exhausted. Accepting a person directly from publicly-funded institutions should only be considered if there are no other viable housing options and the person meets the eligibility criteria for the bed or unit.

- **Ensuring families with children are not denied admission or separated**

- To maintain family unity homeless shelters or housing funded by the CoC or ESG to serve families may not deny admission to any family based on age or

gender (e.g. admissions policies disallowing entry for adult males or boys over 15 are not permissible).

- The CT BOS CoC recognizes that household composition may change during the course of a homeless episode. (For example, a family may enter emergency shelter as a parent with two teenage children but the plan is to reunite in permanent housing with a younger child who is currently staying with a relative.) To the greatest extent possible, the CoC wants to accommodate changes in family composition.
- In accordance with the CT BOS Client Bill of Rights (see Appendix), participants in or applicants to any emergency shelter, transitional housing, rapid rehousing, or permanent supportive housing project operating within the CT BOS CoC have the right to decide for themselves who is a member of their families and to be served together with their families. A family may include adults and children or just adults of any age, disability, marital status, actual or perceived sexual orientation or gender identity. This requirement applies whether the family initially presented together upon admission or the family composition changed post admission. It is the intent of the CT BOS CoC to allow families to form and change composition during their participation in projects, however that may not be feasible in every situation.
- Projects may restrict changes to family composition in the following situations:
 - Unit is not large enough to accommodate additional family members in accordance with applicable federal, state, and local standards (Note that CoC-funded programs are required to have at least one bedroom or living/sleeping room for each two persons and may not require children of the opposite sex, other than very young children, to occupy the same bedroom or living/sleeping room); and/or
 - The services required to meet the needs of a new family member are not available; and/or
 - Housing the family together would present an imminent health and/or safety risk.
- When circumstances prevent a project from accommodating changes to family composition, projects should assist the family in accessing a different unit or work with their CAN and assist the family in accessing a different project that meets their needs and can accommodate them together as a family.

4. Assessment Forms

- All Permanent Supportive Housing (PSH), Emergency Shelter (ES), Transitional Housing (TH), and Rapid Rehousing (RR) programs funded with CoC and ESG Funds in the CT BOS CoC jurisdictions are required to use common assessment forms as directed by their local CAN. CT BOS will use the VI SPDAT as its

common assessment form at least initially. CT BOS will use the Next Step Tool for transition aged youth.

5. Core Referral Policies

A. Educational Considerations for Children

- When placing families in emergency or transitional shelter, CANs must consider the educational needs of children, including placing children as close as possible to schools of origin and early childhood care and education programs.

B. Determination of Eligibility and Priority for the Service

Eligibility- Programs may not establish additional eligibility requirements beyond those specified below and those required by other funders

Veterans ineligible for VA Services – Veterans who are ineligible for U.S. Department of Veterans Affairs housing and services shall be prioritized in CT BOS CoC funded projects.

Emergency Shelter – Applicants must be screened for diversion and admitted to shelter only if no other options (such as staying safely with friends or family) are available. Applicants must be, literally homeless, and able to be safely maintained in the shelter (e.g., behavior is not an obstacle to safety). For family homeless shelters, registered sex offenders are not eligible.

Transitional Housing – Transitional Housing – Applicants must be screened for diversion and admitted only if no other options are available. Projects may serve only participants coming from emergency shelter and unsheltered locations, including those who have been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days AND who were residing in an emergency shelter or unsheltered location immediately before entering that facility. Projects may serve only participants with income below 30% of AMI. Applicants must be able to be safely maintained in the program, including not posing any danger to other participants.

Rapid Rehousing – Applicants must be homeless and have income below 30% of AMI. Rapid rehousing projects must serve only individuals or families coming from emergency shelters or the streets, with the exception of youth under age 25 who may also qualify under HUD Category 4 (i.e., fleeing domestic violence).

Permanent Supportive Housing – Must meet HUD definition of literally homeless and include at least one family member with disabilities.

Priority for Service

Emergency Shelter – There are no priorities for ES defined by CT BOS CoC. CANs and may establish local priorities provided they follow ESG, DOH and other funding guidelines.

Transitional Housing

- Not able to be diverted or slated for PSH AND
- At least one prior episode of homelessness (except for young adults) AND
- In one of the following life stage transitions
 - young adults 18-24,
 - family with children under age 5,
 - interested in recovery
 - fleeing DV and DV cause of recent homeless episode

Priorities for PSH

Purpose: This policy provides information to Coordinated Access Networks (CANs) and Permanent Supportive Housing (PSH) projects receiving Continuum of Care Program funds regarding the order in which eligible households should be served. This policy reflects the new definition of chronic homelessness as amended by HUD’s Final Rule on Defining Chronically Homeless and the HUD definition of a Dedicated Plus project. This policy updates the orders of priority that were previously established in CT BOS policies. This policy is intended to ensure that the individuals and families who have been homeless the longest and who have the most severe service needs are prioritized for PSH and to support progress towards ending chronic homelessness in Connecticut.

- **Requirement for all CT BOS PSH projects to be Dedicated Plus.** HUD included the option of DedicatedPLUS in the [FY 2017 CoC Program NOFA](#) to provide CoCs with more flexibility to serve vulnerable populations and to more effectively and more immediately address the needs of persons experiencing chronic homelessness, at risk of experiencing chronic homelessness, or who were chronically homeless prior to being housed and who have recently become homeless again. In May 2019, the CT BOS Steering Committee passed a motion requiring that all CT BOS funded renewal PSH projects convert to Dedicated Plus and all new PSH projects funded by CT BOS be designated as Dedicated Plus. This new policy, replaces the previous requirement that 100% of PSH beds be dedicated to people experiencing chronic homelessness. Details for implementing the change from chronic dedicated to DedicatedPLUS will be made available in Statewide CAN Policies.
- **Prioritization through the by-name list.**

- CoC-funded PSH projects must accept referrals only through their local CAN from the *Statewide By-Name List* maintained by the local CANs and monitored by the Connecticut Department of Housing (CT DOH).
- This by-name list uses the order of priority established in HUD Notice CPD-16-11: *Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing*. Relevant guidance from the Notice appears below, and the full Notice is available at: <https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>
- The notice defines which chronically homeless people get priority access to PSH beds and how to prioritize PSH beds when no chronically homeless persons exist within the geographic area.
- **Accepting Referrals through a Single Prioritized List for PSH**
 - All CoC-funded PSH projects are required to accept referrals ONLY from the *Statewide By-Name List* that is maintained by each CAN and monitored by CT DOH, and should be filtered for each CAN's homeless population for prioritization decisions. The single prioritized list is updated frequently to reflect the most up-to-date and real-time data as possible.
 - This requirement does not include homeless veterans or homeless youth, who have separate processes for prioritization for PSH projects that are dedicated to these populations.
- **Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic Homelessness:**
 - When selecting participants for housing, CANs and CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness are required to use the following order of priority that has been established by the CT BOS CoC and the *Statewide Coordinated Access Network Leadership Committee*, which is consistent with HUD Notice CPD-16-11:
 - People who meet the HUD definition of chronic homelessness and have a VISPDAT 2.0 score of at least 8 for individuals, a Family VISPDAT 2.0 score of at least 9 for families, or a Next Steps score of at least 8 for homeless youth. Housing Placement Teams will determine prioritization within this category based on the VISPDAT score, the length of history of homelessness, and other knowledge of the individual or family that may help measure severity of service needs.
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- Applicants will be prioritized based on VI SPDAT score and a consensus of severity of service needs from the local Housing Placement Committee. For example, applicants with a higher VI SPDAT score will be prioritized over other applicants with a lower VI SPDAT score.
- Exceptions to the specified order must be approved by consensus at the local CAN Housing Placement Committee. For example, an exception might be made by the Housing Placement Committee to prioritize an individual who has been living in an unsheltered location for 14 months and has a VI SPDAT 2.0 score of 17 over an individual who has been living in shelter for 15 months and has a VISPDAT 2.0 score of 13. When the Housing Placement Committee feels that the VISPDAT 2.0 or Next Step score does not reflect the individual's true service needs, a full SPDAT may be requested or required by the local CAN Housing Placement Committee before matching the homeless individual to a PSH program. For example, it may be helpful to conduct a full SPDAT when someone has 22 months of homelessness but has scored a 2 on the VISPDAT. When there is no consensus in the Housing Placement Committee for an exception, approval should be sought by the HUD grantee and/or funder of the program with the opening. CAN Housing Placement Committees should document all decisions, including the rationale for any exceptions to prioritization in meeting notes.
- Recipients must follow the order of priority while also considering any target populations served by the project as identified in the project application submitted to HUD. For example, a CoC Program-funded PSH project that targets homeless persons with a serious mental illness should follow the order of priority to the extent to which persons with serious mental illness meet the criteria. In this example, if there were no persons with a serious mental illness that also met the criteria of chronically homeless, the recipient should follow the order of priority for PSH when no chronically homeless person exists on the By-Name List (see below).
- Recipients must exercise due diligence when conducting outreach and assessment to ensure that chronically homeless individuals and families are prioritized for assistance based on their total length of time homeless and/or the severity of their needs. CT BOS recognizes that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients of CoC Program-funded PSH are not required to allow units to remain vacant indefinitely while waiting for an identified chronically homeless person to accept an offer of PSH. CANs and providers should continue to make attempts to engage those persons that have not accepted an offer of PSH and these chronically homeless persons

must continue to be prioritized for PSH until they are housed.

- **Prioritizing access to PSH when participants are transferred from a different PSH project:**

- Existing PSH participants being transferred from a different CTBOS PSH project are exempt from the order of priority established in HUD Notice CPD-16-11. Such transfers should be considered both within and across CAN's to best serve the needs of PSH participants and/or ensure efficient use of PSH resources. All PSH transfers must be coordinated through and approved by the appropriate local Coordinated Access Network(s) CAN(s) to ensure consistency with local priorities and that any resulting PSH vacancy is filled using the order of priority established in this policy and HUD Notice CPD-16-11, except in cases where existing CT BOS PSH participant households exchange units. In all cases, PSH units must be prioritized for eligible applicants residing in the CT BOS covered geography over eligible applicants residing in another CoC.

- **Order of priority for PSH when no chronically homeless person exists on the By-Name List or wants to live in the jurisdiction where the vacancy is:**

- When no chronically homeless person or no chronically homeless person who meets a project's HUD-approved target population criteria (e.g. families with children, youth under 25, veterans, domestic violence, mental illness, substance abuse, or HIV/AIDS) exists on the *Statewide By-Name List* that is maintained by the local CANs, and monitored by CT DOH and should be filtered to each local CAN for prioritization decisions, CANs and recipients of CoC Program-funded PSH are required to follow the order of priority below when selecting participants. CT DOH will continue to work with CANs to match eligible applicants to vacancies in their preferred geographic area, and homeless people may decline referrals that are inconsistent with their geographic preferences. Projects are required to follow the order of priority below when there is no eligible chronically homeless applicant who wishes to live in the geographic area (local CAN region) where the vacancy exists.

- **(a) First Priority—Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs**

An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation or in an emergency shelter but where the cumulative time homeless is at least 12 months **and**

has been identified as having severe service needs as demonstrated by a VI SPDAT 2.0 score of 8 or higher, a family VISPDAT 2.0 score of 9 or higher, or a Next Step score of 8 or higher.

➤ **(b) Second Priority—Homeless Individuals and Families with a Disability with Severe Service Needs.**

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation or in an emergency shelter for at least 8 months and has been identified as having severe service needs as demonstrated by a VI SPDAT 2.0 score of 8 or higher, a family VISPDAT 2.0 score of 9 or higher, or a Next Step score of 8 or higher.

➤ **(c) Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs.**

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation or an emergency shelter prioritized by the length of homeless history where the individual or family has not been identified as having severe service needs.

➤ **(d) Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing.**

An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, or in an emergency shelter. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

The bed will continue to be a dedicated or prioritized bed, however, so when that bed becomes vacant again it must be used to house a chronically homeless person unless there are still no persons who meet that criterion within the sub- CoC's geographic area at that time.

- **Projects that serve 100% CH Veterans**, and are unable to locate a CH Veteran to fill a vacancy, will follow the prioritization process detailed in the CT BOS Policies and Procedures which are based on *Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons* (<http://www.csh.org/wp-content/uploads/2015/04/CT-BOS-Policies-revised-4.6.15.pdf>) to house a NON-

CHRONIC homeless Veteran. For projects that have dedicated units for Veterans, but do not serve 100% Veterans, and are unable to locate a chronically homeless Veteran to fill a vacancy, the project will follow the prioritization process noted above to house a chronically homeless non-veteran.”

- **Prioritization and Fair Housing:** The Fair Housing Act prohibits discrimination in housing on the basis of race, color, religion, sex, family status, national origin or disability. Other than prohibiting the seven bases of discrimination listed above, the Act does not limit the considerations that may be taken into account in making a housing decision, or prevent the adoption of preferences as long as those preferences do not violate the rights of one of those seven classes. The Act permits preferences for persons who are disabled.

A. Notification of Vacancies

All Programs: All Emergency Shelter, Transitional Housing, Rapid Re-housing, and Permanent Supportive Housing Programs are required to report vacancies to the CAN within 12 hours of unit/bed availability. If providers know of an impending vacancy, they are required to report the anticipated availability date within 72 hours of being made aware of such availability. Programs must update vacancy information in HMIS within one business day of a unit/bed being filled.

B. Time frames and expectations for Responses to Referrals by Providers

Emergency Shelter

Provider must make a determination within two hours of a referred client presenting at the shelter regarding whether the client can be accommodated that night and must notify the CAN and enter that decision in HMIS within one business day. If at 7pm the referred individual or family does not arrive at the shelter to claim a bed, the ES program may offer that bed to another eligible client.

Transitional Housing and Rapid Rehousing

For RRH, within two business days of intake interview and receipt of a complete intake packet, and for TH, within three business days of the intake interview and receipt of a complete intake packet, staff will determine eligibility and acceptance or rejection into the program.

Permanent Supportive Housing

Within three days of intake interview and receipt of a complete intake packet, staff will determine eligibility and acceptance or rejection into the program.

C. Referrals from CAN to CAN (TBD)

D. Centralized Priority Lists

Emergency Shelter

When issuing a referral for Emergency Shelter that cannot be immediately accommodated because no vacancy exists, the *Coordinated Access Network* may assign the singles and families seeking services to a priority list.

Permanent Supportive Housing

The CoC has a centralized priority list for PSH and each CAN will have a list for their geographic area. When a provider has a vacancy, the next eligible person on the list will be referred to the program with the vacancy within 2 business days. To ensure that vacancies are promptly filled, the *Coordinated Access Network* may issue up to 3 referrals per vacancy.

Transitional Housing and Rapid Rehousing

When issuing a referral to Transitional Housing or Rapid-Re-housing when there are no vacancies, the *Coordinated Access Network* will assign the person/household seeking services to the priority list for TH or RR using the prioritization criteria described above.

When a vacancy becomes available, the *Coordinated Access Network* will, within one business day of receiving the vacancy notification, based on the prioritization criteria, determine the next single/family on the applicable priority list and refer them to the program. To ensure that vacancies are promptly filled, the *CAN* may, at its discretion, issue up to 3 referrals per vacancy.

Transitioning from existing wait lists to CA priority lists CT BOS suggests that Sub CoCs use the following process for the transition from existing wait lists to the new priority lists that will be used to determine referrals under a Coordinated Access system. 1) CANs choose a date to close the existing waitlists 2) CANs work with providers to review and purge current lists of households who are no longer eligible or cannot be found 3) CANs work with providers to administer the common assessment form for all households that remain on the wait list 4) CANs assemble a new unified priority list combining households from the previous waitlist with those assessed since wait lists were closed and determining priority order using eligibility and priority standards as adopted by the CoC/CAN.

E. Client/Consumer Choice – Preferences and Decline Policy

Consumers may decline a referral because of program requirements that are inconsistent with their needs or preferences. There is no limitation on this decline.

For example, consumers may decline participation in programs requiring sobriety. The *Receiving Program* must document the reason for client rejections.

The *Coordinated Access Network* will, at their discretion, require a case conference to review and resolve rejection decisions by consumers. The purpose of the case conference will be to resolve barriers to the client receiving the indicated and desired level of service.

F. Provider Decline Policy – Information to be provided, rules regarding rates of acceptance

Emergency Shelter

Emergency Shelters may only decline individuals and families found eligible for and referred by the *Coordinated Access Network* under limited circumstances, such as there is no actual vacancy available, the household presents with more people than referred by the *Coordinated Access Network*, or based on their individual program policies and procedures the Emergency Shelter has determined that the individual or family cannot be safely accommodated. The Emergency Shelter must report the reason for any decisions to reject a client. If the rejected client has not otherwise been accommodated for the night, the Emergency Shelter must refer the client back to the *Coordinated Access Network*, and document that outcome in HMIS.

Transitional Housing, Rapid Rehousing and Permanent Supportive Housing

Receiving Programs may only decline individuals and families found eligible for and referred by the *Coordinated Access Network* under limited circumstances, such as there is no actual vacancy available, the individual or family missed two intake appointments, the household presents with more people than referred by the *Coordinated Access Network*, or based on their individual program policies and procedures the *Receiving Program* has determined that the individual or family cannot be safely accommodated or cannot meet tenancy obligations with the supports provided by the program. Programs may not decline persons with psychiatric disabilities for refusal to participate in mental health services except as required by a funder. Providers must accept at least 2 of 3 referrals.

An intake decision notification will include at a minimum:

- first available move-in date, if applicable
- if applicable, reason the client cannot enter the program, Including reason for rejection by client or program, if applicable
- alternative recommendation regarding indicated housing model/exit option for the client with justification, if applicable, Instructions for appealing the decision, including the contact information for the person to whom and time frame under which the appeal should be submitted.

If the homeless individual or family is accepted, the *Receiving Program* must document that acceptance and notify applicant of acceptance within one business day. In all cases, best faith effort for prompt unit turnover should be made and, on average, units should be turned over within 5 business days.

If the homeless family or individual referred by the *Coordinated Access Network* has not presented at the *Receiving Program* within 3 business days from the intake appointment the *Receiving Program* must notify the *Coordinated Access Network* and document the no show. Should the client present at or call the *Receiving Program* after more than 3 days from the appointment, the *Receiving Program* must refer the client back to the *Coordinated Access Network*.

G. Clients declined by all referrals

The *Coordinated Access Network* may convene a case conference in the event that a client is declined by 3 programs. The purpose of the case conference will be to resolve barriers to the client receiving the indicated level of service. The *Coordinated Access Network* will determine, which parties will attend the case conference, including but not limited to the *Assessment Entity*, the *Receiving Programs*, the Funding Agency, the Client, and other Collateral Contacts as determined necessary.

H. Returns to Homelessness and Discharges without a Stable Placement

If an individual or family residing at a permanent housing project is at risk of returning to homelessness or an individual or family is being discharged from a transitional housing project or shelter without a stable placement, the service provider is required to notify the local CAN at the earliest possible point in the process. The CAN will convene a case conference to evaluate the situation, determine intervention(s) that might help to preserve housing or secure an alternative placement, plan for the best possible outcome and try to prevent a return to homelessness. This requirement does not apply in situations of imminent risk to self or others.

I. Holding Beds/Units to Locate People

Emergency Shelter

Once a referral is made to emergency shelter, the provider is required to hold a bed until 7pm (or the latest time possible given staffing limitations).

Transitional Housing, Rapid Rehousing and Permanent Supportive Housing

Once referral/s have been made by the *Coordinated Access Network*, the *Receiving Program* is required to hold the unit vacant for 5 days in order to locate and inform the individual/household of the availability of housing and arrange the intake.

J. Grievance and Appeal Policies

All households shall have the right to appeal eligibility determinations and individual program acceptance decisions. Appeals of program acceptance decisions should be first made to the receiving agency using their grievance process. The entity receiving the appeal must respond in writing to all appeals within 14 days.

All appeals of eligibility decisions made by a CAN and appeals of receiving program acceptance decisions that could not be resolved to the satisfaction of the applicant through the receiving agency's grievance process shall be managed in accordance with the CT Department of Mental Health and Addiction Services Appeals Process. That process entails these steps: 1) Informal conference with the Shelter Plus Care Screening Committee or an equivalent body that replaces S+C Screening Committees post full CAN implementation 2) Hearing with the DMHAS Appeal Panel 3) Final review with the Director of Housing and Homeless Services. Each step is available to the applicant if the previous step did not result in satisfactory resolution. (Final Decision TBD based on outcome of statewide CAN planning meeting – CT DMHAS policy to be updated to conform with CAN process)

DMHAS funded programs must comply with their appeals process. (See Section O for the CT Department of Mental Health and Addiction Services Appeals Process)

K. Process for Referrals to DV, VA and other non-HMIS programs including paper referrals

DV: See policy drafted by CCEH and the CT DV Network (See Section P). If the household does not wish to seek DV specific services, the household will have full access to the Coordinated Access Network programs and services.

Veterans: To be developed

L. Definitions

Chronically Homeless (HUD Definition):

HUD Released the Final Rule on Homeless Emergency Assistance and Rapid Transition to Housing: Defining "Chronically Homeless" on 12/4/15. The final rule defines chronic homelessness as follows:

(1) A "homeless individual with a disability":

- i. Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
- ii. Has been homeless and living as described in paragraph (1)(i) above continuously

for at least 12 months or on at least 4 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 (1)(i) above. 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 the institutional care facility;

(2) An individual who has been residing in an **institutional care** facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or

(3) **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 (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

DedicatedPLUS – A DedicatedPLUS project is a permanent supportive housing (PSH) project where the entire project will serve individuals and families that meet one of the following criteria at project entry:

1. Experiencing chronic homelessness as defined in 24 CFR 578.3;
2. Residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
3. Residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
4. Residing in transitional housing funded by a Joint transitional housing (TH) and rapid re-housing (PH-RRH) component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
5. Residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
6. Receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

Disability (HUD Definition):

A Physical, Mental or Emotional Impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that is expected to be long-continuing or of indefinite duration, substantially impedes the individual's ability to live independently, and could be improved by the provision of more suitable housing conditions; includes:

Developmental Disability Defined in §102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 USC 15002). Means a severe, chronic disability that is attributable to a mental or physical impairment or combination AND is manifested before age 22 AND is likely to continue indefinitely AND reflects need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. An individual may be considered to have a developmental disability without meeting three or more of the criteria listed previously, if Individual is 9 years old or younger AND has a substantial developmental delay or specific congenital or acquired condition AND without services and supports, has a high probability of meeting those criteria later in life.

HIV/AIDS Criteria Includes the disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

Literally Homeless (HUD Homeless Definition Category 1):

(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

O. DMHAS CoC Rental Assistance Appeal Process – excerpted from the DMHAS Permanent Supportive Housing Rental Assistance Administrative Plan (updated June 16, 2016)

Introduction

1. Any participant determined to be ineligible for or being terminated from CoC Rental Assistance has the right to appeal. There are several levels of appeal set out below.
2. At all stages of the appeal process, factual findings relating to the individual circumstances of the applicant shall be based on a preponderance of the evidence presented.
3. At all stages of the appeal process, any deadlines for the applicant will be liberally construed.

Informal Conference with the relevant CAN

1. If the relevant CAN finds that the applicant is not eligible, it will notify the applicant in writing, clearly stating the specific reasons for the ineligibility determination and informing the applicant that he/she has the right to appeal the ineligibility decision.
2. The appeal process may begin with an informal conference with the relevant CAN. The CAN shall provide the applicant/participant with a conference request form and a list of available advocates when it notifies the applicant/participant of the determination. The determination letter must be mailed to the applicant by first class mail and a copy will be maintained in the applicant/participant's file
3. When an applicant/participant requests an informal conference with the CAN, the informal conference shall be held within thirty (30) working days of the receipt of the request.
4. The CoC Rental Assistance Housing Office or CAN shall mail a notice of the informal conference to the applicant/participant. The notice of the informal conference shall include the date, time and place for the conference and a clear and specific statement of the issues presented and shall include a list of available advocates. The notice of the conference shall be mailed to the applicant/participant by first class mail.
5. The notice of informal conference with the CAN shall contain the following advisements:
 - b. The applicant/participant has a right to review and receive (free of charge before the informal conference) photocopies of the documents in the CoC Rental Assistance file upon which the determination being appealed is based.
 - c. The applicant/participant has the right to have a representative or advocate present at the informal conference with the CAN. A list of available advocates shall be provided with the notice of the informal conference.
 - d. The applicant/participant will be given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the initial decision at the informal conference.
 - e. The applicant/participant has the right to question any witnesses who may be present at the informal conference and to be informed in advance who those witnesses will be.
 - f. The applicant/participant has the right to bring his/her own witnesses and/or advocates to the informal conference.
6. If the applicant/participant has any special needs or accommodations or transportation problems which may affect his/her ability to attend the informal conference, he/she should contact the CoC Rental Assistance Housing Office. The relevant CAN shall conduct an informal conference with the applicant/participant.
7. At the conference, the applicant/participant and the CAN may make an agreement.
8. If the CAN and the applicant/participant do not reach an agreement, the CAN will inform the applicant/participant, in writing (mailed first class) of the specific reason(s) for the determination, and the applicant/participant's right to a formal

conference with the DMHAS Appeal Panel. That written notification will include a list of advocates.

9. The CAN shall make its determination and mail the notice of the determination to the applicant/participant within fifteen (15) working days following the informal conference.
10. The Housing Office staff CAN shall provide the applicant/participant with a hearing request form, which contains the name and address of the DMHAS Housing Director, and instructions for requesting a hearing orally.

Hearing with DMHAS Appeal Panel

This panel will have three members, one representing the DMHAS Housing Staff, one representing the DMHAS Recovery Community Affairs staff, and one representing a CoC Rental Assistance Housing Office outside of the CAN from which the appeal originated.

1. When an applicant/participant requests a hearing with the DMHAS Appeal Panel, the hearing shall be held within thirty (30) working days of the receipt of the request.
2. The notice of hearing shall include the date, time, and place of the hearing and a clear statement of the issues presented. The notice of the hearing shall be mailed to the applicant/participant by first class mail not less than 10 days before the scheduled hearing. The notice of hearing with the DMHAS Appeal Panel shall contain the same advisements as described in above section. (Section XIV, Part B 5)
3. At the hearing, evidence may be considered without regard to admissibility under the rules of evidence applicable to judicial proceedings. However, a decision to deny or terminate eligibility cannot be based on hearsay evidence alone. Applicants/ participants must have the opportunity to confront and cross examine adverse witnesses.
4. The DMHAS Housing staff shall keep a sign-in sheet of those who attended the hearing and a list of the documents discussed and witnesses present.
5. Within ten (10) working days of the hearing, the DMHAS Appeal Panel shall issue a written decision specifying the reasons for the decision and informing the applicant/participant that he/she can request a final review by the Review Panel. The decision shall be mailed to the applicant by first class mail and a copy will be maintained in the applicant/participant file.
6. DMHAS Housing staff shall provide the applicant/participant with a request form for the final review with the Review Panel, which contains the name and address of the Review Panel contact, and instructions for requesting a final review orally.

Final Review by Review Panel

1. When an applicant/participant requests a final review from the Review Panel, the final hearing shall be held within fifteen (15) working days of the receipt of the request.
2. The final review will be conducted by a Review Panel composed of three individuals:

- a. The first Review Panel member will be the DMHAS Team Leader.
 - b. The second Review Panel member will be a participant/applicant Advocate (not representing applicant), including but not limited to, NAMI, Legal Services, Connecticut Legal Rights Project, CT Community for Addiction Recovery (CCAR) and Advocacy Unlimited.
 - c. The DMHAS Team Leader and the Advocate will select a third Review Panel member. To qualify as a Review Panel member, the individual must have participated in the training workshop regarding this Administrative Plan and must not be a person (or a subordinate of a person) who made or approved the decision being appealed;
 - d. The Review Panel members will serve pro bono.
3. The notice of the final review shall include the date, time and place for the hearing and a clear and detailed statement of the issues. The notice of the hearing shall be mailed to the applicant/participant by first class mail not less than ten (10) days before the scheduled hearing. The notice shall contain the same advisements as stated above (Section XIV, Part B 5) and a copy will be maintained in the applicant/participant file.
 4. The Review Panel shall keep a sign-in sheet of those who attended the final review and a list of documents discussed and witnesses present.
 5. The final review shall be governed by the process described above in Section XIV Part C.
 6. The Review Panel shall issue a written decision within (15) working days of the final review, giving a short statement of the facts on which the decision is based.
 7. Copies of the Review Panel's decision shall be mailed to the applicant or participant by first class mail and retained in the applicant/participant's file.

Disputes/Complaints Regarding CoC Rental Assistance

When a participant has a dispute (complaint) about the administration of the CoC Rental Assistance Program (e.g., rent calculation, repair issues, mistreatment by the Housing Office, etc.) he/she may use the review process described in Section XIV of the administrative plan, including: A) Informal Conference with CAN; B) Hearing with DMHAS Appeal Panel C) Final Review by Review Panel

P. Domestic Violence Protocol

The CT BOS Continuum of Care is concerned about the safety of its tenants, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, stalking, or human trafficking. In accordance with the Violence Against Women Act (VAWA),¹ the CT BOS CoC has developed an emergency transfer plan, which allows tenants of transitional housing, permanent supportive housing, and rapid re-housing projects that receive federal, county, or state funds who are victims of domestic violence, dating violence, sexual assault, stalking or human trafficking to request an

¹ Despite the name of this law, VAWA protection is available to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

emergency transfer from the tenant's current unit to another unit. All recipients and subrecipients of federal, county, or state funds for transitional housing, permanent supportive housing, and rapid re-housing projects must follow this plan, which is included in the Appendix of this document.

An effective Coordinated Access System in CT:

- Includes domestic violence service providers in the coordinated access systems in every community:
 - Domestic violence providers are engaged in all phases of the Coordinated Access process from planning through implementation and evaluation.
 - Domestic violence providers are included in the day to day operations of the Coordinated Access system, including daily identification and coordination of services for domestic violence survivors.
- Has safety assessment options for survivors of domestic violence and offers immediate referral to domestic violence services if needed;
 - 211 call specialists, trained in working with survivors of domestic violence, will continue to serve as a front door for screening of domestic violence survivors and will make immediate referral to domestic violence services when needed.
- Provides an option for survivors to access the statewide network of domestic violence providers;
- Takes a trauma-informed approach;
 - Recognizes the prevalence of trauma and how it impacts people and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings.
 - Takes a thoughtful perspective on how assessment is completed and how many times survivors may be asked to tell their stories, the impact of these questions and the potential for re-traumatizing survivors in this process
- Screens for domestic violence in the initial steps of the coordinated access process;
 - CCADV or their member agencies will provide training on how to best screen for DV issues.
 - Screening questions for DV will be included in the HMIS Intake, that will indicate when referral to DV services may be needed
- Allows self-certification of homelessness for survivors of domestic violence (in accordance with federal law around eligibility for services that indicate that domestic violence survivors are considered homeless if they are actively fleeing)
- Provides for training of all coordinated access staff in the confidentiality and privacy rights of domestic violence survivors, included in the federal Violence Against Women Act (VAWA) and CT state law;
 - To be provided by CCADV or their member agencies
- Permits survivors and others to decline having their personal information entered into HMIS, and maintains confidentiality, without limiting their access to programs and services, in accordance with the Violence Against Women Act;

- Allows for anonymous entry of domestic violence survivors into HMIS in order to meet funder data entry requirements with a protocol to be determined.
- Encourages referrals for domestic violence survivors that are made based on knowledge of the programs and program types that are most appropriate for survivors of domestic violence;
- Provides for training of coordinated access staff on issues related to domestic violence survivors, including risk assessment and delivery of trauma-informed services;
 - Training will be provided by CCADV
- And recognizes that survivors connect to housing services most successfully when domestic violence service providers work in conjunction with homeless services providers.
 - Rapid rehousing, transitional housing and permanent supportive housing resources are critical for all homeless households entering the services system including survivors of domestic violence.

IX. Appendix

CT BOS CoC Participant/Applicant Bill of Rights

Adopted April 22, 2016

As a participant in or applicant to any emergency shelter, transitional housing, rapid re- housing, or permanent supportive housing project operating within the Connecticut Balance of State Continuum of Care (CT BOS CoC), **YOU HAVE THE RIGHT TO:**

- Not be discriminated against based on race, color, national origin, religion, sex, actual or perceived sexual orientation, gender identity/expression, disability or marital status.
- Not be denied admission or separated from members of your family based on any of these things.
- To decide for yourself who is a member of your family and to be served together with those people whether your family includes adults and children or just adults, or the age, disability, marital status, actual or perceived sexual orientation, or gender identity of any member of your family.
- To be placed in a shelter based on the gender with which you identify.
- If at any time you express safety or privacy concerns, the project must take reasonable steps to address your concerns.
- Not to be sexually harassed.

In addition, as a participant in any transitional housing, rapid re-housing, or permanent supportive housing project funded by CT BOS CoC **YOU HAVE THE RIGHT:**

- To be treated with respect and dignity and in a way that honors differences.
- To get services that meet your needs with a focus on helping you to get and keep permanent housing and achieve the things that are important to you.
- To not be physically, sexually, verbally and/or emotionally abused or threatened.
- To receive services that are consistent with the Housing First model (See details attached).

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- To receive a written statement describing the services provided by the project, any rules and your responsibilities and to receive an updated written statement if any changes are made.
- To have your personal information and records kept private and not shared without your written permission and to say with whom the information can be shared.
- To be informed of situations when your personal information can be shared without your permission, for example, when there is a medical emergency, when a clear and immediate danger to you or to others exists, when there is possible child or elder abuse, or when ordered by a court of law.
- To make suggestions and complaints about services or denial of services.
- To receive a prompt and reasonable response to requests and complaints.
- To have the freedom to participate in or choose not to participate in services and activities offered by the CoC project or by any other organization in the community.
- If you are no longer going to get services and/or housing, to get a written notice that includes a clear statement of the reasons, an opportunity to appeal the decision, and the right to receive a written notification of the final decision. This right applies whether you decide you no longer want the services or the project decides they can no longer serve you.
- If you are a participant in a tenant-based rental assistance program, you have the right to choose the housing unit you will live in and to move within the CT BOS CoC area when your lease expires. All housing units must meet HUD standards, and you may be directed to a smaller geographic area, if necessary, to ensure that you can get services, unless that would put you at likely threat of violence or stalking.
- To receive a copy of these rights and to have someone review them with you when you enter the project.

Please sign below to indicate that you received a copy of these rights and someone reviewed them with you. More information about your rights and what you can do if you believe your rights have been violated is attached.

Participant/Applicant Name	Participant/Applicant	Signature Date
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Staff Name

Staff Signature Date

CT BOS CoC Participant/Applicant Bill of Rights

ADDITIONAL INFORMATION ABOUT YOUR RIGHTS

- A shelter or housing program is allowed to limit assistance to households with children; however, it may not limit assistance to only women with children and must also serve the following family types:
 - o Single men with minor children; and
 - o Any household made up of two or more adults with minor children, regardless of sexual orientation, marital status, or gender identity,
- Projects may not ask about your sexual orientation or gender identity to determine if you are eligible. This does not mean that you cannot choose to share that information. Emergency shelters may ask about your sex if they have shared sleeping areas or bathrooms. Other types of projects may also ask about your family members' sex to determine the number of bedrooms you need.
- There, generally, is no reason for a provider to request documentation of your sex in order to determine where to place you. You should not be denied access to a single- sex emergency shelter because your documents indicate a sex different than the gender with which you identify. The provider may not ask you questions or seek information or documentation about your anatomy or medical history. The provider also may not consider you ineligible for an emergency shelter or other facility because your appearance or behavior does not conform to gender stereotypes.
- Reasonable steps that a provider must take to address a transgender client's safety or privacy concerns, include, for example: adding a privacy partition or curtain; allowing you to use a nearby private restroom or office; or having a separate changing schedule. The provider must permit any transgender clients expressing concern to use bathrooms and dressing areas at a separate time from others in the facility. The provider should work with the layout of the facility to provide for privacy in bathrooms and dressing areas, if possible. For example, toilet stalls should have doors and locks and there should be separate showers stalls to allow for privacy. The provider should ensure that its policies do not isolate or segregate you based upon your gender identity.

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WHAT CAN I DO IF I FEEL MY RIGHTS HAVE BEEN VIOLATED?

- If your family has been separated or you believe your rights have been violated in any other way, you can submit a complaint to the CT BOS CoC at ctboscoc@gmail.com
- You can also contact the HUD Hartford Field Office at (860) 240-4800.
- If you believe you have been discriminated against based on race, color, national origin, religion, sex, disability, or familial status, you can file a fair housing complaint with HUD by telephone (800-669-9777) or via the Internet. Follow this link to fill out a fair housing complaint form [online](#).

Connecticut's anti-discrimination laws also protect people who are gay, lesbian, bi-sexual, and transgender. You may file a complaint in person or in writing at the **Connecticut Commission on Human Rights and Opportunities (CHRO)**. The main office of the CHRO is at 21 Grand St., Hartford, CT 06106. You should call them because they will want you to file your case in the appropriate regional office. Their number is (800) 477-5737 and you can visit their website at www.state.ct.us/chro

CT BOS HOUSING FIRST PRINCIPLES

Housing First is a programmatic and systems approach that centers on providing homeless people with housing quickly and *then* providing services as needed using a low barrier approach that emphasizes community integration, stable tenancy, recovery and individual choice.

Low barrier approach to entry:

Housing First offers individuals and families experiencing homelessness immediate access to permanent supportive housing without unnecessary prerequisites. For example:

- a. Admission/tenant screening and selection practices do not require abstinence from substances, completion of or compliance with treatment, or participation in services.
- b. Applicants are not rejected on the basis of poor or lack of credit or income, poor or lack of rental history, minor criminal convictions, or other factors that might indicate a lack of "housing readiness."

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- c. Blanket exclusionary criteria based on more serious criminal convictions are not applied, though programs may consider such convictions on a case by case basis as necessary to ensure the safety of other residents and staff.
- d. Generally, only those admission criteria that are required by funders are applied, though programs may also consider additional criteria on a case by case basis as necessary to ensure the safety of tenants and staff. Application of such additional criteria should be rare, and may include, for example, denial of an applicant who is a high risk registered sex offender by a project serving children, or denial of an applicant who has a history of domestic violence involving a current participant.

Community integration and recovery:

Housing is integrated into the community and tenants have ample opportunity and are supported to form connections outside of the project.

- a. Housing is located in neighborhoods that are accessible to community resources and services such as schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks, and other recreation facilities.
- b. Efforts are made to make the housing look and feel similar to other types of housing in the community and to avoid distinguishing the housing as a program that serves people with special needs.
- c. Services are designed to help tenants build supportive relationships, engage in personally meaningful activities, and regain or develop new roles in their families and communities.
- d. Services are recovery-based and designed to help tenants gain control of their own lives, define their personal values, preferences, and visions for the future, establish meaningful individual short and long-term goals, and build hope that the things they want out of life are attainable. Services are focused on helping tenants achieve the things that are important to them and goals are not driven by staff priorities or selected from a pre-determined menu of options.

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Lease compliance and housing retention

- Tenants are expected to comply with a standard lease agreement and are provided with services and supports to help maintain housing and prevent eviction. Visitors are expected to comply with requirements in the lease agreement.
 - a. Leases do not include stipulations beyond those that are customary, legal, and enforceable under Connecticut law.
 - b. No program rules beyond those that are customary, legal, and enforceable through a lease are applied (e.g., visitor policies should be equivalent to those in other types of permanent, lease-based housing in the community). Housing providers may ask for identification from visitors.
 - c. Services are designed to identify and reduce risks to stable tenancy and to overall health and well-being.
- Retention in housing is contingent only on lease compliance and is not contingent on abstinence from substances or compliance with services, treatment or other clinical requirements. For example:
 - Tenants are not terminated involuntarily from housing for refusal to participate in services or for violating program rules that are not stipulated in the lease.
 - Transitional housing programs offer participants due process to resolve issues that may result in involuntary discharge (unless immediate risk to health and safety)
 - PH providers only terminate occupancy of housing in cases of noncompliance with the lease or failure of a tenant to carry out obligations under Connecticut's Landlord and Tenant Act (Chapter 830 of the Connecticut General Statute <http://www.cga.ct.gov/2011/pub/chap830.htm>).
 - In order to terminate housing, PH providers are required to use the legal court eviction process

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Separation of housing and services eviction process

Projects are designed in such a manner that the roles of property management (e.g., housing application, rent collection, repairs, and eviction) and supportive services staff are clearly defined and distinct.

- a. Property management and support service functions are provided either by separate legal entities or by staff members whose roles do not overlap.
- b. There are defined processes for communication and coordination across the two functions to support stable tenancy.
- c. Those processes are designed to protect client confidentiality and share confidential information on a need to know basis only.

Tenant Choice

- Efforts are made to maximize tenant choice, including type, frequency, timing, location and intensity of services and whenever possible choice of neighborhoods, apartments, furniture, and décor.
- Staff accepts tenant choices as a matter of fact without judgment and provides services that are non-coercive to help people achieve their personal goals.
- Staff accepts that risk is part of the human experience and helps tenants to understand risks and reduce harm caused to themselves and others by risky behavior.
- Staff understands the clinical and legal limits to choice and intervenes as necessary when someone presents a danger to self or others.
- Staff helps tenants to understand the legal obligations of tenancy and to reduce risk of eviction.
- Projects provide meaningful opportunities for tenant input and involvement when designing programs, planning activities and determining policies.