Before Starting the CoC Application

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

The Collaborative Applicant is responsible for reviewing the following:

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

 2. The FY 2019 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
- 3. All information provided to ensure it is correct and current.
- 4. Responses provided by project applicants in their Project Applications.5. The application to ensure all documentation, including attachment are provided.
- 6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

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

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

1A-1. CoC Name and Number: CT-505 - Connecticut Balance of State CoC

1A-2. Collaborative Applicant Name: Connecticut Department of Mental Health and

Addiction Services

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Connecticut Coalition to End Homelessness

1B. Continuum of Care (CoC) Engagement

Instructions:

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

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

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

1B-1. CoC Meeting Participants.

For the period of May 1, 2018 to April 30, 2019, applicants must indicate whether the Organization/Person listed:

1. participated in CoC meetings:

FY2019 CoC Application

- 2. voted, including selecting CoC Board members; and
- 3. participated in the CoC's coordinated entry system.

Organization/Person	Participates in CoC Meetings	Votes, including selecting CoC Board Members	Participates in Coordinated Entry System
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	Yes
Local Jail(s)	Yes	Yes	Yes
Hospital(s)	Yes	Yes	Yes
EMS/Crisis Response Team(s)	Yes	Yes	Yes
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Disability Service Organizations	Yes	Yes	Yes
Disability Advocates	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes

Page 3

09/25/2019

Youth Advocates	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Domestic Violence Advocates	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	Yes
LGBT Service Organizations	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Mental Illness Advocates	Yes	Yes	Yes
Substance Abuse Advocates	Yes	Yes	Yes
Other:(limit 50 characters)			
AIDS CT	Yes	Yes	Yes
Corporation for Supportive Housing	Yes	Yes	Yes
Partnership for Strong Communities	Yes	Yes	Yes
	•		

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

Applicants must describe how the CoC:

- 1. solicits and considers opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
- 2. communicates information during public meetings or other forums the CoC uses to solicit public information;
- 3. takes into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness; and
- 4. ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats, e.g., PDF. (limit 2,000 characters)
- 1)The CoC solicits & considers input from a broad range of stakeholders through the CoC Board (Reaching Home Coordinating Committee -RHCC), CoC Steering Committee (SC) & a variety of subcommittees (e.g., HMIS, Youth Advisory Board YAB, & Crisis Response, Families with Children, Health/Housing & Veterans Workgroups). Most committees meet monthly. Participants include individuals/organizations with extensive knowledge of homelessness from the housing, health, education, employment, DV, food insecurity, advocacy, philanthropy, faith, business, government & non-profit sectors & people experiencing homelessness, including youth. Monthly SC meetings are open to the public & include 8 state/federal agencies, 12 Coordinated Access Network (CAN) representatives for 6 different regions, 5 advocacy organizations & 2 formerly homeless persons. The CoC communicates critical information & seeks stakeholder & public input on policies, evaluation methodologies & other decisions through an email listsery,

FY2019 CoC Application	Page 4	09/25/2019
------------------------	--------	------------

website & semi-annual meetings for this specific purpose 2) All CoC mtgs are public & meeting announcements, minutes, & agendas are posted on the CoC website & announced via email. Announcements of public forums & comment opportunities are disseminated through the Reaching Home (2500+ recipients) & CoC (400+ recipients) email listservs. 3) The CoC considers input into how to plan, fund & execute solutions to homelessness as follows: committees, including YAB, convene stakeholders & synthesize & present their feedback to the SC; CoC staff compile feedback from emails & calls & present that feedback to the SC; SC holds at least one meeting to obtain input prior to each vote. 4) The CoC has developed & is implementing a plan to ensure accessible communication, including use of TRS phone service, ensuring availability of & notification regarding auxiliary aids/services & assessing/remediating accessibility issues on the CoC's website & in electronic communications/documents.

1B-2. Open Invitation for New Members.

Applicants must describe:

- 1. the invitation process;
- 2. how the CoC communicates the invitation process to solicit new members:
- 3. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats;
- 4. how often the CoC solicits new members; and
- 5. any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC. (limit 2,000 characters)
- 1) Membership in the CoC is open to the public. Opportunities to join are announced via email & the CoC website at least twice per year. The public can join multiple free email listservs via the CoC website. All CoC, Coordinated Access Networks (CAN) & Reaching Home (the CoC's parent coalition) work groups are open to the public. 2) The CoC solicits new members at least twice/year via announcements of public semi-annual meetings. In addition, other meeting announcements, minutes & upcoming meeting agendas are posted on the CoC & the Reaching HOME websites at least monthly. Each CoC meeting announcement goes out to over 400 individuals & a Reaching Home email newsletter is distributed to 2500 individuals. All CoC meetings are also posted publicly on the CoC's website. 3) The CoC has developed & is implementing a plan to ensure accessible communication, including use of TRS phone service, ensuring availability of & notification regarding auxiliary aids/services & assessing/remediating accessibility issues on the CoC's website & in electronic communications/documents. 4) The CoC is always soliciting new members through the website, emails & various committee & work group meetings. The CoC formally solicits new members to join at least twice annually 5) The CoC Board & Steering Committee (SC) each have two formerly homeless persons as voting members. The SC works closely w/CT Coalition to End Homelessness & providers to ensure that consumers know about CoC meetings & participate. CCEH solicits people who have experienced homelessness to be on the PIT committee to participate in the count. Every CAN has homeless/formerly homeless persons on the PIT committee & participating in the count. The CoC has a Youth Advisory Board (YAB) & every

FY2019 CoC Application	Page 5	09/25/2019
= 0 . 0 0 0 0 7 . ppoao		00, 20, 20.0

CAN has a Youth Engagement Team Initiative (YETI) that includes young adults with lived homelessness experience. CoC partners conduct outreach to ensure that the YAB, YETIs, CANs, SC & other committees have engaged consumers.

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

Applicants must describe:

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

(limit 2,000 characters)

1)CTBOS publicly distributes RFPs for new projects via its website, email list & websites/listservs of statewide organizations. Anyone can join the CoC's email list via the web. The RFP was also posted on Facebook & Twitter. The RFPs state that all entities that meet HUD eligibility criteria are encouraged to apply, including those that have not previously received CoC funds. The RFPs reached hundreds of organizations. TA was provided to ensure the process was accessible to all applicants. RFPs provided a deadline, instructions for submission and detailed instructions to ensure accessibility of the process to organizations not previously funded. 2) The CoC Scoring Committee is comprised of non-conflicted individuals with experience in homelessness, affordable housing, and grant making. The committee met twice and used a scoring tool based on objective criteria that evaluated: agency capacity and experience, whether the project filled a critical gap, alignment with Housing First, and plans for prompt project start-up, rapid housing and increasing participant employment/income. DV projects were assessed on additional criteria including ensuring client safety and use of strengths-based, survivorcentered and trauma-informed approaches. New projects were selected for inclusion in the 2019 application to HUD based on the score received and the top scoring projects are included in this submission. 3) The CoC publicly announced it was open to proposals for new projects on 5/1, 5/3, 5/13, and 5/29/19. RFPs were posted on the CoC and partner websites and social media and sent to numerous publicly accessible email listservs. 4) The CoC has developed & is implementing a plan to ensure accessible communication. including use of TRS phone service, ensuring availability of & notification regarding auxiliary aids/services & assessing/remediating accessibility issues on the CoC's website & in electronic communications/documents. 5)n/a

F12019 COC Application Page 0 09/25/2019	FY2019 CoC Application	Page 6	09/25/2019
--	------------------------	--------	------------

1C. Continuum of Care (CoC) Coordination

Instructions:

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

Resources:

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

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

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

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

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

FY2019 CoC Application	Page 7	09/25/2019
------------------------	--------	------------

1C-2. CoC Consultation with ESG Program Recipients.

Applicants must describe how the CoC:

- 1. consulted with ESG Program recipients in planning and allocating ESG funds;
- 2. participated in the evaluating and reporting performance of ESG Program recipients and subrecipients; and
- 3. ensured local homelessness information is communicated and addressed in the Consolidated Plan updates. (limit 2,000 characters)
- 1)ESG recipients include the CT Department of Housing (DOH) & the jurisdictions of Waterbury, Hartford & New Haven. During a standing agenda item at each monthly Steering Committee (SC) meeting, DOH reports on ESG monitoring activities, services & outcomes & seeks input on the planning & allocation of ESG funds. Steve DiLella, SC Co-Chair & DOH representative to the SC brings feedback, including funding priorities, from the SC to DOH & uses this information in planning & allocating ESG funds. At the May 2019 SC meeting, Michael Santoro of DOH presented the State of CT Action Plan, which included ESG allocations. The SC provided feedback and endorsed the plan, which is posted on the CT BOS website. The CoC also gives input on the allocation of ESG through the local Coordinated Access Networks (CANs). In Waterbury, Hartford & New Haven, ESG entitlement communities, CAN SC representatives work with ESG recipients on planning, allocation, performance standards & monitoring for ESG projects. 2) The CoC participates in ESG evaluation through the CoC Reaching Home Retooling Workgroup; the group is finalizing performance measures for all ESG programs to ensure alignment across ESG jurisdictions. CAN staff along with CoC funded agencies provided feedback and suggestions to ESG recipients on subrecipient performance. Performance outcome data for ESG funded RRH & ES projects are publicly available at ctcandata.org. 3) The CoC provided 2019 HIC/PIT homeless counts for inclusion in Con Plan updates for all 17 Con Plan jurisdictions & regions covered by the State Con Plan. Additional local data, including avg length of stay, income changes, exit destination, returns, & # of households served is available for each CAN & all HMIS participating projects at ctcandata.org. DOH ensures local information is addressed in state Con Plan updates. CANs work w/the other jurisdictions to ensure local information is communicated & addressed in Con Plan updates.

1C-2a. Providing PIT and HIC Data to Yes to both Consolidated Plan Jurisdictions.

Applicants must indicate whether the CoC provided Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area.

1C-2b. Providing Other Data to Consolidated Yes

FY2019 CoC Application	Page 8	09/25/2019

Plan Jurisdictions.

Applicants must indicate whether the CoC ensured local homelessness information is communicated to Consolidated Plan Jurisdictions within its geographic area so it can be addressed in Consolidated Plan updates.

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.

Applicants must describe:

- 1. the CoC's protocols, including protocols for coordinated entry and the CoC's emergency transfer plan, that prioritize safety and incorporate trauma-informed, victim-centered services; and
- 2. how the CoC, through its coordinated entry, maximizes client choice for housing and services while ensuring safety and confidentiality. (limit 2,000 characters)
- 1)The CoC adopted an Emergency Transfer (ET) plan requiring all providers & Coordinated Access Networks (CANs) to use consistent procedures that prioritize safety. Victims of DV, dating violence, sexual assault, stalking &/or trafficking who identify a threat of imminent violence if remaining in their current dwelling can request an ET to a new unit. All recipients of federal & state funds are required to follow the ET plan. That plan & CAN protocols emphasize safety & access to trauma-informed/victim-centered services for survivors (e.g., same day matching when a survivor needs to flee quickly). Upon DV disclosure, CÁNs & providers refer households to the confidential, 24-hour DV hotline, which provides lethality screening & connection to DV shelter & other services. Survivors with high lethality scores are prioritized on the by-name list (BNL) 2) Survivors can opt to receive DV-specific or other services. Access to CoC, ESG, DOJ, HHS, & CT DSS funded programs is offered through CANs & the DV hotline. Households choose the type & location of services they prefer & have full access to CoC resources via the CANs. A range of services including ES, TH, PSH, RRH, Host Homes, crisis intervention, safety planning, counseling, legal services, financial planning & pet services are available to help ensure safety. Households fleeing DV are assessed via the VI-SPDAT & added anonymously to the BNL. CANs make accommodations to reduce victim returns to areas that may increase risk of violence, & CAN Housing Matching Committees partner with survivors to consider unique circumstances & determine which types of assistance best enable stable housing and safety while honoring survivor choice. DV providers do not enter personally identifiable information into HMIS but are required to create a record in the comparable database so that data is gathered without compromising client confidentiality. CAN protocols maintain confidentiality, without limiting survivor access to programs.

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

Applicants must describe how the CoC coordinates with victim services providers to provide training, at least on an annual basis, for:

FY2019 CoC Application	Page 9	09/25/2019
------------------------	--------	------------

1. CoC area project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence; and

2. Coordinated Entry staff that addresses safety and best practices (e.g., Trauma Informed Care) on safety and planning protocols in serving survivors of domestic violence. (limit 2,000 characters)

 The CoC holds quarterly cross-system trainings to instruct CoC area project & Coordinated Access Network (CAN) staff on protocols & best practices in serving survivors. Training includes CAN protocols for DV survivors, administering the VI-SPDAT, available housing resources, & how to safely collect & record personal information. Trainings cover best practices such as client-centered services (e.g., affirming the client's ability/right to make decisions) & trauma-informed care (e.g., not requiring victims to retell their stories). DV provider staff are trained on entering data into the comparable database to ensure compatibility with the by-name list without compromising confidentiality. DV advocates are certified for competency in privacy, confidentiality, risk assessment and trauma-informed care. Additional in person and web-based training is provided to DV, sexual assault, homeless services, and CAN staff multiple times per year on topics including: how to access, coordinate and reduce gaps in services for clients who have experienced sexual assault; working with people who have experienced multiple traumas, especially women, people with disabilities, LGBTQ people, and other underserved communities; how to make informed referrals that strengthen providers' responses to survivors; and how to combat human trafficking, & engage & connect trafficking survivors to resources. This includes information on trafficker profiles, recruitment strategies, victim profiles, and methods of control that facilitate trafficking. The CoC is providing Critical Time Intervention training for DV RRH project staff. 2) As described under #1, the CoC provides training at least quarterly for Coordinated Entry staff that addresses best practices (e.g., Trauma-informed Care and client-centered services) on safety and planning protocols for serving survivors. This includes presenting options, discussing pros and cons and supporting survivors to make informed, personal decisions.

1C-3b. Domestic Violence–Community Need Data.

Applicants must describe how the CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

The CoC uses data from an HMIS comparable database (i.e., Efforts to Outcomes -ETO). This anonymous system was created with input from national partners & allows for collection of data while ensuring VAWA compliance. The CoC uses de-identified, disaggregated data from ETO to identify special needs related to DV, dating violence, sexual assault, & stalking (e.g., to understand the demographic makeup of the DV population, previous living situations, sources & amounts of employment & non-employment income, & information on disabling conditions). The CoC uses these data to inform service delivery and training needs. For example, the information has been used to identify the increasing number of young families & provide additional resources & trainings geared towards serving that specific population. In addition, information from this system is used to evaluate the extent to which CoC funded DV projects are

FY2019 CoC Application	
------------------------	--

meeting the needs of survivors, e.g., increasing earned & other income, ensuring enrollment in non-cash benefits, exiting participants to permanent housing (PH), & helping participants to maintain PH. DV providers are trained on entering data into ETO to ensure data quality & compatibility with the byname list (BNL) without compromising client confidentiality. In addition, the CoC uses 2 other data systems to assess survivors needs: 1) All HUD required data is collected & entered by non-victim service providers about DV survivors into HMIS. Survivors sign a consent to be entered into HMIS & are counseled around any potential risks to safety. 2) Data from the DV provider coalition data system are also used. For example, these data have revealed that outside of basic needs at 22.1%, survivors identified housing as their next greatest need at 17.2% & that DV shelters in CT routinely operate at 125.6% of project capacity. The CoC uses the data from all three systems to assess survivors needs, understand gaps, and plan project and systems improvements.

*1C-4. PHAs within CoC. Attachments Required.

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

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2018 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On
Connecticut Department of Housing	42.00%	Yes-HCV	Yes-HCV
City of Hartford PHA	54.00%	Yes-HCV	Yes-HCV

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

Applicants must:

- 1. provide the steps the CoC has taken, with the two largest PHAs within the CoC's geographic area or the two PHAs the CoC has working relationships with, to adopt a homeless admission preference—if the CoC only has one PHA within its geographic area, applicants may respond for one; or
- 2. state that the CoC does not work with the PHAs in its geographic area. (limit 2,000 characters)
- 1)Both of the noted PHAs have successfully implemented homeless preferences as evidenced by their rates of homelessness upon entry of 42% for CT Dept. of Housing (DOH) and 54% for Hartford Housing Authority (HHA). DOH is represented on the CoC Steering Committee and HHA has close ties to the CoC. Therefore, they have been and continue to be made aware of the continuing need for affordable housing options for those experiencing homelessness and the critical nature of PHA-CoC partnerships. These PHAs have worked with the CoC to develop policies whereby homelessness is verified by CoC partners and applications submitted and/or recommended through CoC Coordinated Access Networks. The CoC works in close collaboration with the HUD Hartford Field Office and PHAs throughout the CoC to create more

FY2019 CoC Application	Page 11	09/25/2019

opportunities for persons experiencing homelessness to have admission preferences in HCV and public housing. The CoC and HUD Hartford Field Office have held roundtables to bring PHAs, providers, government staff & officials together to encourage preferences, providing a forum for each (CoC & PHA) to understand the other's system, promoting the development of common goals, providing the steps necessary to implement a preference and some insight as to what to expect once the preference for homeless households has been enacted. New partnerships are developing and PHAs who currently do not have homeless admission preferences are working towards creating them. Each of the 7 Coordinated Access Networks throughout CT BOS has PHAs as active members to foster those partnerships and improve system-wide ability to meet the need for affordable housing. 2) n/a

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

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

Yes

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

The CoC has a Moving On preference with both the CT Dept. of Housing (DOH) & City of Hartford PHA. The Connecticut Housing Finance Authority, CT Dept. of Mental Health & Addiction Services & DOH have created an opportunity for residents in PSH to move into newly developed LIHTC units. DMHAS created an acuity index to assess a household's readiness to move on from PSH. If a tenant chooses to make such a move, the PSH provider assists the tenant in making the move to the LIHTC property. Several other PHAs have homeless preferences, & the CoC continues to work to increase Move-On preferences with them as well as other PHAs. The Reaching Home Affordable Housing Workgroup has been working to create an inventory of additional LIHTC projects with dedicated homeless units to use as potential moving-on options from PSH, making them accessible through the Coordinated Access Networks. DOH sets aside 51 Mainstream Vouchers for tenants who are ready to move out of CoC or state funded PSH projects.

1C-5. Protecting Against Discrimination.

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

CT Human Rights Law is extremely comprehensive & prohibits discrimination in employment, housing, public accommodations & credit transactions based on age, ancestry, color, race, criminal record, genetic information, disability, national origin, religion, sex, pregnancy, sexual orientation, gender identity or

FY2019 CoC Application	Page 12	09/25/2019
1 1 20 13 COC Application	I age 12	03/23/2013

expression, or workplace hazards to reproductive systems. All public & private human service programs in the CoC, regardless of funding source, are legally required to follow the law. Further steps to address all forms of discrimination in CT BOS include the following BOS Policies & Procedures which apply regardless of funding source: "Providers shall have nondiscrimination policies in place & assertively outreach to people least likely to engage in the homeless system" & "Providers shall comply w/all Federal statutes including, the Fair Housing Act & the ADA." All projects are required to document provision of a "CT BOS CoC Client Bill of Rights" to each applicant & participant, outlining fair housing, equal access rights & instructions on filing complaints. Also, the CoC's Coordinated Access Network(CAN)policies require all projects participants in CAN, regardless of funding source (includes all ES, TH, RRH, PSH & OPH projects located in the CoC), to comply with HUD's Equal Access rules, BOS's policy above, & all federal nondiscrimination & equal opportunity requirements, including the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, & Titles II & III of the Americans with Disabilities Act. For discrimination under the Fair Housing Act, the CoC conducts regular Managing HUD Grants training & utilizes the CT Fair Housing Center, which provides multiple trainings annually throughout CT. CTBOS monitors Fair Housing compliance during program monitoring. The CoC also conducted annual training on: Safe & Fair Housing for the LGBTQ Community, Equal Access, & held a 3-part series in addressing racial inequities in housing.

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

Applicants must indicate whether the CoC implemented an antidiscrimination policy and conduct training:

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively address discrimination based on any protected class under the Fair Housing Act?	
3. Did the CoC conduct annual training on how to effectively address discrimination based on any protected class under 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing?	Yes

*1C-6. Criminalization of Homelessness.

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

1. Engaged/educated local policymakers:	Х
2. Engaged/educated law enforcement:	Х
3. Engaged/educated local business leaders:	Х
4. Implemented communitywide plans:	Х

FY2019 CoC Application	Page 13	09/25/2019
------------------------	---------	------------

5. No strategies have been implemented:	
6. Other:(limit 50 characters)	
Advocated for Changes in Local Ordinances	X

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

Applicants must:

- 1. demonstrate the coordinated entry system covers the entire CoC geographic area;
- 2. demonstrate the coordinated entry system reaches people who are least likely to apply for homelessness assistance in the absence of special outreach; and
- 3. demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner. (limit 2,000 characters)

1)CT BOS has 6 regional Coordinated Access Networks (CANs) that cover 100% of the CoC's geographic area. 211, a statewide response system that provides 24-hour referrals, offers resources to resolve housing crises & if unable to resolve, connects HHs w/their local CAN. 211 also covers 100% of the CoC geographic area. 211 uses CT's largest human service database w/4,100 agencies offering 40,000+ programs 2) CANs ensure intake can happen at any location (jail, hospital, streets). For clients unable/unwilling to travel to the usual CAN intake points, outreach workers assist to ensure access. Outreach teams in each CAN focus on assessing & connecting the most vulnerable unsheltered people to the CAN system. Each CAN is responsible for making targeted efforts to engage those w/the greatest difficulty accessing the system due to geography, physical or mental disability, or concerns about personal safety. At sites across the CoC, including those communities w/a high proportion of racial/ethnic minorities, 211 disseminates multi-lingual marketing info. 211 is responsible for affirmatively marketing housing & services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, handicap or who are least likely to apply in the absence of special outreach. For example, 211 advertises widely w/ materials in English & Spanish in churches, mosques, libraries, on public transportation, & on billboards. 3) CANs complete assessments using a standardized tool (VI-SPDAT) to ensure prioritization of people most in need of assistance for housing. All CoC & state funded housing projects for the homeless are required to accept referrals only from the By Name List, which prioritizes based on need in accordance w/criteria established in CAN policies. PSH prioritizes in accordance w/CPD 16-11. The HMIS administrator monitors wait-time for CAN appointments, provides data to CANs, & CANs work to ensure that people receive assistance in a timely manner.

FY2019 CoC Application	Page 14	09/25/2019

Applicant: Connecticut Balance of State Continuum of Care

Project: CT-505 CoC Registration 2019

CT-505 COC_REG_2019_170476

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

Resources:

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

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

1D-1. Discharge Planning Coordination.

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

Foster Care:	Х
Health Care:	Х
Mental Health Care:	Х
Correctional Facilities:	Х
None:	

FY2019 CoC Application	Page 15	09/25/2019
1 12019 COC Application	raye 13	09/23/2019

1E. Local CoC Competition

Instructions

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

Resources:

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

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

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

Applicants must indicate whether the CoC:

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

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

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

1. Used objective criteria to review and rank projects for funding (e.g., cost effectiveness of the project, performance data, type of population served);		
2. Included one factor related to improving system performance (e.g., exits to permanent housing (PH) destinations, retention of PH, length of time homeless, returns to homelessness, job/income growth, etc.); and		
3. Included a specific method for evaluating projects submitted by victim services providers that utilized data generated from a comparable database and evaluated these projects on the degree they improve safety for the population served.	Yes	

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

FY2019 CoC Application	Page 16	09/25/2019
------------------------	---------	------------

Applicants must describe:

1. the specific severity of needs and vulnerabilities the CoC considered when reviewing and ranking projects; and

2. how the CoC takes severity of needs and vulnerabilities into account when reviewing and ranking projects. (limit 2,000 characters)

1)The CTBOS Review and Ranking process considers each project's success in achieving measurable outcomes for individuals and families with the highest service needs and the longest experience of homelessness in a "housing first" housing assistance model. The CoC funds only projects that have low barriers to entry and that serve exclusively the hardest to serve populations as prioritized and referred by a Coordinated Access Network (CAN). All projects are required to serve the most vulnerable households matched by the CAN to the intervention type they offer. The most vulnerable households with the greatest needs are matched to PSH, Transitional Housing is reserved exclusively for youth and DV survivors, and RRH serves those with the greatest needs who are not matched to PSH. CT BOS considers these specific needs/vulnerabilities: chronic homelessness, utilization of crisis services, criminal justice system involvement, victimization/abuse/DV, and substance use, for example. 2) The performance targets that CT BOS uses to evaluate and rank projects vary by component type. For example, the target for the % of PSH participants who increase earned income is lower than for TH & RRH. given the higher need population served in PSH. Criteria also differ for projects serving youth and DV projects. This approach ensures that the evaluation and ranking process is not biased against projects serving the hardest to serve populations. The CoC's renewal evaluation tool generates a project score based on HUD systems performance and other measures (e.g., increasing employment and other income, exits to/retention in housing, returns to homelessness, length of time homeless, consumer satisfaction, etc.). scores are used to rank projects.

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

Applicants must:

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

Public Posting of Objective Review and Ranking Process

Public Posting of CoC Consolidated Application including: CoC Application, CoC Priority Listing, Project Listings

FY2019 CoC Application	Page 17	09/25/2019
------------------------	---------	------------

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

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

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

Reallocation: 8%

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

Applicants must:

- 1. describe the CoC written process for reallocation;
- 2. indicate whether the CoC approved the reallocation process;
- 3. describe how the CoC communicated to all applicants the reallocation process:
- 4. describe how the CoC identified projects that were low performing or for which there is less need; and
- 5. describe how the CoC determined whether projects that were deemed low performing would be reallocated. (limit 2,000 characters)
- 1)The CoC's written reallocation process includes: using HIC/PIT/by-name list & project/system performance, cost effectiveness & spending data to determine how to best use resources; projects may opt to voluntarily reallocate funds or be required to do so; the Executive Committee considers available data & makes reallocation recommendations; the Steering Committee adopts final reallocation decision; projects slated for mandatory full or partial reallocation may submit an appeal; the Grievance Committee hears & decides appeals; reallocated funds are awarded competitively through an RFP. 2) The governance charter authorizes the Steering Committee to approve the reallocation process on behalf of the CoC. The most recent approval was in December 2018. 3) A written description of the reallocation process is updated annually & posted to the CoCs website, & CoC members are notified. This occurred most recently in September 2019. 4) Renewal projects were scored based on objective criteria that incorporate HUD Systems Performance indicators and are approved annually by the Steering Committee. The CoC analyzed current & past

FY2019 CoC Application	Page 18	09/25/2019
1 12010 000 / (ppilodilo)1	1 490 10	00/20/2010

evaluation scores, annual costs per household & underspending data. Where significant issues were identified, corrective action plans were required &, where issues could not be corrected, funds were reallocated. The Executive Committee considered by-name list, HIC & PIT data to identify gaps in the inventory and determined that there remains a critical need for all projects currently funded. 5) Two projects identified as having high per household costs opted to voluntarily partially reallocate. That reallocation was approved by the Steering Committee. The Executive Committee considered all data described above & determined no additional reallocation was warranted based on performance, spending or cost effectiveness and the Steering Committee approved that decision.

Applicant: Connecticut Balance of State Continuum of Care

Project: CT-505 CoC Registration 2019

CT-505 COC_REG_2019_170476

DV Bonus

Instructions

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

Resources:

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

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

1F-1 DV Bonus Projects.

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

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

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

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

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

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

Need Housing or Services		40,000.00
FY2019 CoC Application	Page 20	09/25/2019

the CoC is Currently Serving	1,273.00
------------------------------	----------

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

Applicants must describe:

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

1)DV providers respond to 40K unduplicated survivors annually who need services, including housing - used this figure to estimate need for housing or services. In FY19 5,597 were assisted w/identifying housing. Based on data from the By-Name List, 21% of those households (n=1175) will self-resolve their homelessness, yielding an estimate of 4422 who need housing interventions. 2) Data used to calculate the number who need any type of housing or services come from the DV Coalition's data system.

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

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

Applicant Name	DUNS Number
CT Department of	078847898

FY2019 CoC Application	Page 21	09/25/2019
1 12019 COC Application	l age Zi	09/23/2019

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

Applicant Capacity

DUNS Number:	078847898	
Applicant Name:	CT Department of Housing	
Rate of Housing Placement of DV Survivors-Percentage:	83.00%	
Rate of Housing Retention of DV Survivors-Percentage:	92.00%	

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

Applicants must describe:

- 1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and
- 2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)
- 1)Rate of Housing Placement: Data were pulled from HMIS statewide byname-list (BNL) over a period of one year to assess housing placement of those with a CCADV code compared to all with a CCADV code on the BNL. Retention rate: Data were pulled from CT CAN Data – the platform used statewide and managed by the CAN Leadership Team to track performance measures on a statewide level. 2)Data source for both: HMIS

1F-4b. DV Survivor Housing.

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

The CT Department of Housing (DOH) is the project applicant. CT Coalition Against DV (CCADV) is the project subrecipient. DOH manages the Coordinated Access Networks (CANs) & oversees Rapid Rehousing (RRH) projects statewide, including the existing DV Bonus RRH project. DOH & CCADV have ensured & will continue to ensure that survivors' needs are safely assessed in accordance with CAN protocols, applicants are prioritized on the by-name list, those with high lethality scores get priority access & same day matching occurs when a survivor needs to flee quickly. DOH monitors CAN data & evaluates & improves efficiency to ensure that survivors rapidly move into housing & obtain emergency transfers as needed. CCADV has & will continue to coordinate provision of all housing and services in DV RRH projects. Housing placement & other services are provided by DV, human trafficking, & housing providers from across the CoC. This includes assessing client strengths, housing barriers, & safety concerns, engaging & addressing landlord concerns & educating them about legal protections for survivors. Staff at all partner organizations have been & will continue to be trained to help survivors overcome barriers to housing access, including threats to safety, complex legal issues, inadequate income, economic abuse, & the impacts of trauma. Case managers use trauma-informed, motivation building, & person-centered

FY2019 CoC Application	Page 22	09/25/2019

planning techniques to help survivors build hope, strengthen self-esteem, identify why rapidly accessing safe permanent housing is important to them, assess options & overcome housing barriers. The CoC, DOH, CCADV, & providers have & will continue to monitor housing placement data & take corrective action, as necessary to ensure that survivors are effectively assisted to quickly move into permanent housing.

1F-4c. DV Survivor Safety.

Applicants must describe how project applicant:

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

(limit 2,000 characters)

1) CT Coalition Against DV (CCADV) ensures survivor safety by requiring all staff to complete a 20-hour certification program & by: a) Providing quarterly cross-system training on safety planning, including how to: assess each survivor's unique long & short-term safety needs, maintain safety of self & children in an ongoing relationship & if choosing to leave an abuser & more safely managing health, finances, employment, housing location, etc. b) Ensuring providers adhere to membership standards for confidentiality & conduct intake & other discussions in a private setting that ensures confidentiality, provides choice, and maximizes survivor comfort. c) Ensuring all participating agencies conduct intake/interviews separately with each member of a couple -includes training/coaching staff on how normalize the approach, reduce the likelihood of conflict, & increase the likelihood that the couple completes the intake. d &e) Assisting survivors to identify safety risks, understand housing options, & determine which options are safest for them includes understanding congregate & scattered site options & considerations such as proximity to abuser & supportive friends/family & building security features (e.g., security staff, lighting, window bars, cameras & alarms); f)Ensuring the confidentiality of survivor addresses at both scattered site & congregate projects. CCADV staff review paperwork to ensure removal of confidential information, including addresses. Additionally, CCADV partners with municipal, state & tribal police, on a nationally recognized lethality risk assessment & protocols to assess & reduce lethality risk. Each provider offers support & advocacy to help survivors to navigate civil & criminal court systems & to maximize the safety throughout the arrest & prosecution process. 2) CCADV Member organizations must adhere to standards, that include protocols for ensuring safety. CCADV measures ability to ensure safety via annual onsite evaluations.

FY2019 CoC Application	Page 23	09/25/2019
1 12010 CCC Application	1 490 20	03/20/2013

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

Applicants must describe:

1. project applicant's experience in utilizing trauma-informed, victimcentered approaches to meet needs of DV survivors; and

2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:

(a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;

- (b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
- (c) providing program participants access to information on trauma, e.g., tráining staff on providing program participant with information on
- (d) placing emphasis on the participant's strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
- (e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
- (f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
- (g) offering support for parenting, e.g., parenting classes, childcare. (limit 4,000 characters)
- 1) The CT Department of Housing (DOH) has extensive experience utilizing trauma-informed, victim-centered approaches in the programs it currently manages. This includes almost \$1.4M in CoC funded DV RRH. DOH currently oversees a trauma-informed, victim-centered model, recognized nationally as a best practice, for including survivors on a statewide By-Name List. DOH is responsible for ensuring that the statewide Coordinated Access Network (CAN) system recognizes the prevalence of trauma & fully integrates knowledge about trauma into policies, procedures & practices. This includes ensuring prioritization of survivor choice & emphasis on helping survivors to understand their options & make informed personal choices. DOH ensures that CANS limit the number of times survivors are asked to tell their stories minimizing the potential for re-traumatization. The project sub-recipient (i.e., CCADV, a membership organization comprised of 18 DV service agencies) will coordinate all housing & services, which will be provided by DV, human trafficking, & housing providers from across the CoC, thereby ensuring geographic choice for survivors. CCADV has extensive experience utilizing & training staff participating in their existing DV RRH project to utilize trauma-informed, victimcentered approaches. CCADV has extensive experience helping staff to assess the unique needs & preferences of each survivor & their families, honor survivors' expertise, build upon their strengths, respect their boundaries, & partner with survivors to develop a plan to quickly access safe permanent housing. CCADV ensures that survivors can choose if, how, when, where, & with whom to share information & that the information they choose to disclose is documented in a manner that protects confidentiality & limits the number of times they are asked to tell their stories. CCADV has extensive experience supporting survivors to explore their options, analyze the pros & cons of each & make informed personal decisions. 2 a-g) If funded, DOH will: use the existing

FY2019 CoC Application	Page 24	09/25/2019
<u></u>	. ~9~ = .	00, 20, 20.0

Project: CT-505 CoC Registration 2019

nationally recognized best practice model administered in 7 statewide CANs to prioritize participant choice & rapid placement in permanent housing consistent with participants' preferences. CCADV will use ongoing training, staff support, & monitoring/oversight of participating providers to ensure utilization of traumainformed, victim-centered approaches. This includes: using trauma-informed, motivation building, & person-centered planning techniques to help survivors overcome housing barriers & quickly stabilize in housing; establishing consistent service standards across providers that require an environment of mutual respect & prohibit use punitive interventions; teaching staff how to honor survivor expertise, interact as equals & minimize power differentials; providing resources staff can use to help participants understand trauma, its impacts, & strategies for self-care; providing training to help staff implement strength-based coaching; providing assessment and service planning tools that explore participants strengths & prompt for working towards personal goals and aspirations; providing training at least annually on equal access, cultural competence & nondiscrimination; developing statewide resources to promote connections and parenting supports among & for program participants (e.g., parenting classes, childcare, groups, mentorships, peer-to-peer support, and opportunities to address spiritual needs). Staff at each participating DV provider has been trained on use of a self-assessment & planning tool that evaluates the extent to which current practices are trauma-informed, identifies and prioritizes key areas for change, and tracks progress towards a trauma-informed service system. CCADV's directors of training, diversity, member services, & housing will work collaboratively to establish and update an annual plan to ensure that the project accomplishes all items outlined above.

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

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

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

(limit 2,000 characters)

DOH & CCADV have already established an effective partnership that is housing survivors quickly while addressing their service & safety needs through a collaboration that leverages the strengths of Coordinated Access Networks (CANs), DV, human trafficking & housing providers & has established partnerships with mainstream service providers & law enforcement. Each partner provides housing & services tailored to survivors' needs & choices. Providers offer strengths-based, client-centered, trauma-informed services to

FY2019 CoC Application	Page 25	09/25/2019

empower victims to plan for safety, overcome the impacts of abuse, increase income, & determine their own futures. This includes helping survivors to access a broad range of services (e.g., child custody, childcare, legal, rap sheet clean up, credit repair, financial literacy, education, job training, employment, benefits advocacy, medical, mental health, harm reduction & substance abuse treatment services). Service providers prioritize assistance meeting basic needs, lack of which often impedes safety. Housing providers use a flexible progressive engagement model to quickly locate safe, affordable & sustainable housing. This includes assessing client strengths, housing barriers, & safety concerns, & engaging landlords. Each DV provider has a trained Child Advocate that helps parents understand how DV impacts children & develop safety plans when the offending parent is involved. CCADV has led efforts in CT to develop effective partnerships with law enforcement & promotes best practices for police response to DV. DOH has a web-based data analysis tool that helps to ensure that DV survivors are assisted to quickly move into housing & that service needs are met by evaluating outcomes (e.g., exits to PH, change in income, length of stay, returns to homelessness). Outcomes are analyzed at the project & CAN levels, & the tool enables across project & across CAN comparisons to promote accountability & identify opportunities for improvement.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

Resources:

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

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

2A-1. HMIS Vendor Identification. CaseWorthy

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

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

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

Project Type	Total Number of Beds in 2019 HIC	Total Beds Dedicated for DV in 2019 HIC	Total Number of 2019 HIC Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	1,589	183	1,406	100.00%
Safe Haven (SH) beds	5	0	5	100.00%
Transitional Housing (TH) beds	350	59	252	86.60%
Rapid Re-Housing (RRH) beds	820	0	820	100.00%
Permanent Supportive Housing (PSH) beds	5,083	57	3,801	75.63%
Other Permanent Housing (OPH) beds	0	0	0	

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

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

FY2019 CoC Application Page 27 09/25/2019

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

1) All bed types except PSH exceed the targeted bed coverage rate. All CoCfunded PSH projects enter in HMIS. CoC has 768 HUD-VASH beds & has approximately 500 PSH beds funded by the CT Department of Mental Health & Addiction Services (DMHAS) which do not enter into HMIS & significantly impact the coverage rate. Coordination with the VA has been ongoing & will continue over the next 12 months. The CT Coalition to End Homelessness (CCEH), CT-BOS's HMIS Lead, was able to provide "read only" access to HMIS to the VA. The CoC has been working on an HMIS MOU with the VA, which their legal department is currently reviewing. CCEH will continue to work on integrating the HUD-VASH beds & participant info into HMIS & is prepared to assist with data entry. Efforts will also continue to integrate the PSH beds that are funded by DMHAS into HMIS. Programs enter into the state database, DDaP, but not into HMIS. DMHAS has been working on creating a crosswalk between DDaP, & HMIS so that data can be entered once by providers & exported to HMIS. Within the next 12 months, CCEH will finalize the crosswalk on data points & provide training to providers on how to upload data from DDaP to HMIS. Funds supporting these efforts will be provided. 2) The CoC will implement these steps by having the Chairs of the Steering Committee (SC) work with CCEH to find examples of successful VA/HMIS data sharing to facilitate the VA's participation in CT-BOS HMIS. CCEH will then start adding users from the VA to HMIS, providing training & support to achieve full implementation. CCEH & VA will provide monthly updates on the progress of the MOU at the CoC SC meetings. The Chairs along with CCEH will work to create a plan using increased financial support to phase in non-CoC projects into HMIS beginning with agencies who have CoC funding for other projects & moving on to agencies with no CoC funding. DMHAS will provide monthly updates on progress at the CoC SC.

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

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

*2A-4. HIC HDX Submission Date.

Applicants must enter the date the CoC 04/30/2019 submitted the 2019 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy)

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

Instructions:

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

Resources:

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

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

2B-1. PIT Count Date. 01/22/2019 Applicants must enter the date the CoC conducted its 2019 PIT count (mm/dd/yyyy).

2B-2. PIT Count Data-HDX Submission Date. 04/30/2019
Applicants must enter the date the CoC
submitted its PIT count data in HDX
(mm/dd/yyyy).

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

Applicants must describe:

- 1. any changes in the sheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and
- 2. how the changes affected the CoC's sheltered PIT count results; or 3. state "Not Applicable" if there were no changes. (limit 2,000 characters)
- 1) In order to improve data quality for the sheltered chronic homeless count this year, all Chronic Homeless (CH) data was cross-referenced with the By Name List (BNL). Data points were cross matched to verify that all people experiencing sheltered homelessness and reporting CH status could be verified on the BNL and Coordinated Access Network (CAN) staff were engaged to verify that all of those reported as CH on the BNL, were still experiencing homelessness on the night of the count. Those who self-reported and were not on the BNL were counted as CH. CCEH provided training to the CANs and Regional Coordinators to ensure adequate preparations for this effort. An

FY2019 CoC Application	Page 29	09/25/2019
F12019 COC ADDIICATION	Page 29	09/23/2019

additional change to improve data quality was adding males to the domestic violence (DV) extrapolation formula for surveys of the sheltered homeless population whereas, males were previously excluded from that formula.

2) The cross-referencing of CH and BNL data along with the availability of additional housing units and housing locator and case management efforts, reduced the CH count from 166 in 2018 to 109 in 2019, improving data quality on that measure. The inclusion of males in the sheltered DV number contributed to an increase in the reported number of sheltered adult survivors of DV from 272 in 2018 to 399 in 2019, improving accuracy on that data point as well.

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

Applicants must select whether the CoC Yes added or removed emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially-declared disaster, resulting in a change to the CoC's 2019 sheltered PIT count.

*2B-4a. Sheltered PIT Count-Changes in Number of People in Beds Due to Presidentially-declared Disaster.

Applicants must report the number of beds that were added or removed because of a Presidentially-declared disaster.

People in Beds Added:	0
People in Beds Removed:	587
Total:	-587

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

Applicants must describe:

- 1. any changes in the unsheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and
- 2. how the changes affected the CoC's unsheltered PIT count results; or 3. state "Not Applicable" if there were no changes. (limit 2,000 characters)
- 1) Changes to the unsheltered count implementation include cross referencing all Chronic Homeless (CH) data with the By Name List (BNL). Data points were cross matched, and Coordinated Access Network (CAN) staff were engaged to verify that all of those reported as chronic homeless on the BNL, were still experiencing homelessness on the night of the count. Connecticut Coalition to End Homelessness (CCEH) provided training to the CANs and Regional Coordinators to ensure adequate preparations for this effort. Unsheltered

FY2019 CoC Application	Page 30	09/25/2019
FY2019 CoC Application	raye 30	09/23/2019

persons identifying as CH, but not yet on the BNL, this being staff's first encounter with them, retained CH status for PIT reporting purposes. Also for this year, additional training was provided along with close monitoring from the command center to reduce the number of observational surveys (surveys completed with only visual observation/not personal responses) received.

2) Changes in the CH unsheltered methodology, along with continued outreach and housing efforts and increased housing availability reduced unsheltered chronic homelessness by almost 50% from 92 persons in 2018 to 49 persons in 2019. Combining BNL data to enhance survey data, improved data quality, producing a more accurate representation of unsheltered chronic homelessness. The additional training and monitoring on observational surveys reduced the number of observational surveys, improving overall data quality for the unsheltered count and, in turn, reducing the number of unsheltered homelessness by eliminating duplicates or surveys for people who were not planning on sleeping outdoors.

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

Applicants must:

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

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

Applicants must describe how the CoC engaged stakeholders serving youth experiencing homelessness to:

- 1. plan the 2019 PIT count;
- 2. select locations where youth experiencing homelessness are most likely to be identified; and
- 3. involve youth in counting during the 2019 PIT count. (limit 2,000 characters)

 BOS engaged stakeholders serving youth experiencing homelessness during the planning for the 2019 PIT count. Every Coordinated Access Network (CAN) in CT has a Youth Engagement Team Initiative (YETI) that works in that region, & includes, McKinney-Vento school liaisons, youth, youth serving agencies(i.e.: RHY providers, CT Dept of Children and Families, CT Dept of Mental Health and Addiction Services), Local Implementation Service Teams (LISTS- groups of professionals & families organized around juvenile justice) & CAN reps. YETIs partner with youth to assist in planning & implementing the Youth Count. Statewide YETI meetings to plan the Youth Count occurred monthly & YETIs consulted on trauma-informed engagement practices & designed questionnaires 2) Stakeholders, including YETIs selected locations where homeless youth are most likely to be identified & collected info from focus groups of youth with lived experience to determine locations to conduct surveys. YETIs outreached to McKinney-Vento liaisons to connect with schools & determined where youth were already identified as homeless; YETIs connected with 207 schools in BOS and school staff & volunteers administered the count survey. Youth Service Bureaus, Regional Dept of Children & Family Offices,

FY2019 CoC Application	Page 31	09/25/2019
------------------------	---------	------------

RHY Providers, Outreach Programs & Juvenile/Young Adult Services, including Access centers, LGBTQIA Support Services & others, provided locations for youth to be identified & surveyed. A partnership with CT's Community Health Centers (CHC) resulted in surveys conducted at numerous CHCs across CT. 3) BOS involved youth experiencing homelessness in counting during the 2019 PIT count as follows: youth used technology to map "hotspots" (i.e., indoor & outdoor locations where youth & young adults tend to congregate); Youth Action Hub (i.e., an advisory group of youth with lived experience) & YETI members administered the survey during the count & over 300 youth volunteered w/the count.

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

Applicants must describe the CoC's actions implemented in its 2019 PIT count to better count:

- 1. individuals and families experiencing chronic homelessness;
- 2. families with children experiencing homelessness; and
- 3. Veterans experiencing homelessness. (limit 2,000 characters)
- 1) Outreach workers & data/geotags from last year informed the canvassing strategy for individuals & families experiencing chronic homelessness (CH) on the night of the PIT count. Surveyors received training on properly identifying CH households prior to the count. All volunteer teams had an outreach or social service worker, or person with lived experience as part of their group to ensure all applicable persons were counted, especially those who may be harder to identify/approach, such as those experiencing CH. Additionally, the By Name List (BNL) was used to search for all persons &/or families on the list designated as CH. Local Coordinated Access Networks (CANs) were engaged to search for all CH households, verifying homeless status on count night. 2) Outreach workers & data from last year informed the canvassing strategy for families with children experiencing homelessness. Surveyors received training on how to best approach this population in order to get accurate responses/offer resources. Staff reached 207 schools & coordinated with McKinney-Vento liaisons to help identify/survey homeless families with children. Community partners serving the population joined the count by administering surveys or hosting "Come & Be Counted" events, i.e.) Dept. of Children & Family Services, Court Support Services, Youth Service Bureaus & Community Health Centers. CT maintains functional zero for veterans & the CoC continues to maintain a Veterans BNL, which was used to ID/survey veterans. The CoC continued to engage SSVF providers & local VA outreach in recruiting vets to administer the count, determining known locations, & managing volunteer teams, to ensure that all veterans were counted on PIT night. Volunteers & staff received training on properly identifying veterans prior to the 2019 count. PIT survey questions are targeted specifically to determine if an individual is a veteran of US military services vs. service in other countries, eliminating false positives.

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

Instructions

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

Resources:

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

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

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

Applicants must:

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

3,889

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

Applicants must:

- 1. describe the process the CoC developed to identify risk factors the CoC uses to identify persons becoming homeless for the first time;
 2. describe the CoC's strategy to address individuals and families at risk
- of becoming homeless; and
- 3. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)
- 1) To understand the first-time homeless population & plan appropriate and effective interventions, the HMIS administrator runs a report in HMIS on the first-time homeless cohort. Data are analyzed to identify patterns for possible risk factors. Results from FY2018 indicate, for example, that of the first-time homeless, 29% are living w/mental health issues, 20% are living with substance abuse & 14% were doubled up. 2) The CoC has made a concerted effort, using state, federal, local & private resources to reduce first time homelessness. BOS has successfully been using diversion as a strategy to prevent first time homelessness. Diversion is the first intervention provided for all people seeking homeless assistance in CT. Diversion services assist to identify alternative

FY2019 CoC Application	Page 33	09/25/2019

housing arrangements, connect clients to conflict resolution & mediation, & locate & secure housing through financial assistance & advocacy. In the past year, 34% of people who had a Coordinated Access Network (CAN) appointment were diverted. 211 connects callers to behavioral health services, utility & short -term rent assistance & a host of other services; 79% of callers were provided w/resources resulting in fewer people requiring a meeting w/the CAN for shelter or housing. The CT Dept. of Housing (DOH) CDBG diversion program provides \$1.15M for staff in 3 CANs to expand diversion services. DOH has also expanded eligibility for the state funded security deposit guarantee program, which has an annual budget of \$650,000, to anyone who meets the Category 1 or 4 homeless definitions. CT Coalition to End Homelessness provides extensive diversion training, including training for CAN staff on diversion. CCEH's Be Homeful program raises funds for family diversion and provides financial assistance and other services to keep families out of shelter 3) DOH is responsible for overseeing the strategy

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

Applicants must:

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

121

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

Applicants must:

- 1. describe the CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
- 2. describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
- 3. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless. (limit 2,000 characters)
- BOS monitors Length of Time Homeless (LOTH) by reviewing Systems Performance Measure outcomes quarterly at Steering Committee meetings. The CoC uses these strategies to reduce LOTH: dedicates 100% of PSH beds to chronic/Dedicated Plus; adopted CPD Notice 16-11 to ensure prioritization for PSH based on length of homelessness; requires Housing First approach at 100% of projects to ensure quick access to permanent housing; increases housing inventory to enable exits as quickly as possible (e.g., added 124 RRH beds from 2018 to 2019; applying for 33 PSH & 108 RRH units in 2019; & uses ESG funds to provide RRH to 400 households per year). The CoC also added 47 LIHTC units for homeless persons this year and is applying for another 50 units for homeless people in the next LIHTC round. The Emergency Shelter Learning Collaborative provides training and TA to build shelter staff capacity to provide housing-focused, low-barrier, trauma-informed, and safe shelter services. The goal of the Collaborative is to reduce LOTH via rapid exits to permanent housing. Shelters develop Housing Plans for all clients and use Motivational Interviewing and Person Centered Planning to engage consumers in a housing plan that prioritizes rapid placement; 2) The CoC identifies

FY2019 CoC Application

households with the longest LOTH using a by-name list generated by HMIS. This list tabulates the cumulative LOTH and is used to prioritize individuals and families with the longest LOTH through the Coordinated Access Network (CAN) System. The Housing Placement team in each CAN matches the long-term homeless households with vacancies, and CAN staff work with service providers, outreach workers, and the housing provider to obtain required documentation & remove any barriers to housing placement. 3) The CT Department of Housing oversees the strategy.

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

Applicants must:

	Percentage	
1. Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations as reported in HDX.	48%	
2. Report the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	98%	

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

Applicants must:

- 1. describe the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
- 2. provide the organization name or position title responsible for overseeing the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
- 3. describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations; and
- 4. provide the organization name or position title responsible for overseeing the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

1)CTBOS uses multiple strategies to increase PH exits from ES, SH, TH, & RRH. Quarterly, the Steering Committee (SC) reviews SPMs including exits to PH & adjusts interventions as needed to improve performance. Successful PH placement is part of the scoring criteria in the annual renewal evaluation & is assessed during monitoring visits. Poor performers are offered TA & required to submit corrective action plans as needed. Another strategy is expanding exit options for people in ES, SH, TH & RRH: the SC continues to work with local PHAs to implement existing homeless preferences & request new units, including 47 new homeless set-aside LIHTC units this year. In addition: 214

FY2019 CoC Application	Page 35	09/25/2019
------------------------	---------	------------

new FUP vouchers were added this year; Dept. of Housing (DOH)is applying for 50 more homeless units in the upcoming round; BOS is applying for 33 new PSH, 44 new RRH & 108 DV specific RRH units this year; in Oct. 2018, DOH was awarded 50 new Mainstream HCVs. BOS received 112 new YHDP RRH units in 2018 HUD CoC competition; & ESG funds are providing Rapid Exit to 400 HH per year. 2)DOH oversees the strategy. 3)BOS has a 98% rate at which people in PH projects (non- RRH) retain or exit to PH. In addition to the efforts described above to increase affordable PH exit options, strategies to maintain/improve this rate include: requiring case conferencing for tenants at risk of eviction to preserve housing or secure an alternative placement and identify housing stabilization resources; continuing to monitor & evaluate CoCfunded projects on this metric & provide TA to projects unable to meet standards; increasing units available through move-on initiatives with local PHAs & local LIHTC projects; providing trainings to staff on topics related to housing retention (e.g., Critical Time Intervention, Housing First, motivational interviewing, housing stabilization etc.) 4)DOH oversees the strategy.

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

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families returning to homelessness over a 6-month period as reported in HDX.	9%
2. Report the percentage of individuals and persons in families returning to homelessness over a 12-month period as reported in HDX.	6%

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

Applicants must:

- 1. describe the strategy the CoC has implemented to identify individuals and persons in families who return to homelessness;
- 2. describe the CoC's strategy to reduce the rate of additional returns to homelessness; and
- 3. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families return to homelessness. (limit 2,000 characters)
- 1) Coordinated Access Networks (CANs) flag households returning to homelessness & assess reasons for the return. System Performance Measures (SPMs) show that returns are most likely in the first 6 months following exit. And, an analysis of HMIS data indicate that common factors among those returning include: 52% have no income; 24% live with mental illness; 19% are DV survivors; and 18% have a history of eviction. 2)The CoC reviews SPMs quarterly at Steering Committee (SC) meetings to adjust strategies & resource allocation to reduce returns. CTCANdata.org provides users direct access to return data, enabling providers, CAN & CoC leaders, & funders to see rates of return for a project, agency, intervention type, and/or CAN & to compare return rates across time periods. This ensures transparency & accountability & allows easy monitoring of effectiveness of efforts to reduce return rates. When CANs

FY2019 CoC Application	Page 36	09/25/2019
1 12019 COC Application	l age 30	03/23/2013

identify returning households, reasons are assessed & additional housing supports are provided. CoC written policy requires that housing providers notify the CAN if a household is at risk of returning to homelessness. The CAN convenes a case conference to identify housing stabilization resources & prevent a return. Case managers monitor housing stability risks, help tenants to reduce risks, mediate conflicts w/landlords & assist those at-risk of return to access prevention services. Providers use motivational interviewing & personcentered planning to engage tenants in housing stabilization services, including regular home visits, intensive case management & linkages to a range of mainstream services & income supports. The CoC monitors these practices, establishes performance standards & evaluates projects based on factors that reduce risk of returns (e.g., exit destination, increasing income, connecting participants to benefits/employment). CoC requires corrective action, as necessary. 3) CT BOS SC & SC Co-Chairs oversee the strategy.

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

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their employment income from entry to exit as reported in HDX.	7%
2. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their non-employment cash income from entry to exit as reported in HDX.	37%

3A-5a. Increasing Employment Income.

Applicants must:

- 1. describe the CoC's strategy to increase employment income;
- 2. describe the CoC's strategy to increase access to employment;
- 3. describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
- 4. provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase jobs and income from employment. (limit 2,000 characters)
- 1) All projects assess participants at entry & every 6 months to determine employment income & explore employment goals/options. Annually CoC evaluates projects on increasing employment income & requires corrective action as necessary. The Steering Committee reviews rates of increased employment income quarterly & strategizes on improving outcomes. With support of Melville Charitable Trust, Secure Jobs CT, works to increase the income of homeless families by connecting them to education, training & supports to secure & maintain stable employment clients who obtained jobs increased average monthly earned income from \$462 to \$1,647. 2) Strategies to increase access to employment include: all providers conduct employment assessments & assist with job placement, resumes & interview prep. Reaching Home Sustainability Workgroup identifies new employment partnerships &

FY2019 CoC Application	Page 37	09/25/2019
------------------------	---------	------------

funding opportunities for employment programs. Through a HRSA, Demo Project grant, Liberty Community Services engages providers to improve employment outcomes through regular "gatherings" that promote familiarity with employment resources, mutual learning, & "job clubs" run by peers; 37% of participants in Liberty's "job club" secured employment within the first several months of implementation. 3) As part of the Liberty program noted above, The American Job Center sends postings to a distribution e-mail list of over 180 people who have attended the gatherings. Staff from Workforce Development Boards meet with shelter staff & clients, provide tours of job centers & connect clients to support at the centers. Case managers & employment specialists in programs connect tenants to American Job Centers, provide transportation, help with on-line training & follow-up. The CT Coalition to End Homelessness & Capital Workforce Partners provided cross-training to exchange information on the coordinated entry system & workforce programs & opportunities in the CoC.4) CT BOS SC Co-Chairs oversee the strategy.

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

Applicants must:

- 1. describe the CoC's strategy to increase non-employment cash income;
- 2. describe the CoC's strategy to increase access to non-employment cash sources:
- 3. provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase non-employment cash income.
- 1)The CoC's strategies for increasing non-employment cash income include: close monitoring of program performance on rates of non-employment cash income receipt, provider training & TA, & cross-systems collaboration with DSS, the agency that administers non-cash assistance in CT. At entry, at least annually, & when changes occur (e.g., job loss, injury, etc.), all projects assess clients to identify potential income sources & assess or refer for assessment for benefits eligibility. CT Coalition to End Homelessness implemented a Young Adult Coordinated Entry Toolkit in which Critical Time Intervention techniques are utilized at the front door, assessing & connecting clients with any & all benefits/services available as quickly as possible. This toolkit will expand to families in the coming year. BOS establishes performance benchmarks for & evaluates increases in non-employment income during the annual renewal evaluation, requiring corrective action plans as necessary. Quarterly, the Steering Committee (SC) reviews SPMs on rates of income increases. 2)To increase access to non-employment cash sources, in addition to the above strategies, annual DSS trainings are provided to CoC staff (135 staff in 2019), ensuring knowledge of available benefits, eligibility criteria & application requirements & preparedness to assist clients to access benefits. All programs assist with applications & document gathering. They accompany &/or assist with transportation & advocacy as needed, including follow-up with entitlement programs until benefit is obtained. Staff also teach self-advocacy, link clients to legal services & use motivational interviewing to help clients promptly take follow-up steps. The CoC partners with a range of legal services to assist clients to access other types of non-employment Income (e.g., child support, alimony). Consumers also have access to SOAR staff who help with obtaining SSI/SDI (70% success rate). 3)CT BOS Chairs & SC oversee this strategy.

	FY2019 CoC Application	Page 38	09/25/2019
--	------------------------	---------	------------

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

Applicants must describe how the CoC:

- 1. promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and
- 2. is working with public and private organizations to provide meaningful, education and training, on-the-job training, internship, and employment opportunities for residents of permanent supportive housing that further their recovery and well-being. (limit 2,000 characters)
- 1)CTBOS promotes partnerships & access to employment in a number of ways. The CoC disseminates info on job fairs, including those targeting persons with lived experience of homelessness to a listsery of over 400 & has providers present best practices in employment partnerships at the CoC semi-annual meetings. BOS holds employment round tables to share employment strategies & available resources. Roundtables include Capital Workforce Partners, employment/vocational specialists & CT Dept of Mental Health & Addiction Services (DMHAS) Supported Employment staff. With support of Melville Charitable Trust, Secure Jobs CT, works to increase the income of homeless families by connecting them to education, training & supports to secure & maintain stable employment. Providers have MOUs with their local American Job Centers (AJC) to help ensure that job seekers experiencing homelessness access the variety of programs & services they need, including career & training services. To support access to private employment opportunities, the 6 AJCs in the CoC offer services at no cost to employers, including: facilities for recruiting, interviewing & training, and board for job postings. 2) Ticket to Work provides PSH tenants with Social Security benefits counseling, work incentives & assistance with post-employment support to encourage meaningful employment. CT DMHAS provides supportive employment & education services, including work preparation training, job development, job placement, & follow-along support. Mercy, a CoC PSH provider, has an employment program providing personalized employment, skill & interest assessments; job development & placement; assistance with certifications & licensing; & liaisons with employer. PSH programs & the 6 Coordinated Access Networks refer clients to numerous educational & training programs such as the Chrysalis culinary & forklift training programs, the Aerospace Employment Placement Program, Capital Community College & many more.

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

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

1. The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	
2. The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery).	
3. The CoC trains provider organization staff on connecting program participants with formal employment opportunities.	

FY2019 CoC Application Page 39 09/25

4. The CoC trains provider organization staff on volunteer opportunities for program participants and people experiencing homelessness.	
5. The CoC works with organizations to create volunteer opportunities for program participants.	
6. The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	
7. Provider organizations within the CoC have incentives for employment.	
8. The CoC trains provider organization staff on helping program participants budget and maximize their income to maintain stability in permanent housing.	

3A-6. System Performance Measures 05/30/2019 **Data–HDX Submission Date**

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

Applicant: Connecticut Balance of State Continuum of Care

Project: CT-505 CoC Registration 2019

CT-505 COC_REG_2019_170476

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

Instructions

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

Resources:

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

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

3B-1. Prioritizing Households with Children.

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

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

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

Applicants must:

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

FY2019 CoC Application	Page 41	09/25/2019
------------------------	---------	------------

assistance ends; and

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

1)Strategies to rehouse families within 30 days include expanding permanent housing exit options: Dept of Housing (DOH) uses ESG to increase RRH (annual investment of \$875,000, serving 350 households); in 2018, secured 214 Family Unification Program vouchers to serve homeless & at-risk families; young families access 54 RRH units through the new YHDP projects & DOH added 50 new mainstream HCV for homeless households & 67 new DV RRH units. The CoC works with PHAs to implement homeless housing preferences. Hartford & DOH have preferences for homeless families HCV. Through the Governor's Challenge on Family Homelessness, from 9/18 to 12/18, 280 families experiencing homelessness were housed. CCEH sponsors a learning collaborative for shelters & provides extensive TA to increase the speed of access to housing. Shelters focus on rapid exit to permanent housing, work with every family on a housing plan, connect residents to jobs, childcare, benefits, & community-resources, including financial assistance for security deposits, 1st month rent, utility arrears, & moving costs. 2) To ensure housing maintenance after assistance ends, the CoC uses case conferencing to problem solve & determine what housing & service resources are available to support stabilization. Case managers monitor housing stability risks, help tenants to reduce risks, mediate conflicts with landlords & assist those at-risk of return to access prevention services. Providers use motivational interviewing & personcentered planning to engage tenants in housing stabilization services, including regular home visits, intensive case management & linkages to a range of mainstream services & income supports. The CoC monitors these practices, establishes performance standards & evaluates projects based on factors that reduce risk of returns (e.g., exit destination, increasing income, connecting participants to benefits/employment). CoC requires corrective action, as necessary. 3) DOH oversees the strategy.

3B-1b. Antidiscrimination Policies.

Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent housing (PSH and RRH)) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on any protected classes under the Fair Housing Act, and consistent with 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or - Insured Housing.

1. CoC conducts mandatory training for all CoC- and ESG-funded housing and services providers on these topics.	
2. CoC conducts optional training for all CoC- and ESG-funded housing and service providers on these topics.	X
3. CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	X

FY2019 CoC Application	Page 42	09/25/2019
o . o o o o		00, 20, 20.0

COC_REG_2019_170476

4. CoC has worked wi	th ESG recipient(s) to id-	entify both CoC- and	d ESG-funded facilities v	within the CoC	geographic area that
might be out of compl	liance and has takén ste	ps to work directly v	with those facilities to co	ome into com	oliance.

Х

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

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

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

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

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

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

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

Applicants must describe how the CoC increased availability of housing and services for:

- 1. all youth experiencing homelessness, including creating new youthfocused projects or modifying current projects to be more youth-specific or youth-inclusive; and
- 2. youth experiencing unsheltered homelessness including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive. (limit 3,000 characters)

FY2019 CoC Application	Page 43	09/25/2019	
------------------------	---------	------------	--

1) In Fall 2018, BOS launched a \$6.6M Youth Homeless Demonstration Program (YHDP) to expand housing & services. The effort is also making current projects more youth inclusive by educating providers on Positive Youth Development, Trauma-Informed Care & improving youth service coordination. State matching funds provide additional new resources. YHDP new resources include: 112 RRH units, 29 Crisis beds, 8.5 Youth Navigators & a Shelter Diversion/Rapid Exit Fund. CT Department of Housing (DOH) & CT Department of Mental Health & Addiction Services (DMHAS) funded new supportive housing projects for youth, adding 24 new units of supportive housing. HHS RHY funding provided 6 new TH units for youth. DOH & CT Department of Children & Families (DCF) were awarded 186 new FUP vouchers to serve families & youth in CT BOS. Work to more effectively use existing resources includes: a DOH HCV preference for young adult families to move-on from supportive housing, 2 CoC TH programs changing focus to serving young adults; DMHAS Young Adult Division, youth homeless providers & Coordinated Access Network (CAN) staff streamlining access to mental health & housing resources; Center for Children's Advocacy drafted new guidance to aid youth in obtaining vital documents for accessing housing, employment, etc.; CANS implemented case conferencing to reduce housing barriers for youth; housing, juvenile justice & education partners are developing a coordinated response for minors experiencing homelessness. 2) To increase youth-focused projects, a HUD CDBG-Small Cities award & YHDP funds are being used for new crisis housing with services to ensure unsheltered youth have a safe place to temporarily reside. Statewide & regional partners participated in a 100-Day Campaign to end youth homelessness, housing or diverting from homelessness 324 youth & enhancing access to youth-serving partner agencies. YHDP funds a new Diversion/Rapid Exit Fund for youth, assisting unsheltered youth to rapidly exit unsheltered & other homelessness with 1-time financial assistance. The Northeastern CAN has secured added funds to assist with outreach for unsheltered youth. YHDP-funded Youth Navigators work closely with unsheltered youth to assist with removing housing barriers. Each CAN has a Youth Engagement Team Initiative (YETI) committee comprised of youth service providers, RHY providers, McKinney-Vento liaisons, reps from government agencies, local community foundations, & young adults with experience with homelessness. YETIs offer invaluable insights on how to effectively use resources to address unsheltered homelessness & are facilitating rapid access to housing & services for unsheltered youth. CT Coalition to End Homelessness (CCEH) collaborates with DCF, the Trafficking in Persons Council & others to provide training to homeless youth providers on signs of & services for sex trafficking survivors. CCEH also provides training on safe shelter & fair housing for transgender people.

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

Applicants must:

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

(limit 3,000 characters)

1)Evidence to measure effectiveness of strategies in Q3B-1d to increase the availability of housing & services for youth experiencing sheltered and unsheltered homelessness include: PIT/Annual Counts of homeless youth (there was a reduction in unsheltered youth of 20% from 2018 to 2019), length of time homeless, number homeless for the first time among youth, percent of youth exiting to or retaining PH, number of returns to homelessness, income increases, renewal evaluation scores for youth projects, amount of public & private funds invested (this increased dramatically by over \$6.6 million with the addition of YHDP funds in late 2018), timeliness of youth project occupancy, & vacancy data. Youth Engagement Team Initiative groups (YETIs) monitor: coordinated entry measures (e.g., placement on shelter waitlist, time to housing, number of youth unmatched to housing), permanent connections, social & emotional well-being outcomes, & survey responses from participants in youth supportive housing programs. For the 100-Day Campaign to End Youth Homelessness, evidence the CoC used to measure the strategy include rate of housing placement, rate of diversion from homelessness, and rates of engagement in services such as employment, education, physical and mental health, life skills and transportation. 2) Measures to calculate the effectiveness of strategies listed in 3B-1d include: reduction in PIT/Annual Counts of homeless youth, reduction in average/median length of time homeless, reduction in number of youth homeless for the first time, increase in percent youth who exit to and/or retain PH, decrease in percent youth exiting to PH who return to homelessness, income increase among youth, increase in renewal evaluation scores for youth projects, increase in amount of public & private funds invested in youth programs, percent on schedule occupancy of new youth units & percent of vacant units in youth projects, increased coordinated entry system efficiency, connection & well-being outcomes and survey responses for youth supportive housing programs. 100-Day Campaign measures including rates of diversion, placement in housing and engagement in services were published on a public dashboard, broken out by Coordinated Access Network (CAN) region. The outcomes for youth exits to PH and increase in income are published and updated regularly on a public dashboard. 3) The CoC believes these are appropriate measures because they capture quantitative & qualitative data, involve young people in evaluating services they receive via survey participation, are consistent with USICH recommendations, & hold system planners accountable.

3B-1e. Collaboration-Education Services.

Applicants must describe:

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

(limit 2,000 characters)

1a)CTBOS has an MOU with the CT Office of Early Childhood (OEC) to ensure Head Start & Birth to Three programs provide homeless children with prioritized access, services in their current location & flexibility on enrollment requirements. MOUs &/or contracts with the following providers define responsibilities to facilitate access to education services for homeless students: TVCCA Early Childhood Head Start, Madonna Place, and ACES Early Childhood.1b) CT Dept of Edu (DOE is the SEA) is contracted to do outreach in schools for the youth count. DOE is BOS Steering Committee (SC) voting member. 1c)Women & Families Center & CHR have MOUs w/Meriden Schools to support homeless youth & provide case management. 2a)211, each Coordinated Access Network (CAN) & all BOS ES, TH, PH family & youth providers refer to youth education programs including: Bridge Family Center, YWCA Greater Hartford, Marshall House & the Right Place. 2b) CT DOE is on the Board of Reaching Home (CTBOS parent coalition) & the CT BOS SC & provides training to CoC members on linking to educational resources & on the rights of & services for homeless students. The CoC maintains a list of educational liaisons in each CoC funded programs, & DOE ensures they receive training & resource information. 2b&c) The CoC collaborates in many ways with LEAs & school districts: Community-based School Readiness Councils include their local McKinney-Vento liaison as members & liaisons sit on the Youth Engagement Team Initiative (YETI) in each of the 6 CANs; Board of Education staff regularly attend YETI mtgs; all ES/TH/PH programs serving young adults & children are connected to school counselors & the homeless liaison for the jurisdiction; staff ensure children's rights are protected, support parents & attend school meetings with teachers & counselors. Liaisons, homeless service providers & school counselors collaborate to resolve barriers to school attendance & access to educational & homeless services for students.

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

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

The CoC adopted written policies in 2016 & updates in 2017 that summarize educational rights & eligibility for educational services & require all projects to inform families with children & youth of those rights & eligibility at intake and as necessary. The policy requires that Coordinated Access Networks (CANs) help to ensure that all families & youth who qualify are informed about their educational rights & service eligibility & that they receive those services. The policy requires that each project designate a staff person responsible for: helping participants to understand their educational rights; ensuring that enrollment in school & early childhood education; ensuring that students get access to all services, programs, & extracurricular activities for which they are eligible; & ensuring that children & young adults receive the required transportation services. The policy also requires that each program take additional actions, such as, ensuring that the designated staff person is involved in the development of service plans where there are significant unmet educational needs. The policy requires that each program ensures that all children & youth are enrolled in school immediately, even if they lack the paperwork normally required, are unable to pay fines/fees, or have missed

FY2019 CoC Application	Page 46	09/25/2019
o . o o o oppoao	, age is	00, 20, 20.0

CT-505

COC_REG_2019_170476

Applicant: Connecticut Balance of State Continuum of Care

Project: CT-505 CoC Registration 2019

deadlines. Young people who are not required by law to enroll in school must be encouraged & assisted to enroll, & families must be encouraged & assisted to enroll children in early childhood education programs. The CoC provides a sample educational rights & services policy that all projects are required to adopt. Project sites are required to hang posters in English & Spanish targeted to parents and youth, describing educational rights and providing local contact information for people who can assist in accessing services & supports. The CoC provides annual training on these policies and monitors compliance through its CoC & PATH monitoring programs.

3B-1e.2. Written/Formal Agreements or Partnerships with Early Childhood Services Providers.

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

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

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

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

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

Applicants must indicate whether the CoC is Yes actively working with the U.S. Department of Veterans Affairs (VA) and VA-funded programs to achieve the benchmarks and criteria for ending veteran homelessness.

3B-2b. Housing First for Veterans.

Applicants must indicate whether the CoC Yes has sufficient resources to ensure each

FY2019 CoC Application	Page 47	09/25/2019
------------------------	---------	------------

Applicant: Connecticut Balance of State Continuum of Care

Project: CT-505 CoC Registration 2019

CT-505 COC_REG_2019_170476

veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach.

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

Applicants must:

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

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

3B-3a. Addressing Racial Disparities.

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

1. The CoC is ensuring that staff at the project level are representative of the persons accessing homeless services in the CoC.	
2. The CoC has identified the cause(s) of racial disparities in their homeless system.	
3. The CoC has identified strategies to reduce disparities in their homeless system.	X
4. The CoC has implemented strategies to reduce disparities in their homeless system.	X
5. The CoC has identified resources available to reduce disparities in their homeless system.	X
6: The CoC did not conduct a racial disparity assessment.	

FY2019 CoC Application	Page 48	09/25/2019

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

Instructions:

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

Resources:

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

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

4A-1. Healthcare-Enrollment/Effective Utilization

Applicants must indicate, for each type of healthcare listed below, whether the CoC assists persons experiencing homelessness with enrolling in health insurance and effectively utilizing Medicaid and other benefits.

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

4A-1a. Mainstream Benefits.

Applicants must:

- 1. describe how the CoC systematically keeps program staff up to date regarding mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within the geographic area;
- 2. describe how the CoC disseminates the availability of mainstream resources and other assistance information to projects and how often;
- 3. describe how the CoC works with projects to collaborate with healthcare organizations to assist program participants with enrolling in

FY2019 CoC Application	Page 49	09/25/2019
------------------------	---------	------------

health insurance;

- 4. describe how the CoC provides assistance with the effective utilization of Medicaid and other benefits; and
- 5. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy for mainstream benefits. (limit 2,000 characters)
- 1) CTBOS & the Dept of Social Services (DSS) convene an annual benefits training to provide homeless services staff with current information about mainstream benefits (e.g., Food Stamps, TANF, Medicaid, & state cash assistance). The training highlights changes & covers eligibility criteria & application processes. In 2019, 110 staff attended. Updated info from DSS is posted on the DSS & CT BOS websites. The SOAR workgroup discusses updates quarterly. Current info about substance abuse & mental health programs is posted on the CT Dept of Mental Health & Addiction Services (DMHAS) website (e.g., availability of detox beds is updated daily on the site). DMHAS provides updates & info on SOAR, in-patient resources & other mainstream services via quarterly provider meetings. 2) The Reaching Home Sustainability workgroup shares info on mainstream resources quarterly. Representatives from DSS & DMHAS are on the CoC Steering Committee (SC) & share resources & updates on mainstream benefits monthly; 3) All projects assist participants to apply for health insurance & advocate to ensure receipt. The CoC tracks & monitors data on enrollment & uses those date to evaluate projects & system success. The CoC coordinates with the Community Health Centers Association (a CoC Board member) to increase access to healthcare & effective use of Medicaid benefits. 4) All projects help participants to effectively use Medicaid & other benefits by providing transportation & accompaniment to appointments, advocating with benefits agencies, teaching self-advocacy skills, providing hands-on assistance with notices/applications/other paperwork, linking clients to legal services, and using motivational interviewing to help clients promptly take follow up steps. The CoC has numerous Community Care Teams (CCT) that include local hospital staff & service providers who develop care plans to address clients' healthcare & service needs. 5) CT BOS SC & SC Co-Chairs oversee the strategy.

4A-2. Lowering Barriers to Entry Data:

Applicants must report:

1. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition.	109
2. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	109
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	

4A-3. Street Outreach.

Applicants must:

describe the CoC's street outreach efforts, including the methods it

FY2019 CoC Application Page 50 09/	5/2019
------------------------------------	--------

uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;

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

1)CT Dept of Mental Health & Addiction Services (DMHAS) provides PATH street outreach funding in each of 6 Coordinated Access Networks (CANs). Larger cities have multiple outreach teams. DMHAS written standards require each PATH project to use assertive engagement & to coordinate outreach with the CAN - includes development of a written outreach plan. Agencies receive training & TA & are monitored annually against the standards. To ensure that all persons experiencing unsheltered homelessness are identified & engaged, teams are required: to outreach regularly in locations such as: streets, woods, underpasses, encampments, etc.; coordinate with community partners (e.g., police, libraries, soup kitchens, shelters, other agencies/businesses); build trust with partners & clients; & maintain a visible presence in the community so that when services are needed, teams are contacted & deployed. When teams find unsheltered persons, they complete a VI-SPDAT, refer to the CAN & stay connected until the client has obtained housing. Outreach teams use a clientcentered approach promoting choice & creating individualized housing plans. Teams are required to link clients to resources (e.g., harm reduction, health, mental health & addiction services, employment, benefits, transportation, etc.) 2) Outreach covers 100% of CoC's area. 3) Outreach is conducted M-F including early mornings & late evenings. While adhering to DMHAS requirements, each CAN determines the most strategic schedule for their area (e.g., adjusting locations & frequency for seasonal variances). After hours calls are handled by 911, 211 & mobile crisis. 4) Outreach teams use a Housing First approach & motivational interviewing & are trained to be persistent, honor client choice, & engage persons with mental health, addiction, cognitive & other barriers. TRS phone service & auxiliary aids/services are available for people w/disabilities. Bilingual staff & translation services are available to people w/LEP.

4A-4. RRH Beds as Reported in HIC.

Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2018 and 2019.

	2018	2019	Difference
RRH beds available to serve all populations in the HIC	634	696	62

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

Applicants must indicate whether any new project application the CoC ranked and

FY2019 CoC Application Page 51 09/	
------------------------------------	--

submitted in its CoC Priority Listing in the FY 2019 CoC Program Competition is requesting \$200,000 or more in funding for housing rehabilitation or new construction.

4A-6. Projects Serving Homeless under Other No Federal Statutes.

Applicants must indicate whether the CoC is requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other federal statutes.

4B. Attachments

Instructions:

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

Document Type	Required?	Document Description	Date Attached
_FY 2019 CoC Competition Report (HDX Report)	Yes	2019 HDX Competit	08/15/2019
1C-4.PHA Administration Plan–Moving On Multifamily Assisted Housing Owners' Preference.	No	PHA Move-on Prefe	09/09/2019
1C-4. PHA Administrative Plan Homeless Preference.	No	PHA Homeless Pref	09/09/2019
1C-7. Centralized or Coordinated Assessment System.	Yes	Single,Family & T	08/29/2019
1E-1.Public Posting–15-Day Notification Outside e- snaps–Projects Accepted.	Yes	Projects Accepted	09/16/2019
1E-1. Public Posting–15-Day Notification Outside e- snaps–Projects Rejected or Reduced.	Yes	Projects Rejected	09/24/2019
1E-1.Public Posting–30-Day Local Competition Deadline.	Yes	Local Competition	08/29/2019
1E-1. Public Posting–Local Competition Announcement.	Yes	Local Competition	09/25/2019
1E-4.Public Posting–CoC- Approved Consolidated Application	Yes	Consolidated Appl	09/24/2019
3A. Written Agreement with Local Education or Training Organization.	No	MOUs w.Ed and Tra	09/13/2019
3A. Written Agreement with State or Local Workforce Development Board.	No	MOU w. Local Deve	09/13/2019
3B-3. Summary of Racial Disparity Assessment.	Yes	Racial Disparity	08/26/2019
4A-7a. Project List-Homeless under Other Federal Statutes.	No		
Other	No	HMIS MOU	09/24/2019
Other	No	HMIS Policies and	09/23/2019

FY2019 CoC Application Page 53 09/25

Applicant: Connecticut Balance of State Continuum of Care

Project: CT-505 CoC Registration 2019

CT-505 COC_REG_2019_170476

Othor	No	1
Other	No	

Attachment Details

Document Description: 2019 HDX Competition Report

Attachment Details

Document Description: PHA Move-on Preferences

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: Single, Family & Transition Aged Youth VI-SPDATs

Attachment Details

Document Description: Projects Accepted Notification

Attachment Details

FY2019 CoC Application	Page 55	09/25/2019	1
------------------------	---------	------------	---

Document Description: Projects Rejected/Reduced

Attachment Details

Document Description: Local Competition Deadline

Attachment Details

Document Description: Local Competition Public Announcement

Attachment Details

Document Description: Consolidated Application

Attachment Details

Document Description: MOUs w.Ed and Training Orgs

Attachment Details

Document Description: MOU w. Local Development Board

Attachment Details

FY2019 CoC Application	Page 56	09/25/2019
------------------------	---------	------------

Applicant: Connecticut Balance of State Continuum of Care

Project: CT-505 CoC Registration 2019

CT-505 COC_REG_2019_170476

Document Description: Racial Disparity Assessment Summary - CT505

Attachment Details

Document Description:

Attachment Details

Document Description: HMIS MOU

Attachment Details

Document Description: HMIS Policies and Procedures

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	09/13/2019
1B. Engagement	09/13/2019
1C. Coordination	09/23/2019
1D. Discharge Planning	No Input Required
1E. Local CoC Competition	09/16/2019
1F. DV Bonus	09/16/2019
2A. HMIS Implementation	09/13/2019
2B. PIT Count	09/13/2019
3A. System Performance	09/13/2019
3B. Performance and Strategic Planning	09/23/2019
4A. Mainstream Benefits and Additional Policies	09/13/2019
4B. Attachments	09/25/2019

Page 58

09/25/2019

FY2019 CoC Application

Submission Summary

No Input Required

PIT Count Data for CT-505 - Connecticut Balance of State CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count	3016	2610	3112	2262
Emergency Shelter Total	1857	1,765	2,290	1610
Safe Haven Total	0	0	0	5
Transitional Housing Total	642	511	333	289
Total Sheltered Count	2499	2276	2623	1904
Total Unsheltered Count	517	334	489	358

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	369	368	258	158
Sheltered Count of Chronically Homeless Persons	226	237	166	109
Unsheltered Count of Chronically Homeless Persons	143	131	92	49

PIT Count Data for CT-505 - Connecticut Balance of State CoC

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	329	280	432	203
Sheltered Count of Homeless Households with Children	327	279	432	202
Unsheltered Count of Homeless Households with Children	2	1	0	1

Homeless Veteran PIT Counts

	2011	2016	2017	2018	2019
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	178	163	143	145	145
Sheltered Count of Homeless Veterans	154	131	131	133	133
Unsheltered Count of Homeless Veterans	24	32	12	12	12

HIC Data for CT-505 - Connecticut Balance of State CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2019 HIC	Total Beds in 2019 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	1589	183	1406	100.00%
Safe Haven (SH) Beds	5	0	5	100.00%
Transitional Housing (TH) Beds	350	59	252	86.60%
Rapid Re-Housing (RRH) Beds	820	0	820	100.00%
Permanent Supportive Housing (PSH) Beds	5083	57	3801	75.63%
Other Permanent Housing (OPH) Beds	0	0	0	NA
Total Beds	7,847	299	6284	83.25%

HIC Data for CT-505 - Connecticut Balance of State CoC

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC	2019 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	2009	2387	3306	3324

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

Households with Children	2016 HIC	2017 HIC	2018 HIC	2019 HIC
RRH units available to serve families on the HIC	114	134	138	131

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC	2019 HIC
RRH beds available to serve all populations on the HIC	517	634	696	820

FY2018 - Performance Measurement Module (Sys PM)

Summary Report for CT-505 - Connecticut Balance of State CoC

For each measure enter results in each table from the System Performance Measures report generated out of your CoCs HMIS System. There are seven performance measures. Each measure may have one or more "metrics" used to measure the system performance. Click through each tab above to enter FY2017 data for each measure and associated metrics.

RESUBMITTING FY2018 DATA: If you provided revised FY2018 data, the original FY2018 submissions will be displayed for reference on each of the following screens, but will not be retained for analysis or review by HUD.

ERRORS AND WARNINGS: If data are uploaded that creates selected fatal errors, the HDX will prevent the CoC from submitting the System Performance Measures report. The CoC will need to review and correct the original HMIS data and generate a new HMIS report for submission.

Some validation checks will result in warnings that require explanation, but will not prevent submission. Users should enter a note of explanation for each validation warning received. To enter a note of explanation, move the cursor over the data entry field and click on the note box. Enter a note of explanation and "save" before closing.

Measure 1: Length of Time Persons Remain Homeless

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

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

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

FY2018 - Performance Measurement Module (Sys PM)

	Universe (Persons)			4	Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)			
	Submitted FY 2017	Revised FY 2017	FY 2018	Submitted FY 2017	Revised FY 2017	FY 2018	Difference	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
1.1 Persons in ES and SH	6330	6380	5981	64	97	75	-22	42	43	44	1
1.2 Persons in ES, SH, and TH	7295	7226	6632	122	141	121	-20	51	51	52	1

b. This measure is based on data element 3.17.

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

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

	Universe (Persons)		4	Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)				
	Submitted FY 2017	Revised FY 2017	FY 2018	Submitted FY 2017	Revised FY 2017	FY 2018	Difference	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	7090	6561	6160	296	119	105	-14	114	50	53	3
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	8013	7405	6811	329	162	148	-14	129	60	62	2

FY2018 - Performance Measurement Module (Sys PM)

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

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

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

	Exited to a Housing D	Persons who a Permanent estination (2 s Prior)	Returns to	Homelessr han 6 Mont		Returns to Homelessness from 6 to 12 Months Returns to Homelessness from to 12 Months 13 to 24 Months in 2 Ye							
	Revised FY 2017	FY 2018	Revised FY 2017	FY 2018	% of Returns	Revised FY 2017	FY 2018	% of Returns	Revised FY 2017	FY 2018	% of Returns	FY 2018	% of Returns
Exit was from SO	28	83	11	7	8%	1	4	5%	3	5	6%	16	19%
Exit was from ES	2068	1780	288	233	13%	156	118	7%	154	117	7%	468	26%
Exit was from TH	421	424	36	29	7%	12	17	4%	22	21	5%	67	16%
Exit was from SH	43	39	8	10	26%	2	3	8%	2	3	8%	16	41%
Exit was from PH	1572	1727	76	94	5%	64	95	6%	79	112	6%	301	17%
TOTAL Returns to Homelessness	4132	4053	419	373	9%	235	237	6%	260	258	6%	868	21%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

FY2018 - Performance Measurement Module (Sys PM)

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

	January 2017 PIT Count	January 2018 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	2610	3112	502
Emergency Shelter Total	1765	2290	525
Safe Haven Total	0	0	0
Transitional Housing Total	511	333	-178
Total Sheltered Count	2276	2623	347
Unsheltered Count	334	489	155

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Unduplicated Total sheltered homeless persons	7295	7226	6632	-594
Emergency Shelter Total	6330	6350	5959	-391
Safe Haven Total	0	58	33	-25
Transitional Housing Total	1204	1049	812	-237

FY2018 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	1559	1812	1967	155
Number of adults with increased earned income	117	128	135	7
Percentage of adults who increased earned income	8%	7%	7%	0%

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

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	1559	1812	1967	155
Number of adults with increased non-employment cash income	499	637	719	82
Percentage of adults who increased non-employment cash income	32%	35%	37%	2%

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

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	1559	1812	1967	155
Number of adults with increased total income	578	721	808	87
Percentage of adults who increased total income	37%	40%	41%	1%

FY2018 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	527	516	558	42
Number of adults who exited with increased earned income	116	107	97	-10
Percentage of adults who increased earned income	22%	21%	17%	-4%

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

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	527	516	558	42
Number of adults who exited with increased non-employment cash income	174	185	187	2
Percentage of adults who increased non-employment cash income	33%	36%	34%	-2%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	527	516	558	42
Number of adults who exited with increased total income	259	258	263	5
Percentage of adults who increased total income	49%	50%	47%	-3%

FY2018 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	6184	6092	5838	-254
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	2335	2331	2369	38
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	3849	3761	3469	-292

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

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	7571	7468	6840	-628
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	3111	3105	2951	-154
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	4460	4363	3889	-474

FY2018 - Performance Measurement Module (Sys PM)

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

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

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

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

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Persons who exit Street Outreach	226	237	172	-65
Of persons above, those who exited to temporary & some institutional destinations	91	95	69	-26
Of the persons above, those who exited to permanent housing destinations	75	78	53	-25
% Successful exits	73%	73%	71%	-2%

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

FY2018 - Performance Measurement Module (Sys PM)

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	5135	5040	4591	-449
Of the persons above, those who exited to permanent housing destinations	2282	2263	2195	-68
% Successful exits	44%	45%	48%	3%

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

	Submitted FY 2017	Revised FY 2017	FY 2018	Difference
Universe: Persons in all PH projects except PH-RRH	4444	4373	4307	-66
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	4362	4291	4231	-60
% Successful exits/retention	98%	98%	98%	0%

2019 HDX Competition Report

FY2018 - SysPM Data Quality

CT-505 - Connecticut Balance of State CoC

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

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

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

8/15/2019 8:12:46 PM 14

2019 HDX Competition Report

FY2018 - SysPM Data Quality

	All ES, SH			All TH			All PSH, OPH			All RRH				All Street Outreach						
	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2014- 2015	2015- 2016	2016- 2017	2017- 2018
1. Number of non- DV Beds on HIC	1460	1477	1430	2010	759	637	563	303	4721	4935	5008	4981	276	517	634	696				
2. Number of HMIS Beds	1445	1477	1430	2010	657	595	512	262	3601	3615	3736	3725	273	498	590	673				
3. HMIS Participation Rate from HIC (%)	98.97	100.00	100.00	100.00	86.56	93.41	90.94	86.47	76.28	73.25	74.60	74.78	98.91	96.32	93.06	96.70				
4. Unduplicated Persons Served (HMIS)	9253	8298	7344	6944	1672	1622	1261	1010	4452	4724	4806	4725	2580	2613	2209	2159	1081	711	930	483
5. Total Leavers (HMIS)	7887	6802	6091	5534	887	920	755	554	579	566	605	488	1660	1690	1389	1324	854	318	680	311
6. Destination of Don't Know, Refused, or Missing (HMIS)	3066	1861	965	481	171	43	22	18	91	62	31	16	405	36	33	45	209	107	215	43
7. Destination Error Rate (%)	38.87	27.36	15.84	8.69	19.28	4.67	2.91	3.25	15.72	10.95	5.12	3.28	24.40	2.13	2.38	3.40	24.47	33.65	31.62	13.83

8/15/2019 8:12:46 PM 15

2019 HDX Competition Report

Submission and Count Dates for CT-505 - Connecticut Balance of State CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2019 PIT Count	1/22/2019	

Report Submission Date in HDX

	Submitted On	Met Deadline
2019 PIT Count Submittal Date	4/30/2019	Yes
2019 HIC Count Submittal Date	4/30/2019	Yes
2018 System PM Submittal Date	5/30/2019	Yes

8/15/2019 8:12:46 PM 16

State of Connecticut, Department of Housing, Administrative Plan

- 4. To attain and maintain a high level of standards and professionalism in our day-to-day management of all program components.
- 5. To administer an efficient, high-performing agency through continuous improvement of the PHA's support systems and commitment to our employees and their development

C. PURPOSE OF THE PLAN [§ 24 CFR 982.54]

The purpose of the administrative plan is to establish policies for carrying out the programs in a manner consistent with HUD requirements and local goals and objectives contained in the Agency Plan. The Housing Choice Voucher Program was implemented as of October 1, 1999. The PHA is responsible for complying with all changes in HUD regulations pertaining to these programs. If such changes conflict with this plan, HUD regulations will have precedence. The original plan and any changes must be approved by the Commissioner of DOH, with the pertinent sections included in the Agency Plan and a copy provided to HUD.

Applicable regulations include:

- 1. § 24 CFR Part 5, General Program Requirements
- 2. § 24 CFR Part 8, Nondiscrimination Based on Handicap in Federally Assisted Programs
- 3. § 24 CFR Part 982, Section 8 Tenant-Based Assistance

D. ADMINISTRATIVE FEE RESERVE [§ 24 CFR 982.54(d)(21)]

All expenditures from the administrative fee reserve will be approved by the Commissioner and made in accordance with the approved budget.

E. RULES AND REGULATIONS [§ 24 CFR 982.52]

This administrative plan is set forth to define the PHA's local policies for operation of the housing programs in the context of federal laws and regulations. All issues related to Section 8 not addressed in this document are governed by such federal regulations, HUD memos, notices and guidelines or other applicable law. The policies in this Administrative Plan have been designed to ensure compliance with the consolidated annual contributions contract (ACC) and all HUD-approved applications for program funding.

F. LOCAL PREFERENCE FOR ADMISSION

Homeless Preference for Admission

The PHA will give preference to applicant households meeting all of the following criteria:

1. Are referred to PHA by either a statewide homeless service provider with whom PHA has executed a Memorandum of Understanding (MOU) outlining the provider's

responsibilities with respect to the provision of supportive housing and supportive services for the referred household, or through a DOH-funded homeless service program;

- 2. Have received a written commitment from the homeless service provider for supportive services to help the household's transition from supportive to permanent housing; and
- 3. Have received a written commitment from the homeless service provider for supportive services to help the household comply with Housing Choice Voucher program rules.

Persons transitioning out of the Department of Housing and Urban Development Continuum of Care housing programs (formerly Shelter Plus Care/Supportive Housing Programs) and/or any state funded Permanent Supportive Housing programs into permanent housing will be included as a priority group as part of this preference.

Preference for those transitioni ng out of HUD, CoC funded PSH

This preference shall be limited to applicants who have been certified as meeting the criteria for this preference by the homeless service provider noted above.

This preference shall be limited to two vouchers in three issued by the PHA.

G. TERMINOLOGY

The State of Connecticut Department of Housing and its contract administrator are referred to as the "PHA" or "public housing agency" throughout this document.

- 1. "Family" is used interchangeably with the words "applicant" or "participant" and can refer to a single person family.
- 2. "Tenant" is used to refer to participants in terms of their relation to owners.
- 3. "Disability" is used where "handicap" was formerly used.
- 4. "Non-citizens rule" refers to the regulation effective June 19, 1995 restricting assistance to U. S. citizens and eligible immigrants.
- 5. The Section 8 program also is known as the Housing Choice Voucher (HCV) Program.
- 6. "HQS" means the housing quality standards required by regulations and enhanced by the PHA.
- 7. "Failure to provide" refers to all requirements in the first Family Obligation. See Chapter 15, "Denial or Termination of Assistance."
- 8. "Merger date" refers to October 1, 1999 that is the effective date of the merging of the Section 8 Certificate and Voucher program into the Housing Choice Voucher Program.

See Glossary for other terminology.

CITY OF HARTFORD DEPARTMENT OF DEVELOPMENT SERVICES HOUSING DIVISION

HOUSING CHOICE VOUCHER PROGRAM ADMINISTRATIVE PLAN

2018

Ranking preferences are identified below by the numeric value next to the preference category (example: a "1" in the space that represents the first priority, a "2" in the box representing the second priority, and so on.) If equal weight is given to one or more of these choices the same number will be next to both.

Preferences

- Chronically homeless An individual or family who has been homeless for 12 months continuously or who has had four occasions of homelessness in the past three years and has a disability and as defined by HUD in 24 CFR Parts 91 and 578. December 4, 2015. This preference will also include persons transitioning out of permanent supportive housing programs, who were previously homeless prior to entry into the permanent supportive housing program. All referrals will come from Journey Home on behalf of the Greater Hartford Coordinated Access Network and will be prioritized based on need according to length of time homeless and the VI SPDAT assessment.
- 2 Redevelopment Displacement A family currently living in Bowles Park and Westbrook Village who is being displaced by redevelopment due to new construction.
- 3 Homeless Families with children and unaccompanied homeless youth A family that has at least one adult and at least one child under the age of 18 that is experiencing homelessness, or an individual who is 18-24 years old, or an individual or family where the head of household is under the age of 18 and is legally emancipated that is experiencing homeless as defined by HUD in 24 CFR 578.3: Category 1 or Category 4 for a minimum of at least 30 days, or is unsuccessfully terminating out of a rapid rehousing program and where this individual or family is referred by Journey Home on behalf of the Greater Hartford Coordinated Access Network. Eligible families and individuals will be referred on a prioritized basis as determined by a point system; described below:

Housing Choice Voucher- Homeless Families and Youth Preference Point System:

Points	Criteria
(+1)	For each month of homelessness (in a transitional living program, sleeping outside or place not meant for human habitation, in a shelter, or in a hotel paid for by charity, or in an institution where they have resided for less than 90 days and were in one of the aforementioned locations immediately prior to entering the institution) that is verified by a third-party provider (shelter provider, doctor, police, etc.)
(+1)	If the household has any children under the age of 6
(+1)	If the household has a history of involvement with the CT Department of Children and Families

Homeless Preferences identified on pp. 2-3 and 7,9 & 10.

Pp 2-3 - General Homeless Preference

PP 7-8 General Homeless Preference

P. 9 Limited Homeless Preference (1 in 3 vouchers)

P. 10 Limited Homeless Preference - limited to project based vouchers Attachment A

within Housing Choice Vouchers

CITY OF HARTFORD DEPARTMENT OF DEVELOPMENT SERVICES HOUSING DIVISION

HOUSING CHOICE VOUCHER PROGRAM ADMINISTRATIVE PLAN

2018

the HA as vouchers become available. A physical copy of the waitlist will be timestamped, saved and printed on a monthly basis. Physical copies of all pre-application forms will be securely retained for seven years. Copies of preference and priority verification methods and forms will be submitted with the pre-application at time of referral and made a permanent part of each client's case file.

A printed version of the preference and priority waiting lists reports will be maintained and shared with the HA on a monthly basis for audit trail support and audit requirements needs.

Referrals from the Greater Hartford Coordinated Access Network

The Greater Hartford Coordinated Access Network (GH CAN) currently holds three housing matching meetings, one for families, one for individual re-housing referrals and one for those identified as Chronically Homeless. All households that have been in an emergency shelter for two weeks or more, or have been in a place not meant for human habitation for two weeks OR more and are working with an outreach worker, complete a VI-SPDAT assessment, or Next Step Tool for youth, and their names are automatically placed onto the GH CAN "By Name List" in the Homeless Management Information System. This is the centralized list used in the greater Hartford region to make referrals for available housing units and this will be the same list that is used for purposes of determining eligibility for referral under this program. Other potentially eligible households, including those in Department of Social Services or State of CT Department of Children and Families emergency shelters, or those in hotels or motels paid for by government or charity can be added to this list by calling Journey Home and completing a VI-SPDAT or Next Step Tool with them or another CAN provider, and providing evidence that they have been in a hotel/shelter paid for by government or charity for two weeks or more. Being on the By Name List will be the threshold for determining that the household is being referred from the GH CAN.

GH CAN providers will, at the housing matching meetings of families and youth households, assist in determining whether a given individual/family would be a good fit for the Housing Choice Voucher program, though any eligible household who is on the By Name List will be allowed to apply. For households coming from Rapid re-housing programs, they will be required to produce a Rapid Rehousing referral form which designates that in the professional opinion of the program staff the household will not be able to maintain permanent housing when they are terminated from the rapid re-housing program. Households recently enrolled in Rapid re-housing or households that are believed to "graduate" from rapid rehousing successfully able to afford their housing will not be eligible. Rapid Re-housing staff will be thoroughly trained to understand the preference requirements.

4.2 IDENTIFICATION OF PREFERENCES

The following categories represent preferences on the waiting list:

As with any waiting list and any published added preference, the HA will first review its existing waiting list for any eligible family that would meet the preference criteria in order to give that family, by order of their wait list position, the opportunity to see if they qualify for the specific preference and be able to be among the first served in accordance with HA admission policies, once they are determined to meet Section 8 criteria.

Chronically Homeless – an individual or family who has been homeless for 12 months continuously or who has had four occasions of homelessness in the past three years and has a disability as defined by HUD in 24 CFR Parts 91 and 578, December 4, 2015 where an individual or family is referred by Journey Home on behalf of the Greater Hartford Coordinated Access Network, a consortium of over 20 different homeless service agencies.

Redevelopment Displacement - to address the displacement of families residing in Bowles Park and Westbrook Village where relocation is triggered by redevelopment through new construction.

Homeless Families with children and unaccompanied homeless youth - A family that has at least one adult and at least one child under the age of 18 that is experiencing homelessness, or an individual who is 18-24 years old, or an individual or family where the head of household is under the age of 18 and is legally emancipated that is experiencing homeless as defined by HUD in 24 CFR 578.3: Category 1 or Category 4 for a minimum of at least 30 days, or is unsuccessfully terminating out of a rapid rehousing program and where this individual or family is referred by Journey Home on behalf of the Greater Hartford Coordinated Access Network.

Homeless household – An individual or family who lacks a fixed, regular, and adequate nighttime residence, as defined by HUD in 24 CFR 578.3: Category 1 or Category 4.

Elderly family - A family whose head or spouse (or sole member) is 62 years or older and a family that includes an elderly person(s).

Disabled/Handicapped family - A family whose member(s) include a person(s) who is under a disability as defined in Section 223 of the Social Security Act (42 U.S.C. 423) or has a developmental disability as defined in section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(7)). Handicapped family - A family whose member(s) include a person(s) having a physical or mental impairment that (a) is expected to be of a long-continued and indefinite duration, (b) substantially impedes his or her ability to live independently, and (c) is of such nature that such ability could be improved by more suitable housing.

4.3 RANKING OF THE PREFERENCES

Ranking preferences are identified below by the numeric value next to the preference category (example: a "1" in the space that represents the first priority, a "2" in the box representing the second priority, and so on.) If equal weight is given to one or more of these choices the same number will be next to both.

Preferences

- Chronically homeless An individual or family who has been homeless for 12 months continuously or who has had four occasions of homelessness in the past three years and has a disability and as defined by HUD in 24 CFR Parts 91 and 578. December 4, 2015. This preference will also include persons transitioning out of permanent supportive housing programs, who were previously homeless prior to entry into the permanent supportive housing program. All referrals will come from Journey Home on behalf of the Greater Hartford Coordinated Access Network and will be prioritized based on need according to length of time homeless and the VI SPDAT assessment.
- 2 Redevelopment Displacement A family currently living in Bowles Park and Westbrook Village who is being displaced by redevelopment due to new construction.
- 3 Homeless Families with children and unaccompanied homeless youth A family that has at least one adult and at least one child under the age of 18 that is experiencing homelessness, or an individual who is 18-24 years old, or an individual or family where the head of household is under the age of 18 and is legally emancipated that is experiencing homeless as defined by HUD in 24 CFR 578.3: Category 1 or Category 4 for a minimum of at least 30 days, or is unsuccessfully terminating out of a rapid rehousing program and where this individual or family is referred by Journey Home on behalf of the Greater Hartford Coordinated Access Network. Eligible families and individuals will be referred on a prioritized basis as determined by a point system; described below:

Housing Choice Voucher- Homeless Families and Youth Preference Point System:

Points	Criteria
(+1)	For each month of homelessness (in a transitional living program, sleeping outside or place not meant for human habitation, in a shelter, or in a hotel paid for by charity, or in an institution where they have resided for less than 90 days and were in one of the aforementioned locations immediately prior to entering the institution) that is verified by a third-party provider (shelter provider, doctor, police, etc.)
(+1)	If the household has any children under the age of 6
(+1)	If the household has a history of involvement with the CT Department of Children and Families

(+1)	If the household's current occasion of homelessness is due to them being
	kicked out of a parent or guardian's home.
(+1)	If the individual or family is fleeing, or is attempting to flee, domestic violence,
	dating violence, sexual assault, stalking or other dangers or life threatening
	conditions that relate to violence against the individual or a family member,
	including a child, that has either taken place within the individuals' or families
	primary nighttime residence or has made the individual or family afraid to
	return to their primary nighttime residence, and has no other residence, and
	lacks the resources or support networks, e.g. family, friends and faith-based
	or other social networks, to obtain other permanent housing.

Within the "Homeless Families and Youth" preference category is a priority point system. One priority point will be awarded for each criteria with the exception of the first listed criteria. In the case of the first criteria one priority point will be awarded for each month of homelessness. The highest number of priority points that an applicant can qualify for with this preference category will determine the top ranked applicants. Ties will be broken by date of application.

Eligibility Screening and the Point System:

Families with children under 18, youth or young adults on the HA current waitlist wishing to be screened for the preference and households referred by the GH CAN will be asked to complete the **City of Hartford Homeless Youth and Family Waiting List Pre- Application Form.** This form and required documentation that must be submitted with the form will collect the information necessary to determine if the household is eligible for the preference as well as to determine the household's level or prioritization.

Households that may be eligible for the preference, but are ineligible for a Housing Choice Voucher because they do not meet the HA's admission standards as outlined in the Administrative Plan, will be denied for the preference.

- 4 Homeless Households An individual or family who lacks a fixed, regular, and adequate nighttime residence, as defined by HUD in 24 CFR 578.3: Category 1 or Category 4.
- <u>5</u> Elderly family A family whose head or spouse (or sole member) is 62 years or older.
- <u>6</u> Disabled/Handicapped family A family whose member(s) include a person(s) who is under a disability as defined in Section 223 of the Social Security Act (42 U.S.C. 423) or has a developmental; disability as defined in section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(7)). Handicapped family A family whose member(s) include a person(s) having a physical or mental impairment

THE PLAN

for Administration of the U. S. Department of Housing and Urban Development (HUD) SECTION 8 Housing Choice Voucher Program Effective JULY 2019



Office of Individual and Family Program

A tool for administering and managing the federal Section 8 voucher programs of the Connecticut Department of Housing. These programs include the Housing Choice Voucher, both tenant-based and project-based, Family Unification, Mainstream Housing Opportunities Program for Persons with Disabilities and the Veterans Affairs Supportive Housing Programs

STATE OF CONNECTICUT

Department of Housing

505 Hudson Street

Hartford, CT 06106-7107

- 4. To attain and maintain a high level of standards and professionalism in our day-to-day management of all program components.
- 5. To administer an efficient, high-performing agency through continuous improvement of the PHA's support systems and commitment to our employees and their development

C. PURPOSE OF THE PLAN [§ 24 CFR 982.54]

The purpose of the administrative plan is to establish policies for carrying out the programs in a manner consistent with HUD requirements and local goals and objectives contained in the Agency Plan. The Housing Choice Voucher Program was implemented as of October 1, 1999. The PHA is responsible for complying with all changes in HUD regulations pertaining to these programs. If such changes conflict with this plan, HUD regulations will have precedence. The original plan and any changes must be approved by the Commissioner of DOH, with the pertinent sections included in the Agency Plan and a copy provided to HUD.

Applicable regulations include:

- 1. § 24 CFR Part 5, General Program Requirements
- 2. § 24 CFR Part 8, Nondiscrimination Based on Handicap in Federally Assisted Programs
- 3. § 24 CFR Part 982, Section 8 Tenant-Based Assistance

D. ADMINISTRATIVE FEE RESERVE [§ 24 CFR 982.54(d)(21)]

All expenditures from the administrative fee reserve will be approved by the Commissioner and made in accordance with the approved budget.

E. RULES AND REGULATIONS [§ 24 CFR 982.52]

This administrative plan is set forth to define the PHA's local policies for operation of the housing programs in the context of federal laws and regulations. All issues related to Section 8 not addressed in this document are governed by such federal regulations, HUD memos, notices and guidelines or other applicable law. The policies in this Administrative Plan have been designed to ensure compliance with the consolidated annual contributions contract (ACC) and all HUD-approved applications for program funding.

F. LOCAL PREFERENCE FOR ADMISSION

Homeless Preference for Admission

The PHA will give preference to applicant households meeting all of the following criteria:

1. Are referred to PHA by either a statewide homeless service provider with whom PHA has executed a Memorandum of Understanding (MOU) outlining the provider's

- responsibilities with respect to the provision of supportive housing and supportive services for the referred household, or through a DOH-funded homeless service program;
- 2. Have received a written commitment from the homeless service provider for supportive services to help the household's transition from supportive to permanent housing; and
- 3. Have received a written commitment from the homeless service provider for supportive services to help the household comply with Housing Choice Voucher program rules.

Persons transitioning out of the Department of Housing and Urban Development Continuum of Care housing programs (formerly Shelter Plus Care/Supportive Housing Programs) and/or any state funded Permanent Supportive Housing programs into permanent housing will be included as a priority group as part of this preference.

This preference shall be limited to applicants who have been certified as meeting the criteria for this preference by the homeless service provider noted above.

This preference shall be limited to two vouchers in three issued by the PHA.

G. TERMINOLOGY

The State of Connecticut Department of Housing and its contract administrator are referred to as the "PHA" or "public housing agency" throughout this document.

- 1. "Family" is used interchangeably with the words "applicant" or "participant" and can refer to a single person family.
- 2. "Tenant" is used to refer to participants in terms of their relation to owners.
- 3. "Disability" is used where "handicap" was formerly used.
- 4. "Non-citizens rule" refers to the regulation effective June 19, 1995 restricting assistance to U. S. citizens and eligible immigrants.
- 5. The Section 8 program also is known as the Housing Choice Voucher (HCV) Program.
- 6. "HQS" means the housing quality standards required by regulations and enhanced by the PHA.
- 7. "Failure to provide" refers to all requirements in the first Family Obligation. See Chapter 15, "Denial or Termination of Assistance."
- 8. "Merger date" refers to October 1, 1999 that is the effective date of the merging of the Section 8 Certificate and Voucher program into the Housing Choice Voucher Program.

See Glossary for other terminology.

2. All applicants must meet very low-income eligibility requirements as established by HUD. Any exceptions to these requirements, other than those outlined in chapter 2 of this Administrative Plan, "Eligibility for Admission," must have been approved previously by the HUD field office.

Special Admissions [§ 24 CFR 982.54(d)(e), 982.203]

Applicants, who are admitted under special admissions, rather than from the waiting list, are identified by codes in the automated system and are not maintained on separate lists.

B. WAITING LIST PREFERENCES [§ 24 CFR 982.207]

Tenant-based program preferences:

Pre-applications for admission to the tenant-based program will be selected in lottery-determined order, with the following exceptions:

Chronically homeless preference:

After placement on the tenant-based waiting list as noted above, applicants will be screened for eligibility as chronically homeless. A secondary waiting list will be generated based on this screening, and one of every three vouchers issued will be made available to a chronically homeless applicant.

When this secondary list has been exhausted, families who qualify as chronically homeless will be selected from the waiting list generated by the CAN based on their vulnerability index.

Homeless Young Family preference:

One of every three vouchers issued will be made available to homeless young families as defined in the Glossary.

The family unification preference:

Families who qualify for the family unification preference are families for whom the lack of adequate housing is a primary factor in the imminent placement of the family's child or children in out-of-home care or in the delay of discharge of a child or children to the family from out-of-home care, will have their referral/pre-application forms from the Department of Children and Families (DCF) to the PHA. The PHA will determine if the families are eligible for Section 8 rental assistance.

If a family for whom the lack of adequate housing is a primary factor in the imminent placement of the family's child or children in out-of-home care or in the delay of discharge of a child or children to the family from out-of home care is determined eligible by the PHA to receive a HCV, the family will be invited to participate in the program in accordance with HUD regulations and other requirements and with policies stated in the DOH administrative plan.

All persons interested in utilizing this preference must be referred to the PHA by DCF. The PHA will accept referrals/pre-applications only from DCF staff. DCF will designate gatekeepers to identify and refer eligible families to the PHA. The PHA will determine if the families are eligible for Section 8 rental assistance.

This preference will enhance the State of Connecticut's continuing efforts to maintain intact families and to provide decent, safe and sanitary housing for families. Referrals to Section 8 FUP will remain open for this preference and the PHA will accept referrals/pre-applications until further notice.

Project-based program preferences:

Applicants for admission to the project-based program will be selected in chronological order, subject to the availability of assisted dwelling units that are appropriate to the size of the family. Priority will be given to families who qualify for the following preferences:

Project-based supportive housing preferences:

- The supportive housing preference. This preference is given to an applicant on the PBV-based voucher project waiting list who qualifies for the targeted CT Department of Mental Health and Addiction (DMHAS) funded supportive services linked through the Supportive Housing RFP process to the PBV-funded supportive housing units.
- 2. The homeless family preference. A preference will be given to families who are homeless for project-based units designated for homeless families. A homeless family is one that meets the HUD definition of homeless at 24 CFR 91.5.

The PHA may place a family referred by an owner of assisted dwelling units on its waiting list, subject to the provisions in Chapter 3 of this Administrative Plan, "Applicant Status While on the Project-Based Waiting List."

C. DENIAL OF PREFERENCE [§ 24 CFR 5.410(C)(3)]

No preference of any kind will be given to an applicant if a member of the applicant's family was evicted during the past three years from housing assisted under the 1937 Housing Act Program because of drug-related criminal activity, except that the PHA may give an admissions preference if the PHA determines that the evicted person:

- 1. has successfully completed a rehabilitation program approved by the PHA or
- 2. clearly did not participate in or know about the drug-related criminal activity or
- 3. no longer participates in any drug-related criminal activity.

HOMELESS YOUNG

FAMILYThe head of household is aged 18 – 25 at the time of entry on the waiting list, and the household must be exiting permanent supportive housing, non-time-limited supportive housing, transitional housing, or a rapid rehousing program.

HOUSEHOLD...... A household consists of all the people who occupy a housing unit. A house, an apartment or other group of rooms, or a single room, is regarded as a housing unit when it is occupied or intended for occupancy as separate living quarters; that is when the occupants do not live with any other persons in the structure and there is direct access form the outside or through a common hall.

HOUSING AGENCY (or HA; see PUBLIC

HOUSING AGENCY)

A state, county, municipality or other governmental entity or public body (or agency or instrumentality thereof) authorized to engage in or assist in the development or operation of low-income housing. (Note: PHA and HA mean the same thing.)

HOUSING AND COMMUNITY DEVELOPMENT

ACT OF 1974......The act that the U. S. Housing Act of 1937 (sometimes referred to as the Act) was re-codified and that added the Section 8 Programs.

HOUSING ASSISTANCE

PAYMENT (or HAP)......The monthly assistance payment by a PHA. The total assistance payment consists of:

- 1. A payment to the owner for rent to owner under the family's lease.
- 2. An additional payment to the family if the total assistance payment exceeds the rent to owner. The additional payment is called a "utility reimbursement" payment.

HOUSING ASSISTANCE PAYMENTS CONTRACT

(or HAP CONTRACT)A written contract between a PHA and an owner in the form prescribed by HUD headquarters, that the PHA agrees to make housing assistance payments to the owner on behalf of an eligible family.

HOUSING

ASSISTANCE PLAN1.

A Housing Assistance Plan submitted by a local government participating in the Community Development Block Program as part of the block grant application, in accordance with the requirements of 570.303(c) submitted by a local government not participating in the Community Development Block Grant Program and approved by HUD.

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

SINGLE ADULTS

AMERICAN VERSION 2.01

Administration

Interviewer's Name	Agency	□ Team □ Staff □ Volunteer
Survey Date	Survey Time	Survey Location
DD/MM/YYYY//		

Opening Script

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

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

Basic Information

First Name	Nicknan	ne	Last Name			
In what language do you feel best	able to	express yourself?				
Date of Birth	Age	Social Security Number	Consent to part	icipate		
DD/MM/YYYY/			□Yes	□No		
IF THE PERSON IS 60 YEARS OF AG	SE OR OL	DER THEN SCORE 1			SCORE:	

A. mistory of nousing and nometessitess				
	□ Safe	sitior Have doors		
	□ Refu	used		
IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRAN OR "SAFE HAVEN", THEN SCORE 1.	NSITIO	NAL I	HOUSING",	SCORE:
2. How long has it been since you lived in permanent stable housing?			☐ Refused	
3. In the last three years, how many times have you been homeless?			□ Refused	
IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.	OF HO	MELE	ESSNESS,	SCORE:
B. Risks				
4. In the past six months, how many times have you				
a) Received health care at an emergency department/room?	-		☐ Refused	
b) Taken an ambulance to the hospital?	-		☐ Refused	
c) Been hospitalized as an inpatient?	-		☐ Refused	
d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	-		□ Refused	
e) Talked to police because you witnessed a crime, were the victi of a crime, or the alleged perpetrator of a crime or because th police told you that you must move along?			□ Refused	
f) Stayed one or more nights in a holding cell, jail or prison, whe that was a short-term stay like the drunk tank, a longer stay for more serious offence, or anything in between?			□ Refused	
IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN EMERGENCY SERVICE USE.	I SCOR	E 1 F0	OR	SCORE:
5. Have you been attacked or beaten up since you've become homeless?	□ Y	□N	□ Refused	
6. Have you threatened to or tried to harm yourself or anyone else in the last year?	□ Y	□N	□ Refused	
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.				SCORE:

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?	□ Y	□N	□ Refused	
IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.				SCORE:
8. Does anybody force or trick you to do things that you do not want to do?	□Y	□N	☐ Refused	
9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?	ΠY	□N	□ Refused	
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLO	OITATIO	ON.		SCORE:
C. Socialization & Daily Functioning				
10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?	□ Y	□N	□ Refused	
11. Do you get any money from the government, a pension,	ПΥ	⊓м	☐ Refused	
an inheritance, working under the table, a regular job, or anything like that?		N	Li Neruseu	
an inheritance, working under the table, a regular job, or		,		SCORE:
an inheritance, working under the table, a regular job, or anything like that? IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1	FOR N	лОNEY		SCORE:
 an inheritance, working under the table, a regular job, or anything like that? IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 MANAGEMENT. 12.Do you have planned activities, other than just surviving, that 	FOR N	лОNEY		SCORE:
 an inheritance, working under the table, a regular job, or anything like that? IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 MANAGEMENT. 12.Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? 	FOR N	лОNEY		
 an inheritance, working under the table, a regular job, or anything like that? IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 MANAGEMENT. 12.Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY. 13.Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean 	FOR M	MONEY □ N	Refused	
an inheritance, working under the table, a regular job, or anything like that? IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 MANAGEMENT. 12.Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY. 13.Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	FOR M	ΛONEY □ N □ N	Refused	SCORE:

D. Wellr	less
----------	------

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	□ Y	□N	□ Refused				
16.Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	□ Y	□N	□ Refused				
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?	□ Y	□N	□ Refused				
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	□ Y	□N	□ Refused				
19.When you are sick or not feeling well, do you avoid getting help?	□ Y	□N	□ Refused				
20. FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant?	□ Y	□N	□ N/A or Refused				
IF "VES" TO ANY OF THE ABOVE THEN SCORE 1 FOR BUYCLCAL HEAD	T11			SCORE:			
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEA	LI H.						
21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?	□ Y	□N	☐ Refused				
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?	□ Y	□N	□ Refused				
IF "VEC" TO ANY OF THE ABOVE THEN COOPE 1 FOR CHROTANCE HE				SCORE:			
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE US	E.						
23. Have you ever had trouble maintaining your housing, or been k apartment, shelter program or other place you were staying, be			an				
a) A mental health issue or concern?	\Box Y	\square N	☐ Refused				
b) A past head injury?	□ Y	\square N	☐ Refused				
c) A learning disability, developmental disability, or other impairment?	□ Y	□N	□ Refused				
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	□ Y	□N	□ Refused				
IF "VES" TO ANY OF THE ABOVE THEN SCORE 4 FOR MENTAL HEALT				SCORE:			
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALT	п.						
				<u> </u>			
IF THE RESPONENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SL	IRSTAI	NCF ILS	F AND 1	SCORE:			

AMERICAN VERSION 2.01

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	□ Y	□N	☐ Refused	
26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?	□ Y	□N	□ Refused	
IF "VEC" TO ANY OF THE ABOVE SCORE 1 FOR MEDICATIONS				SCORE:
IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS .				
27. YES OR NO: Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?	□ Y	□N	□ Refused	
IF "VEC" COOPE 4 FOR ARISE AND TRAINA				
IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.				

Scoring Summary

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

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do	place:
50?	time:: or
Is there a phone number and/or email where someone can safely get in touch with	phone: ()
you or leave you a message?	email:
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of legal status in country discharge
- ageing out of care
- · mobility issues

- income and source of it
- current restrictions on where a person can legally reside
- · children that may reside with the adult at some point in the future
- safety planning

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

FAMILIES

AMERICAN VERSION 2.0

Administration

Interviewer's Name	Agency	□ Team □ Staff □ Volunteer
Survey Date	Survey Time	Survey Location
DD/MM/YYYY//	:	

Opening Script

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

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

Basic Information

	First Name	Nicknan	ne	Last Name	
PARENT 1	In what language do you feel best		express yourself?		
PAF	Date of Birth	Age	Social Security Number	Consent to pa	rticipate
	DD/MM/YYYY/			□Yes	□No
	□ No second parent currently par	t of the h	ousehold		
Γ2	First Name	Nicknan	ne	Last Name	
PARENT	In what language do you feel best	able to	express yourself?		
<u>.</u>	Date of Birth	Age	Social Security Number	Consent to pa	rticipate
	DD/MM/YYYY//			□Yes	□No
					SCORE:
TIFE	ITHER HEAD OF HOUSEHOLD IS 60	YEARS U	FAGE OR OLDER, THEN SO	LURE I.	

ŀ	nildren					
1.	How many children under the ag			☐ Refused		
2.	2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed?				□ Refused	
3.	IF HOUSEHOLD INCLUDES A FEMA family currently pregnant?	LE: Is any member of the	□ Y	□N	☐ Refused	
4.	Please provide a list of children'	s names and ages:				
	First Name	Last Name	Age		Date of Birth	
AI IF	THERE IS A SINGLE PARENT WITH ND/OR A CURRENT PREGNANCY, T THERE ARE TWO PARENTS WITH 3 ND/OR A CURRENT PREGNANCY, T	HEN SCORE 1 FOR FAMILY SIZE . 3+ CHILDREN, AND/OR A CHILD	AGED			SCORE:
١.	History of Housing a	nd Homelessness				
5.	Where do you and your family slone)	eep most frequently? (check	□ Tra □ Sa □ O t	ıfe Hav utdoor		
			□ Re	efused		
	THE PERSON ANSWERS ANYTHIN R "SAFE HAVEN", THEN SCORE 1.	G OTHER THAN "SHELTER", "TRA	ANSITI	ONAL	HOUSING",	SCORE:
6.	How long has it been since you a permanent stable housing?	and your family lived in			□ Refused	
7.	In the last three years, how man family been homeless?	y times have you and your			□ Refused	
	THE FAMILY HAS EXPERIENCED 1 ND/OR 4+ EPISODES OF HOMELES		OF HO	OMELE	SSNESS,	SCORE:

AMERICAN VERSION 2.0

B. Risks

8. In the past six months, now many times have you or anyone in your to	amity	•	
a) Received health care at an emergency department/room?		☐ Refused	
b) Taken an ambulance to the hospital?		☐ Refused	
c) Been hospitalized as an inpatient?		☐ Refused	
d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?		□ Refused	
e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along?		□ Refused	
f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?		□ Refused	
IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCO	RE 1 F	OR	SCORE:
EMERGENCY SERVICE USE.			
9. Have you or anyone in your family been attacked or beaten up \Box Y since they've become homeless?	□N	☐ Refused	
10. Have you or anyone in your family threatened to or tried to harm themself or anyone else in the last year? \Box Y	□N	☐ Refused	
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.			SCORE:
11. Do you or anyone in your family have any legal stuff going on □ Y		☐ Refused	
right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live?	LI IV	□ Refused	
15 W/50 T T T T T T C C C C T T C T C T T C T C T T C T T C T C T T C T T C T T C T T C T T C T T C T			SCORE:
IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.			
12. Does anybody force or trick you or anyone in your family to do ☐ Y things that you do not want to do?	□N	□ Refused	
13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? □ Y	□N	□ Refused	
			SCORE:
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION	NAI _		SCOKE.

C. Socialization & Daily Functioning				
14.Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money?	□ Y	□N	□ Refused	
15.Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	ΠY	□N	□ Refused	
IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 MANAGEMENT.	FOR N	JONEY		SCORE:
16.Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?	ПΥ	□N	□ Refused	
IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.				SCORE:
17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	ПΥ	□N	□ Refused	
IF "NO," THEN SCORE 1 FOR SELF-CARE .				SCORE:
18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted?	□ Y	□N	□ Refused	
IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS .				SCORE:
D. Wellness		,		
19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family?	□ Y	□N	□ Refused	
20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	□ Y	□N	☐ Refused	
21.If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family?	□ Y	□N	□ Refused	
22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	□ Y	□N	☐ Refused	
23. When someone in your family is sick or not feeling well, does your family avoid getting medical help?	□ Y	□N	☐ Refused	
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEA	LTH.			SCORE:

FAMILIES AMERICAN VERSION 2.0

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past?	□ Y	□N	□ Refused	
25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?	□ Y	□N	□ Refused	
TE WYES! TO ANY OF THE ABOVE THEN SCORE 4 FOR CURCTANGE IN				SCORE:
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE US	SE.			
26. Has your family ever had trouble maintaining your housing, or apartment, shelter program or other place you were staying, be			out of an	
a) A mental health issue or concern?	\square Y	\square N	☐ Refused	
b) A past head injury?	\square Y	\square N	□ Refused	
c) A learning disability, developmental disability, or other impairment?	□ Y	□N	☐ Refused	
27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed?	□ Y	□N	□ Refused	
TE WARRY TO ANNUAR THE ARRIVE THEN SCORE A FOR MENTAL HEAD				SCORE:
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALT	н.			
28.IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH: Does any single member of your household have a medical condition, mental health concerns, and experience with problematic substance us		□N	□ N/A or Refused	
IF "VEC" CCORE 1 FOR TRI MORRIDITY				SCORE:
IF "YES", SCORE 1 FOR TRI-MORBIDITY .				
29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking?	□ Y	□N	□ Refused	
30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication?	□ Y	□N	□ Refused	
IF "VES" TO ANY OF THE ABOVE SCORE 1 FOR MEDICATIONS				SCORE:
IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.				
31.YES OR NO: Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced?	□ Y	□N	□ Refused	
IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.				SCORE:
TES, SCORE THOR ABOSE AND TRAOPIA.				

E. Family Unit				
32. Are there any children that have been removed from the family by a child protection service within the last 180 days?	□ Y	□N	□ Refused	
33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?	□ Y	□N	□ Refused	
IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEGAL ISSUES	5.			SCORE:
34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?	□ Y	□N	☐ Refused	
35. Has any child in the family experienced abuse or trauma in the last 180 days?	□ Y	□N	☐ Refused	
36. IF THERE ARE SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week?	ПΥ	□ N	□ N/A or Refused	
IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 30 OF CHILDREN.	6, SCO	RE 1 F	OR NEEDS	SCORE:
37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?	□ Y	□N	□ Refused	
38.Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?	□ Y	□N	☐ Refused	
IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY.				SCORE:
39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that?	ПΥ	□N	□ Refused	
40. After school, or on weekends or days when there isn't school, is spend each day where there is no interaction with you or anoth				
a) 3 or more hours per day for children aged 13 or older?	\square Y	\square N	☐ Refused	
b) 2 or more hours per day for children aged 12 or younger?	\square Y	\square N	☐ Refused	
41.IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER: Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?	□ Y	□N	□ N/A or Refused	
IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 4 PARENTAL ENGAGEMENT.	1, SCO	RE 1 F	OR	SCORE:

AMERICAN VERSION 2.0

Scoring Summary

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

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: : c		
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: () email:		
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	□Yes	□No	Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- · ageing out of care
- · mobility issues
- legal status in country
- · income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

NEXT STEP TOOL FOR HOMELESS YOUTH

SINGLE YOUTH

AMERICAN VERSION 1.0

Administration

Interviewer's Name	Agency	□ Team □ Staff □ Volunteer		
Survey Date	Survey Time	Survey Location		
DD/MM/YYYY//	:			

Opening Script

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

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

Basic Information

First Name	Nickname		Last Name				
In what language do you feel best able to express yourself?							
Date of Birth	Age	Social Security Number	Consent to parti	cipate			
DD/MM/YYYY/			□Yes	□No			

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

SCORE:

AMERICAN VERSION 1.0

A. History of Housing and Homelessness 1. Where do you sleep most frequently? (check one) ☐ Shelters □ Couch surfing ☐ Other (specify): ☐ Transitional Housing ☐ **Outdoors** ☐ Refused ☐ Safe Haven **SCORE:** IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1. 2. How long has it been since you lived in permanent stable ☐ Refused housing? 3. In the last three years, how many times have you been ☐ Refused homeless? **SCORE:** IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS,

AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

B. Risks

4. In the past six months, how many times have you					
a) Received health care at an emergency department/room?					
b) Taken an ambulance to the hospital?					
c) Been hospitalized as an inpatient?					
d) Used a crisis service, including sexual assault crisis, mental ————————————————————————————————————					
e) Talked to police because you witnessed a crime, were the victim □ Refused of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?					
f) Stayed one or more nights in a holding cell, jail, prison or juvenile detention, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?					
IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR					
EMERGENCY SERVICE USE.					
5. Have you been attacked or beaten up since you've become ☐ Y ☐ N ☐ Refused homeless?					
6. Have you threatened to or tried to harm yourself or anyone ☐ Y ☐ N ☐ Refused else in the last year?					
TE "NES" TO ANN OF THE ABOVE THEN SCORE 4 FOR DISK OF HARM	SCORE:				
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.					

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?	□ Y	□N	□ Refused			
8. Were you ever incarcerated when younger than age 18?	□ Y	\square N	☐ Refused			
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR LEGAL ISSUES.				SCORE:		
9. Does anybody force or trick you to do things that you do not want to do?	□ Y	□N	□ Refused			
10. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?	□ Y	□N	□ Refused			
IF "VES" TO ANY OF THE ABOVE THEN SCORE 1 FOR RISK OF EVALUATION						
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLO	HAHC	, IN.				
C. Socialization & Daily Functioning						
11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?	□ Y	□N	☐ Refused			
12.Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that?	ПΥ	□N	□ Refused			
IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 MANAGEMENT.	FOR N	IONEY		SCORE:		
13.Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	ПΥ		☐ Refused			
IE "NO" THEN SCORE 4 FOR MEANINGEN, BANN ACTIVITY						
IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.				SCORE:		
14. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	ΠY	□N	□ Refused	SCORE:		

15.Is your current lack of stable housing					
 a) Because you ran away from your family home, a group home or a foster home? 	□ Y	□N	☐ Refused		
b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?	□ Y	□N	☐ Refused		
c) Because your family or friends caused you to become homeless?	□ Y	□N	☐ Refused		
d) Because of conflicts around gender identity or sexual orientation?	□ Y	□N	☐ Refused		
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SOCIAL RELATI	ONSH	IPS.		SCORE:	
e) Because of violence at home between family members?	□Y	□N	☐ Refused		
f) Because of an unhealthy or abusive relationship, either at home or elsewhere?	□ Y	□N	□ Refused		
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR ABUSE/TRAUMA .					
THE TO ANT OF THE ABOVE, THEN SCOKE FROM ABOSE, TRACE	i/1.				
D. Wellness					
16.Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	□ Y	□N	☐ Refused		
17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	□ Y	□N	☐ Refused		
18. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?	□ Y	□N	□ Refused		
19.Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	□ Y	□N	□ Refused		
20. When you are sick or not feeling well, do you avoid getting medical help?	□ Y	□N	☐ Refused		
21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?	□ Y	□N	☐ Refused		
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.					
TES TO ART OF THE ABOVE, THER SCOKE FLOR FILLSCHE					

SINGLE YOUTH AMERICAN VERSION 1.0

22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?	□ Y	□N	☐ Refused				
23. Will drinking or drug use make it difficult for you to stay housed or afford your housing?	□ Y	□N	☐ Refused				
24. If you've ever used marijuana, did you ever try it at age 12 or younger?	□ Y	□N	□ Refused				
				SCORE:			
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE US	E.						
25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:							
a) A mental health issue or concern?	\square Y	\square N	☐ Refused				
b) A past head injury?	\square Y	\square N	□ Refused				
c) A learning disability, developmental disability, or other impairment?	□ Y	□N	☐ Refused				
26. Do you have any mental health or brain issues that would ☐ Y ☐ N ☐ Refused make it hard for you to live independently because you'd need help?							
TE WARRY TO ANNA RETURN ARROUGH THEN RECORD A FOR THE MAINTING							
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.							
IF THE RESPONENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SU	IRSTAI	NCE IIS	E AND 1	SCORE:			
FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY.	JUJIA	TOL OC	E AND I				
27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	□ Y	□N	□ Refused				
28.Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?	□ Y	□N	□ Refused				
IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.				SCORE:			

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS				
PRE-SURVEY	/1	Score: Recommendation:				
A. HISTORY OF HOUSING & HOMELESSNESS	/2	0-3: no moderate or high intensity				
B. RISKS	/4	services be provided at this time				
C. SOCIALIZATION & DAILY FUNCTIONS	/5	4-7: assessment for time-limited sup-				
D. WELLNESS	/5	ports with moderate intensity				
GRAND TOTAL:	/17	8+: assessment for long-term hous- ing with high service intensity				

AMERICAN VERSION 1.0

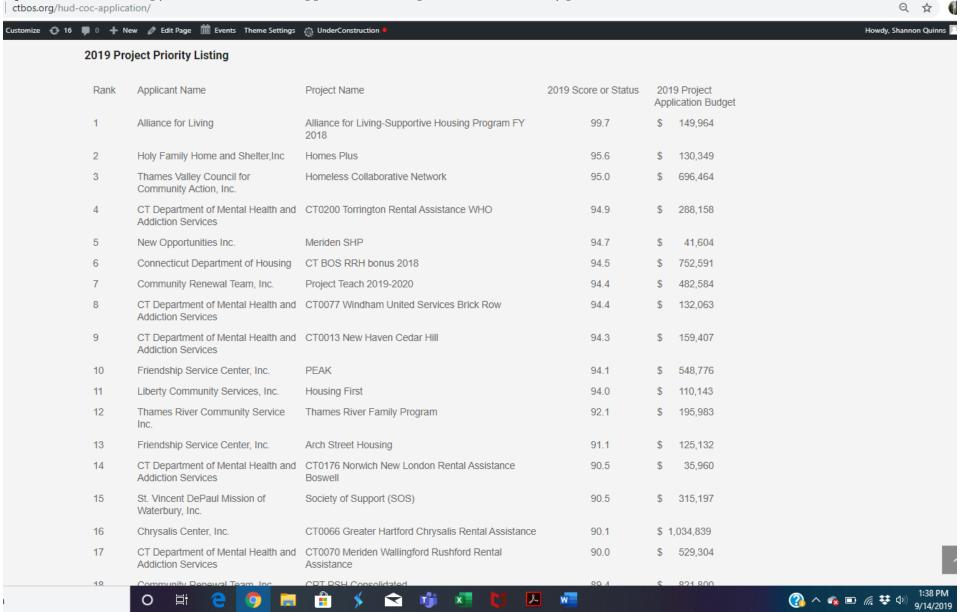
Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: or	-
Is there a phone number and/or email where someone can get in touch with you or leave you a message?	phone: () email:	_
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused	

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

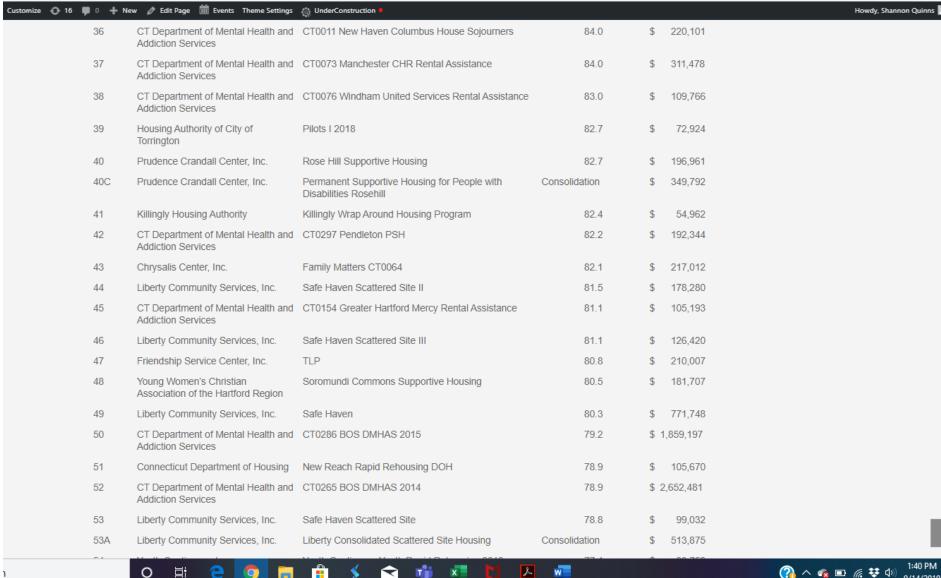
- · military service and nature of discharge
- · ageing out of care
- · mobility issues
- legal status in country
- · income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the youth at some point in the future
- safety planning

Pages 1 to 8 = Priority listing on ctbos.org website with ranks and project evaluation scores and budget Page 9 & 10 = date & copy of email sent to 333 applicants, subrecipients and community partners





Customize 📀 16 🌹 0 🕂 Ne	ew Ø Edit Page 🛗 Events Theme Settings	© UnderConstruction ●				Howdy, Shannon Quinns
18	Community Renewal Team, Inc.	CRT PSH Consolidated	89.4	\$	821,800	
19	Connecticut Department of Housing	CT0242 Middlesex Columbus House Rapid Rehousing	89.3	\$	153,614	
20	ImmaCare Inc.	CDF Combo 1-4 FY2018	89.0	\$	796,327	
21	My Sisters' Place, Inc.	Permanent Supportive Housing at MSP	88.3	\$	242,294	
22	CT Department of Mental Health and Addiction Services	CT0054 Middletown Rental Assistance	87.5	\$	255,464	
23	Chrysalis Center, Inc.	CT0139 Hartford Chrysalis Supportive Housing for Veterans	87.2	\$	304,997	
24	CT Department of Mental Health and Addiction Services	CT0053 Middletown The Connection	87.0	\$	159,533	
25	Chrysalis Center, Inc.	St. Philip House Permanent Housing Program CT0191	86.6	\$	169,532	
26	Connecticut Department of Housing	CT0243 New Haven New Reach Rapid Rehousing	86.2	\$	174,221	
27	Killingly Housing Authority	Putnam Wrap Around Housing Program	85.9	\$	65,954	
28	Torrington Community Housing Corporation	Hope I & II 2018	85.4	\$	96,969	
29	CT Department of Mental Health and Addiction Services	CT0135 Hartford Chrysalis Soromundi Commons	84.6	\$	189,779	
30	CT Department of Mental Health and Addiction Services	CT0052 Middletown Liberty Commons	84.6	\$	183,153	
31	Windham Regional Community Council	Project Home	84.5	\$	287,225	
31C	Windham Regional Community Council	Project Home C	Consolidation	\$	433,128	
32	Columbus House, Inc	CHI Consolidated SHP FY 2018	84.5	\$	853,396	
33	CT Department of Mental Health and Addiction Services	CT0164 New Haven Rental Assistance	84.5	\$ 2	2,778,385	
34	CT Department of Mental Health and Addiction Services	Brooklyn Hope	84.4	\$	142,790	
35	CT Department of Mental Health and	CT0204 Waterbury Rental Assistance	84.4	\$	217,614	
	O # C 🕥 🔚	🔒 🗲 🖻 🅦 💆 💆	. w			(3) へ □ // ♥ □ // ♥ □ (3) 1:40 PM 9/14/2019

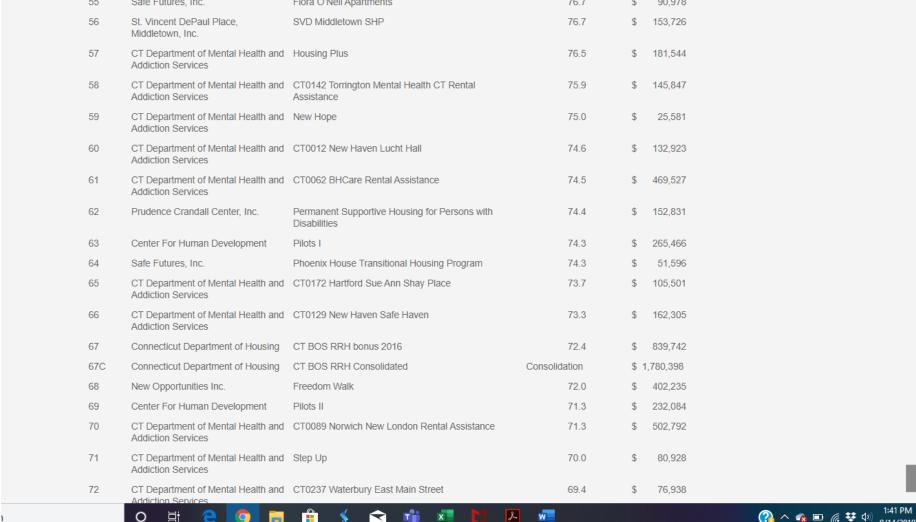






































⊕ 16 ₱ 0 + N	ew 🖉 Edit Page 🛗 Events Theme Settings	(UnderConstruction •				Howdy, Shannon Qui
73	Prudence Crandall Center, Inc.	Rose Hill Transitional Living	68.9	\$	184,897	
74	Windham Regional Community Council	Haven	67.4	\$	145,879	
75	CT Department of Mental Health and Addiction Services	CT0022 Greater Hartford Rental Assistance Consolidated	65.3	\$ 2	2,282,383	
76	CT Department of Mental Health and Addiction Services	CT0061 Intercommunity Casa Hope	65.2	\$	273,403	
77	CT Department of Mental Health and Addiction Services	CT0131 Hartford Hudson View Commons	64.4	\$	129,527	
78	CT Department of Mental Health and Addiction Services	CT0023 Hartford Mary Seymour Place	63.8	\$	177,917	
79	New London Homeless Hospitality Center, Inc.	NLHHC Renewal Project Application FY 2018	62.8	\$	38,157	
80	Chrysalis Center, Inc.	Walking Into Wall Street	61.3	\$	325,654	
81	Housing Authority of City of Torrington	Pilots II 2018	60.2	\$	156,264	
81C	Housing Authority of City of Torrington	PILOTS	Consolidation	\$	229,188	
82	CT Department of Mental Health and Addiction Services	CT0246 Greater Middletown Mercy Rental Assistance	60.0	\$	253,382	
83	Community Renewal Team, Inc.	H-PASS RRH 2019-2020	59.5	\$	592,412	
84	Connecticut Department of Housing	Youth Continuum Supportive Housing Project	53.1	\$	223,388	
85	Liberty Community Services, Inc.	Rapid Rehousing II	52.3	\$	108,136	
85C	Liberty Community Services, Inc.	Liberty Consolidated Rapid Rehousing	Consolidation	\$	294,140	
86	Liberty Community Services, Inc.	Rapid Rehousing	50.3	\$	186,004	
87	St. Vincent DePaul Mission of Bristol, Inc.	St. Vincent DePaul Rapid ReHousing	48.9	\$	362,252	
88	CREDO Housing Development Corp. Inc.	1569 Thomaston Avenue	47.0	\$	60,889	
89	CT Department of Mental Health and Addiction Services	CT0161 New Britain CMHA Rental Assistance	45.3	\$	834,141	

































Not Scored

Not Scored

Not Scored

279,416

\$ 2,056,997

\$ 82,775

\$

107

108

109

Connecticut Coalition to End

Connecticut Department of Housing

Connecticut Department of Housing

Homelessness

YHDP Diversion/Rapid Exit

DOH YHDP Rapid Rehousing

Mercy RRH Reallocation







St. Vincent de Paul Middletown

Columbus House, Inc.









Columbus House PSH

SVDP Shepherd Home PSH













Rejected

Rejected









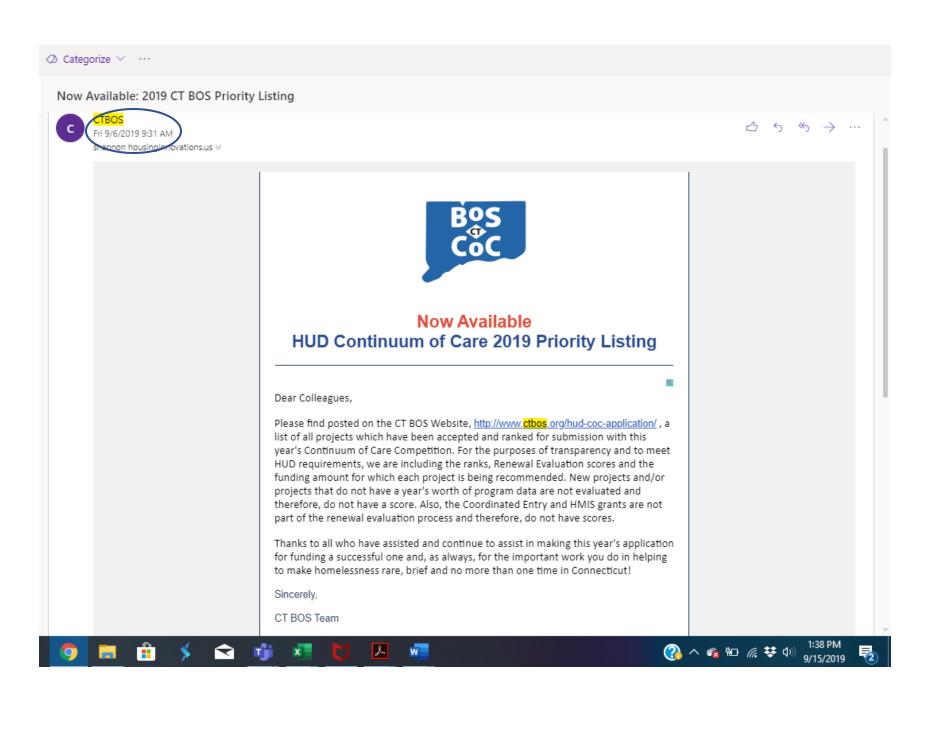


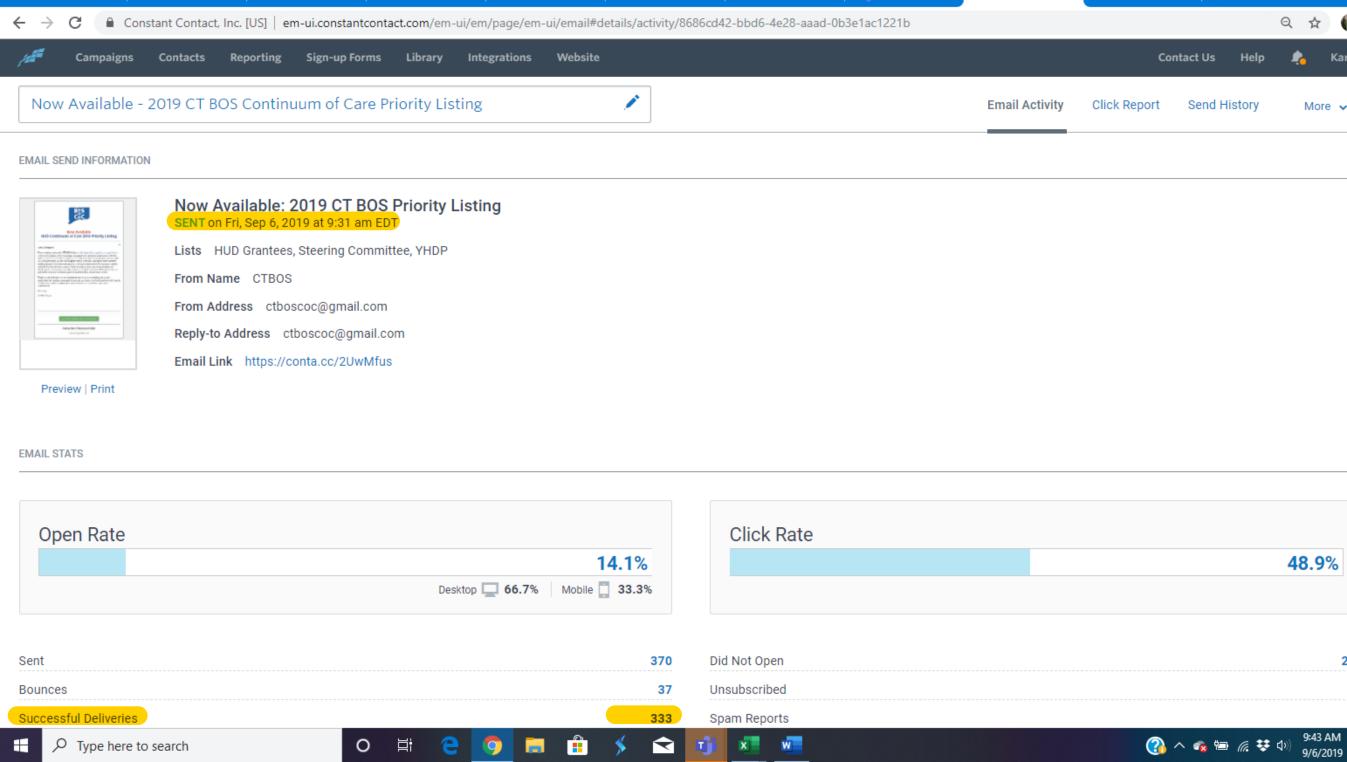
For those who feel comfortable, you are encouraged to begin completion of renewal applications in esnaps along with the help of the navigational guide and detailed instructions (links below). In the meantime, if you haven't already, please be sure to take these steps:

· Make sure that you have access to esnaps and ensure that you have added any staff members who need access as registrants in esnaps (See link to HUD guidance below). There should be at least 2 staff members who can access esnaps.

 \bigcirc





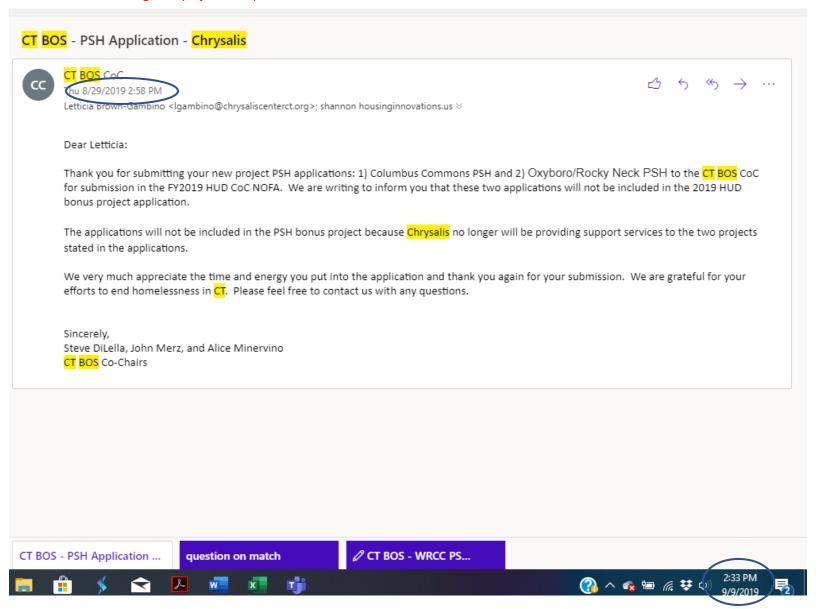


Public Posting – 15-day notification outside of e-snaps – Projects Rejected or Reduced

PP 1 - 7 Individual e-mails to providers/projects which were rejected. Circled date sent and screen-shot date which is prior to the 15-day deadline.

pp 8-9 Individual e-mails to providers/projects which were reduced and partially reallocated.

PP 10 - 19 - Public Posting of all projects accepted and ranked with e-mail notification of information available.



CT BOS - Beth El PSH New Project Application



Dear Jennifer:

Thank you for submitting your Beth-El PSH new project application to the CT BOS CoC for a new project for submission in the FY2018 HUD CoC NOFA. We are writing to inform you that your application will not be included in the 2019 HUD bonus project application.

This year, CT BOS received more new PSH project applications, in the response to the new project RFP, than could be included in the new project submissions to HUD. The CT BOS Scoring Committee scored each application based on objective criteria, and, based on that score, the committee did not recommend the project for inclusion in the final submission to HUD.

We very much appreciate the time and energy you put into the application and thank you again for your submission. We are grateful for your efforts to end homelessness in CT. Please feel free to contact us with any questions.

We will be sending feedback on your application in a separate email.

























CT BOS - River Valley Services Bonus New Project Application



<manssour.hanne@ct.gov>; shannon housinginnovations.us ∀

Dear Manssour:

Thank you for submitting your River Valley Services PSH new project application to the CT BOS CoC for a new project for submission in the FY2019 HUD CoC NOFA. We are writing to inform you that your application will not be included in the 2019 HUD bonus project application.

This year, CT BOS received more new PSH project applications, in the response to the new project RFP, than could be included in the new project submissions to HUD. The CT BOS Scoring Committee scored each application based on objective criteria, and, based on that score, the committee did not recommend the project for inclusion in the final submission to HUD.

We very much appreciate the time and energy you put into the application and thank you again for your submission. We are grateful for your efforts to end homelessness in CT. Please feel free to contact us with any questions.

We will be sending feedback on your application in a separate email.













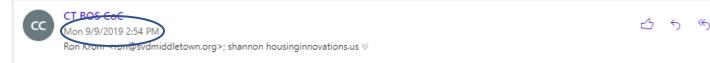








CT BOS - SVDP Shepherd Home PSH New Project Application



Dear Ron:

Thank you for submitting your SVDP Shepherd Home New PSH Project Application to the CT BOS CoC for a new project for submission in the FY2019 HUD CoC NOFA. We are writing to inform you that your application will not be included in the 2019 HUD bonus project application.

This year, CT BOS received more new PSH project applications, in the response to the new project RFP, than could be included in the new project submissions to HUD. The CT BOS Scoring Committee scored each application based on objective criteria, and, based on that score, the committee did not recommend the project for inclusion in the final submission to HUD.

We very much appreciate the time and energy you put into the application and thank you again for your submission. We are grateful for your efforts to end homelessness in CT. Please feel free to contact us with any questions.

We will be sending feedback on your application in a separate email.























CT BOS - Columbus House PSH New Project Application



Dear Sarah:

Thank you for submitting your Columbus House PSH new project application to the CT BOS CoC for a new project for submission in the FY2019 HUD CoC NOFA. We are writing to inform you that your application will not be included in the 2019 HUD bonus project application.

This year, CT BOS received more new PSH project applications, in the response to the new project RFP, than could be included in the new project submissions to HUD. The CT BOS Scoring Committee scored each application based on objective criteria, and, based on that score, the committee did not recommend the project for inclusion in the final submission to HUD.

We very much appreciate the time and energy you put into the application and thank you again for your submission. We are grateful for your efforts to end homelessness in CT. Please feel free to contact us with any questions.

We will be sending feedback on your application in a separate email.

























CT BOS - BH Care Rental Assistance PSH New Project Application



Dear Ralph:

Thank you for submitting your BH Care Rental Assistance PSH New Project Application to the CT BOS CoC for a new project for submission in the FY2019 HUD CoC NOFA. We are writing to inform you that your application will not be included in the 2019 HUD bonus project application.

This year, CT BOS received more new PSH project applications, in the response to the new project RFP, than could be included in the new project submissions to HUD. The CT BOS Scoring Committee scored each application based on objective criteria, and, based on that score, the committee did not recommend the project for inclusion in the final submission to HUD.

We very much appreciate the time and energy you put into the application and thank you again for your submission. We are grateful for your efforts to end homelessness in CT. Please feel free to contact us with any questions.

We will be sending feedback on your application in a separate email.





















CT BOS - TVCCA PSH New Project Application



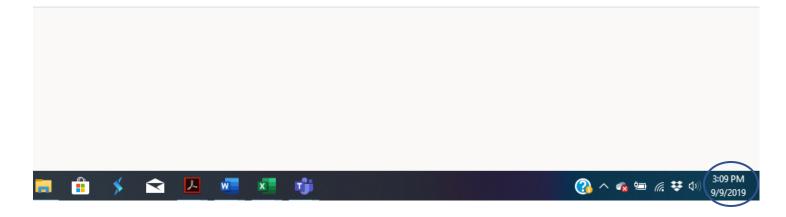
Dear Jon-Paul:

Thank you for submitting your **TVCCA PSH new project application** to the CT BOS CoC for a new project for submission in the FY2019 HUD CoC NOFA. We are writing to inform you that your application will not be included in the 2019 HUD bonus project application.

This year, CT BOS received more new PSH project applications, in the response to the new project RFP, than could be included in the new project submissions to HUD. The CT BOS Scoring Committee scored each application based on objective criteria, and, based on that score, the committee did not recommend the project for inclusion in the final submission to HUD.

We very much appreciate the time and energy you put into the application and thank you again for your submission. We are grateful for your efforts to end homelessness in CT. Please feel free to contact us with any questions.

We will be sending feedback on your application in a separate email.





CT BOS CoC <ctboscoc@gmail.com>

Youth RRH SS Cap Response

1 message

CT BOS CoC <ctboscoc@gmail.com>

Tue, Mar 5, 2019 at 7:19 AM

To: Paul Kosowsky <pkosowsky@youthcontinuum.org>

Cc: Steve DiLella <Steve.DiLella@ct.gov>, "John Merz (JMerz@aids-ct.org)" <JMerz@aids-ct.org>, Nicole Barnofski <nbarnofski@newreach.org>, Silvia Moscariello <silvia.moscariello@libertycs.org>, "Liz Isaacs, Housing Innovations" lisaacs@housinginnovations.us>, Lauren Pareti
| Lauren Pareti < <swagner@housinginnovations.us>

Dear Paul,

This e-mail will serve as confirmation of your commitment to reduce supportive service costs to \$7,500 or less per household in the CT00280 Youth Continuum Youth Rapid Re-Housing Project and to reallocate the remaining funds to CT BOS. There is no need for you to do anything additional.

Sincerely,

CT BOS Team

----- Forwarded message ------

From: CT BOS CoC <ctboscoc@gmail.com>

Date: Fri, Feb 15, 2019 at 5:00 PM Subject: Youth RRH SS Cap Response

To: Paul Kosowsky < PKosowsky@youthcontinuum.org>

Cc: Steve DiLella <Steve.DiLella@ct.gov>, John Merz (JMerz@aids-ct.org) <JMerz@aids-ct.org>, Suzanne Wagner <swagner@housinginnovations.us>, Lauren Pareti <|pareti@housinginnovations.us>, Liz Isaacs, Housing Innovations lisaacs@housinginnovations.us>, Silvia Moscariello <silvia.moscariello@libertycs.org>, Nicole Barnofski

<nbarnofski@newreach.org>

Dear Paul,

Again, thank you for the analysis of CT0280 Youth Continuum - Youth Rapid Rehousing. We have reviewed and accept your proposal to reduce supportive service costs to \$7,500 or less per household. Please send a letter to the Chairs indicating your plan to reduce costs and reallocate \$3,602 or more to CT BOS. This letter will serve as documentation for your commitment.

In your response you asked when this change would go into effect. As the 2018 CoC awards have recently been announced, your reallocation would take place in the 2019 competition and, therefore, become active in the 2019 program year which will begin in 2020.

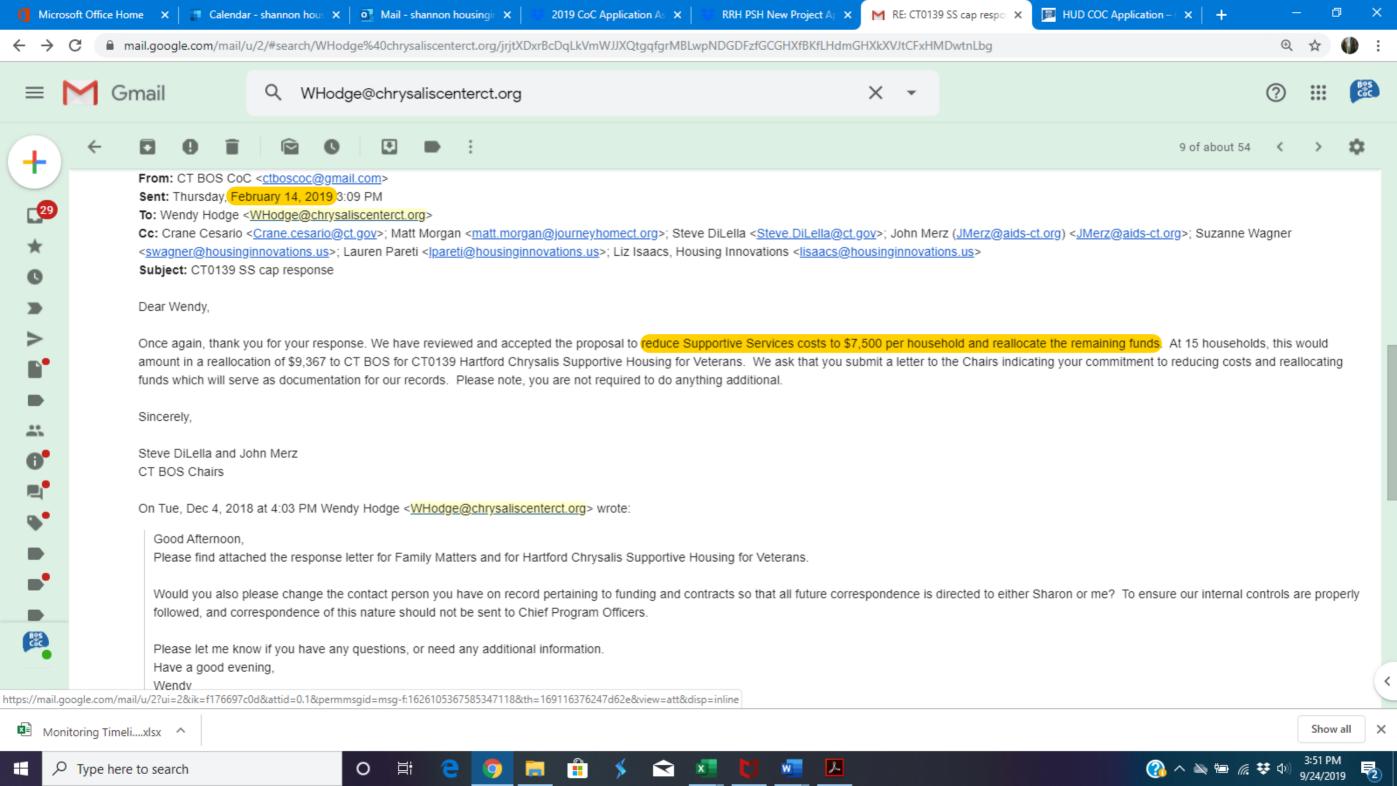
Sincerely,

Steve DiLella and John Merz CT BOS Chairs

On Mon, Dec 10, 2018 at 2:38 PM Paul Kosowsky < PKosowsky@youthcontinuum.org > wrote:

Please see the attached for these two projects.

Paul























Rank	Applicant Name	Project Name	2019 Score or Status	2019 Project Application Budget
1	Alliance for Living	Alliance for Living-Supportive Housing Program FY 2018	99.7	\$ 149,964
2	Holy Family Home and Shelter,Inc	Homes Plus	95.6	\$ 130,349
3	Thames Valley Council for Community Action, Inc.	Homeless Collaborative Network	95.0	\$ 696,464
4	CT Department of Mental Health and Addiction Services	CT0200 Torrington Rental Assistance WHO	94.9	\$ 288,158
5	New Opportunities Inc.	Meriden SHP	94.7	\$ 41,604
6	Connecticut Department of Housing	CT BOS RRH bonus 2018	94.5	\$ 752,591
7	Community Renewal Team, Inc.	Project Teach 2019-2020	94.4	\$ 482,584
8	CT Department of Mental Health and Addiction Services	CT0077 Windham United Services Brick Row	94.4	\$ 132,063
9	CT Department of Mental Health and Addiction Services	CT0013 New Haven Cedar Hill	94.3	\$ 159,407
10	Friendship Service Center, Inc.	PEAK	94.1	\$ 548,776
11	Liberty Community Services, Inc.	Housing First	94.0	\$ 110,143
12	Thames River Community Service Inc.	Thames River Family Program	92.1	\$ 195,983
13	Friendship Service Center, Inc.	Arch Street Housing	91.1	\$ 125,132
14	CT Department of Mental Health and Addiction Services	CT0176 Norwich New London Rental Assistance Boswell	90.5	\$ 35,960
15	St. Vincent DePaul Mission of Waterbury, Inc.	Society of Support (SOS)	90.5	\$ 315,197
16	Chrysalis Center, Inc.	CT0066 Greater Hartford Chrysalis Rental Assistance	90.1	\$ 1,034,839
17	CT Department of Mental Health and Addiction Services	CT0070 Meriden Wallingford Rushford Rental Assistance	90.0	\$ 529,304
19	Community Denewal Team, Inc.	CDT PSH Consolidated	89.4	\$ 821.800
	O # 🤁 🧿 🤚	j 📋 🗲 🖻 💆 🔼	w <u> </u>	









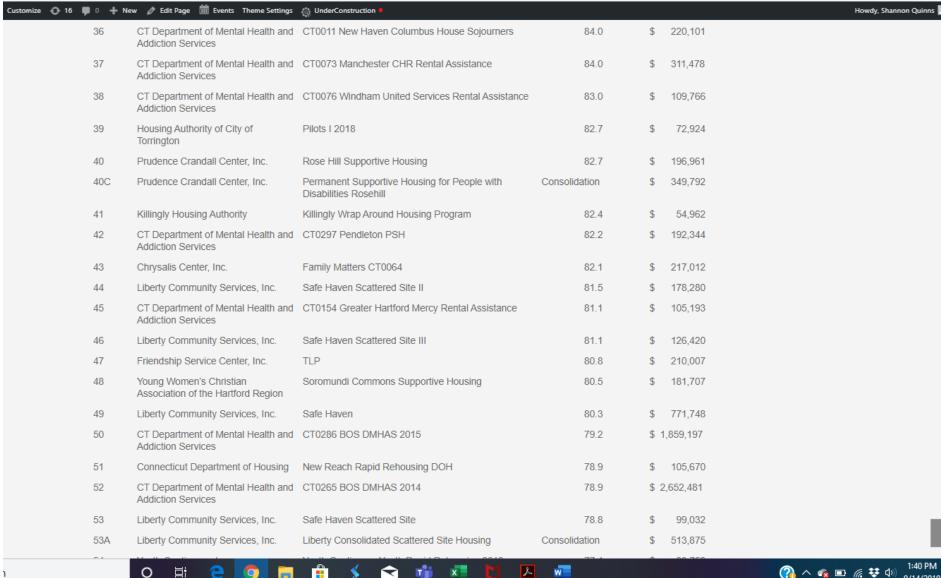


Customize 📀 1	16 P 0 + N	lew 🖉 Edit Page 🛗 Events Theme Settings	(inderConstruction •				Howdy, Shannon Quinns
	18	Community Renewal Team, Inc.	CRT PSH Consolidated	89.4	\$	821,800	
	19	Connecticut Department of Housing	CT0242 Middlesex Columbus House Rapid Rehousing	89.3	\$	153,614	
	20	ImmaCare Inc.	CDF Combo 1-4 FY2018	89.0	\$	796,327	
	21	My Sisters' Place, Inc.	Permanent Supportive Housing at MSP	88.3	\$	242,294	
	22	CT Department of Mental Health and Addiction Services	CT0054 Middletown Rental Assistance	87.5	\$	255,464	
	23	Chrysalis Center, Inc.	CT0139 Hartford Chrysalis Supportive Housing for Veterans	87.2	\$	304,997	
	24	CT Department of Mental Health and Addiction Services	CT0053 Middletown The Connection	87.0	\$	159,533	
	25	Chrysalis Center, Inc.	St. Philip House Permanent Housing Program CT0191	86.6	\$	169,532	
	26	Connecticut Department of Housing	CT0243 New Haven New Reach Rapid Rehousing	86.2	\$	174,221	
	27	Killingly Housing Authority	Putnam Wrap Around Housing Program	85.9	\$	65,954	
	28	Torrington Community Housing Corporation	Hope I & II 2018	85.4	\$	96,969	
	29	CT Department of Mental Health and Addiction Services	CT0135 Hartford Chrysalis Soromundi Commons	84.6	\$	189,779	
	30	CT Department of Mental Health and Addiction Services	CT0052 Middletown Liberty Commons	84.6	\$	183,153	
	31	Windham Regional Community Council	Project Home	84.5	\$	287,225	
	31C	Windham Regional Community Council	Project Home C	Consolidation	\$	433,128	
	32	Columbus House, Inc	CHI Consolidated SHP FY 2018	84.5	\$	853,396	
	33	CT Department of Mental Health and Addiction Services	CT0164 New Haven Rental Assistance	84.5	\$ 2,7	778,385	
	34	CT Department of Mental Health and Addiction Services	Brooklyn Hope	84.4	\$	142,790	
	35	CT Department of Mental Health and	CT0204 Waterbury Rental Assistance	84.4	\$	217,614	







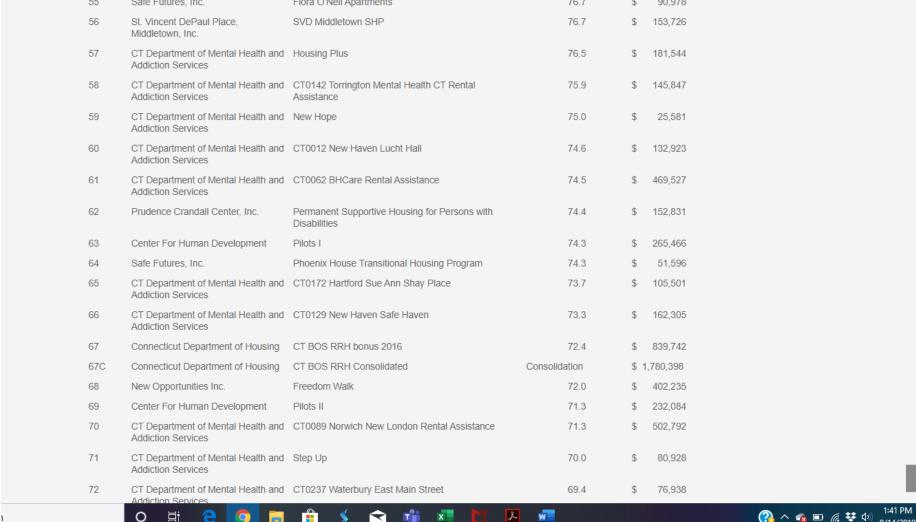






































⊕ 16 ₱ 0 + N	ew 🖉 Edit Page 🛗 Events Theme Settings	(UnderConstruction •				Howdy, Shannon Qui
73	Prudence Crandall Center, Inc.	Rose Hill Transitional Living	68.9	\$	184,897	
74	Windham Regional Community Council	Haven	67.4	\$	145,879	
75	CT Department of Mental Health and Addiction Services	CT0022 Greater Hartford Rental Assistance Consolidated	65.3	\$ 2	2,282,383	
76	CT Department of Mental Health and Addiction Services	CT0061 Intercommunity Casa Hope	65.2	\$	273,403	
77	CT Department of Mental Health and Addiction Services	CT0131 Hartford Hudson View Commons	64.4	\$	129,527	
78	CT Department of Mental Health and Addiction Services	CT0023 Hartford Mary Seymour Place	63.8	\$	177,917	
79	New London Homeless Hospitality Center, Inc.	NLHHC Renewal Project Application FY 2018	62.8	\$	38,157	
80	Chrysalis Center, Inc.	Walking Into Wall Street	61.3	\$	325,654	
81	Housing Authority of City of Torrington	Pilots II 2018	60.2	\$	156,264	
81C	Housing Authority of City of Torrington	PILOTS	Consolidation	\$	229,188	
82	CT Department of Mental Health and Addiction Services	CT0246 Greater Middletown Mercy Rental Assistance	60.0	\$	253,382	
83	Community Renewal Team, Inc.	H-PASS RRH 2019-2020	59.5	\$	592,412	
84	Connecticut Department of Housing	Youth Continuum Supportive Housing Project	53.1	\$	223,388	
85	Liberty Community Services, Inc.	Rapid Rehousing II	52.3	\$	108,136	
85C	Liberty Community Services, Inc.	Liberty Consolidated Rapid Rehousing	Consolidation	\$	294,140	
86	Liberty Community Services, Inc.	Rapid Rehousing	50.3	\$	186,004	
87	St. Vincent DePaul Mission of Bristol, Inc.	St. Vincent DePaul Rapid ReHousing	48.9	\$	362,252	
88	CREDO Housing Development Corp. Inc.	1569 Thomaston Avenue	47.0	\$	60,889	
89	CT Department of Mental Health and Addiction Services	CT0161 New Britain CMHA Rental Assistance	45.3	\$	834,141	

































Not Scored

Not Scored

Not Scored

279,416

\$ 2,056,997

\$ 82,775

\$

107

108

109

Connecticut Coalition to End

Connecticut Department of Housing

Connecticut Department of Housing

Homelessness

YHDP Diversion/Rapid Exit

DOH YHDP Rapid Rehousing

Mercy RRH Reallocation







St. Vincent de Paul Middletown

Columbus House, Inc.









Columbus House PSH

SVDP Shepherd Home PSH













Rejected

Rejected









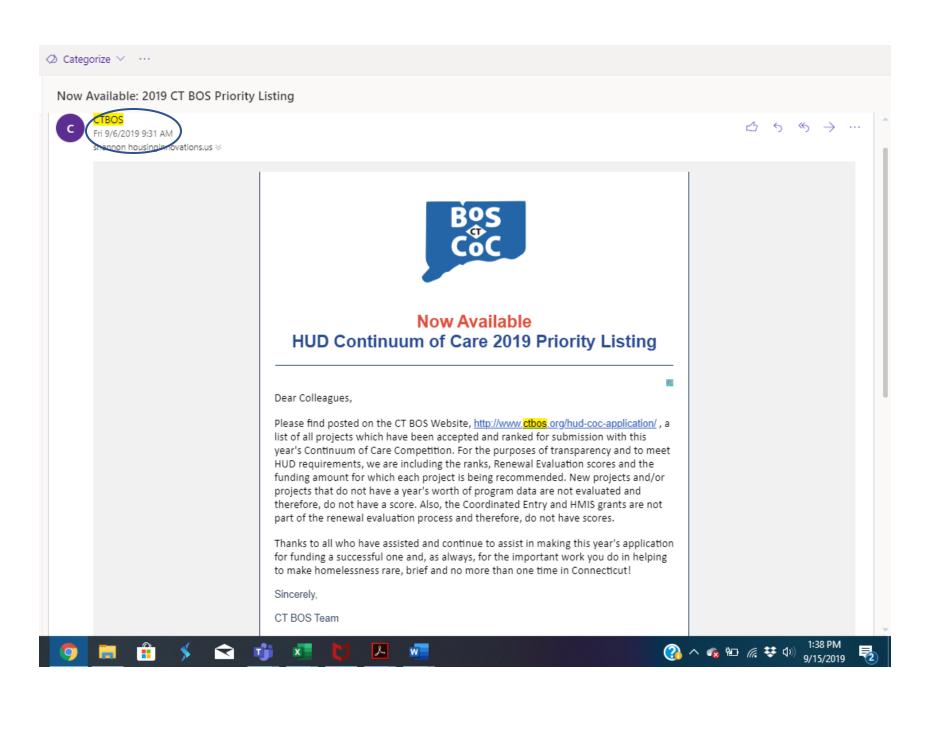


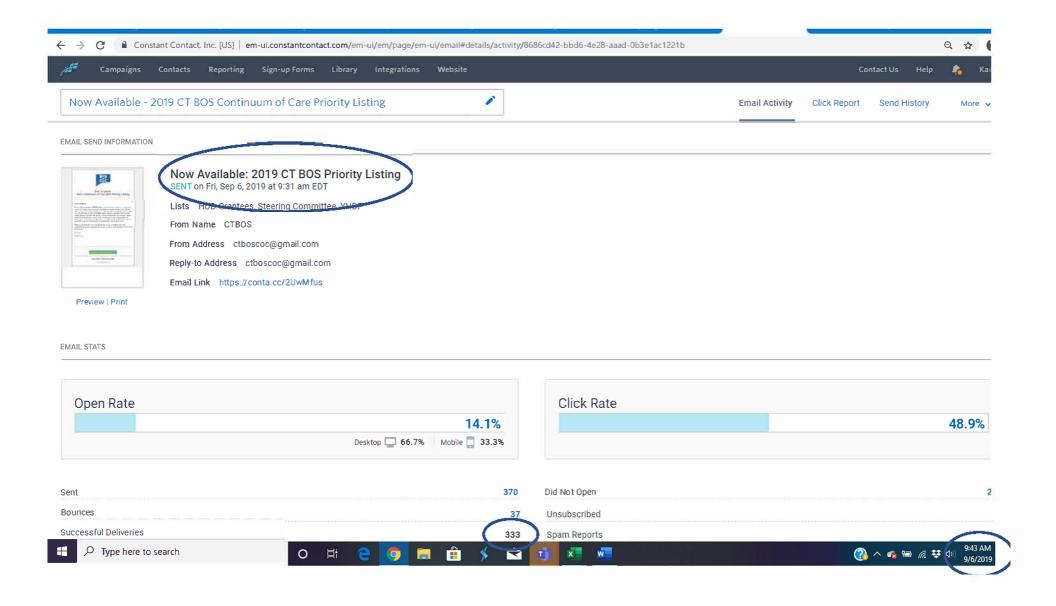
For those who feel comfortable, you are encouraged to begin completion of renewal applications in esnaps along with the help of the navigational guide and detailed instructions (links below). In the meantime, if you haven't already, please be sure to take these steps:

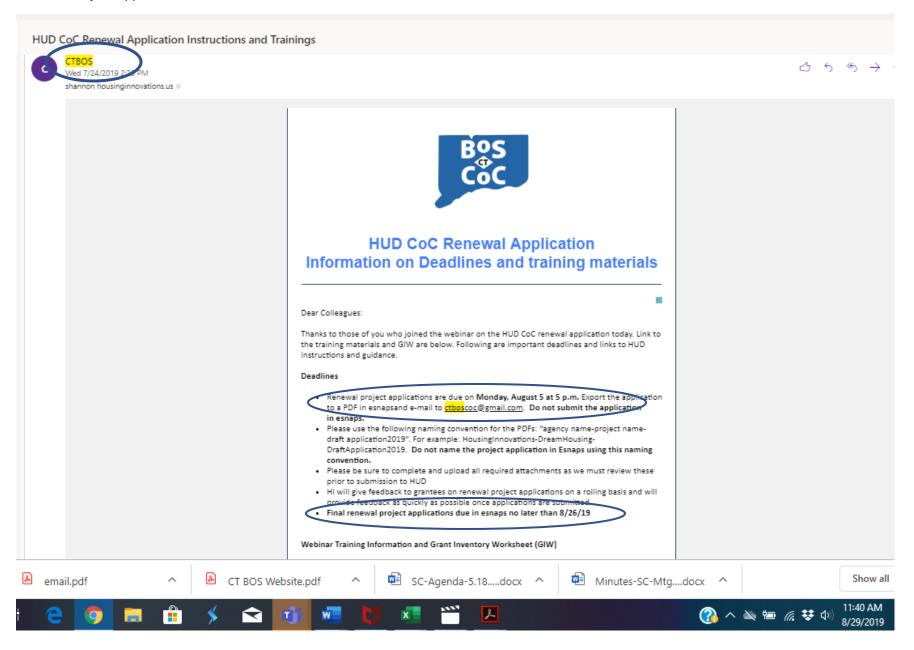
· Make sure that you have access to esnaps and ensure that you have added any staff members who need access as registrants in esnaps (See link to HUD guidance below). There should be at least 2 staff members who can access esnaps.

 \bigcirc

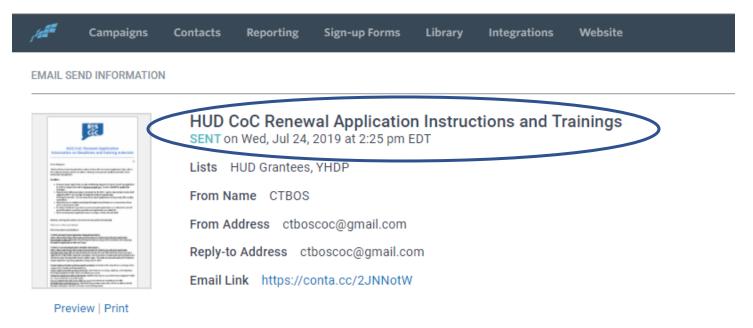




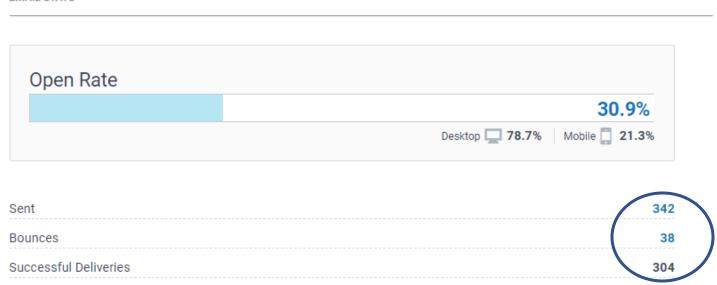




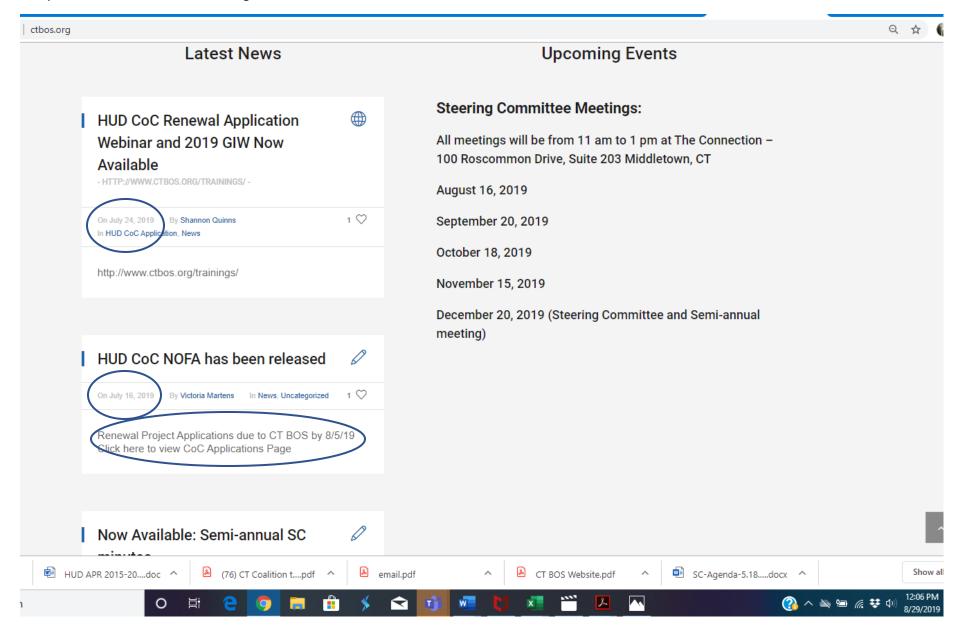
Renewal Project Deadline e-mail details – sent information and # of recipients:



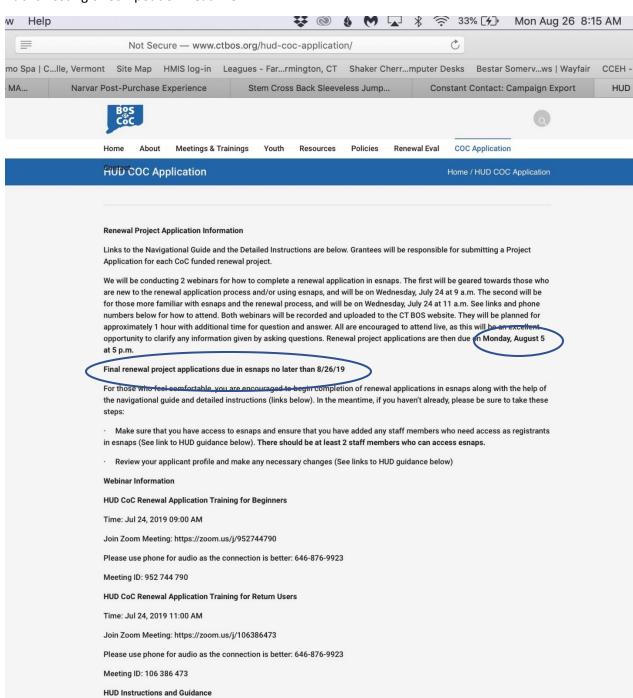
EMAIL STATS

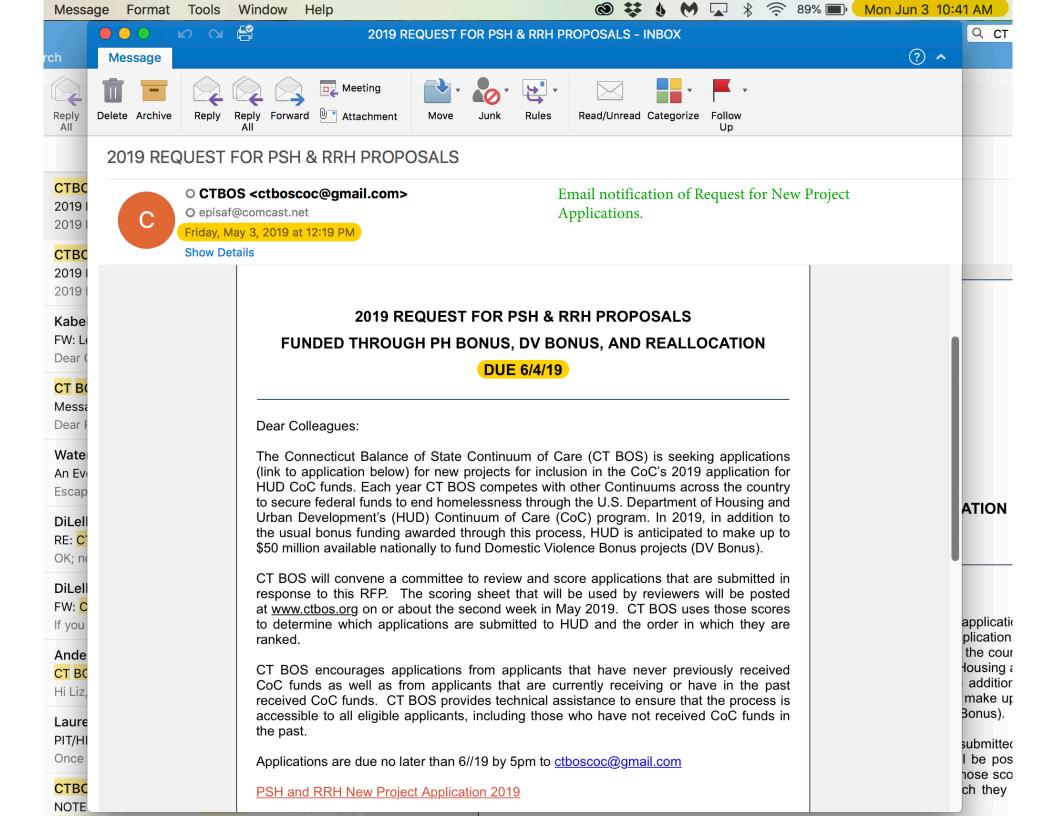


Competition Deadline Website Posting Dates:



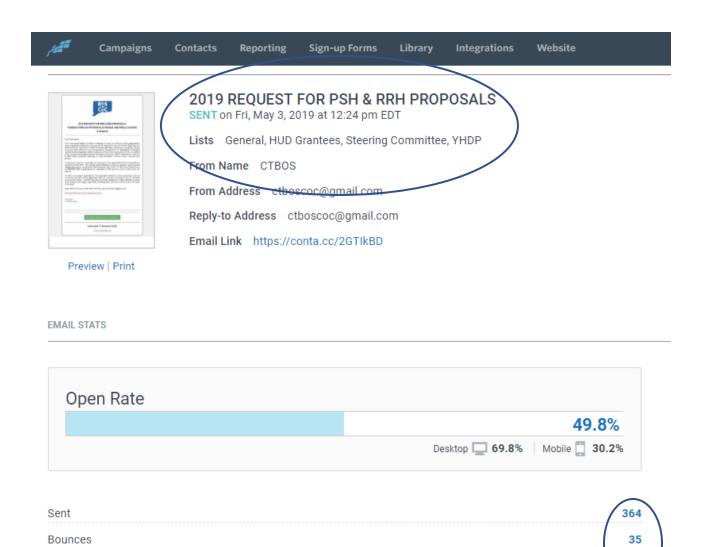
Public Posting of Competition Deadline:



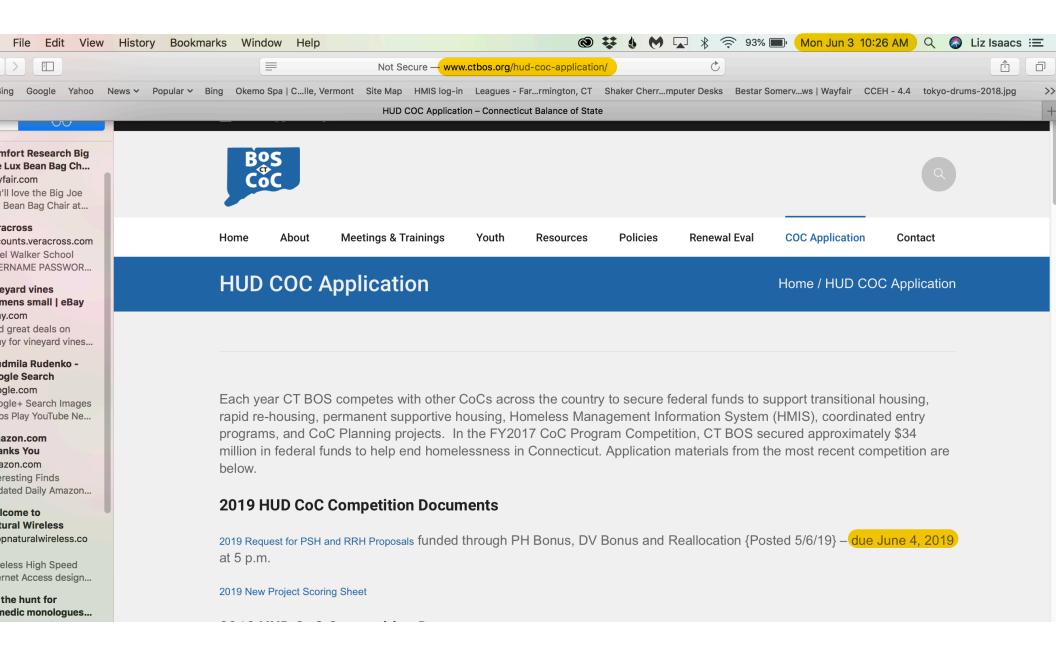


New project email distribution information

Successful Deliveries

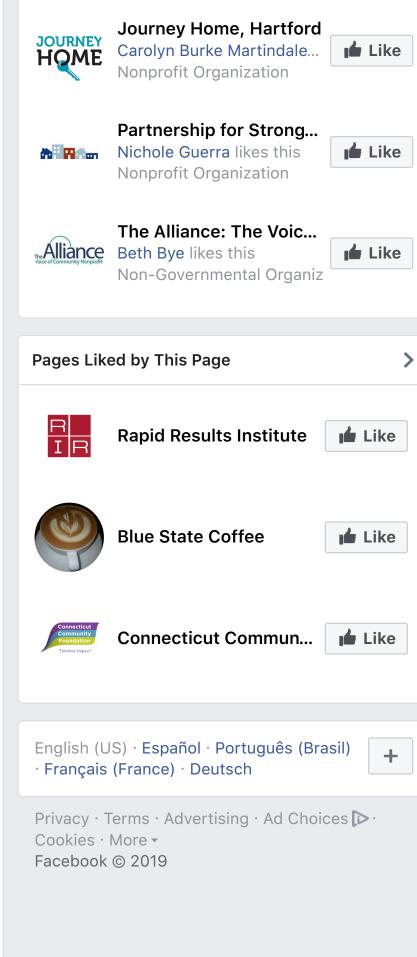


Publicly Posted on CTBOS Website - Request for New Project Applications









pp. 1-3: Final Review & Ranking Process; pp. 6-11 renewal scoring criteria public notice; pp. 12-14 New project materials posting; p. 65 public posting of new project scoring materials; pp. 66-67: Public Posting of Review, Scoring & Ranking + evidence on website



PUBLICLY POSTED ON CoC WEBSITE ON: 9/24/19 2019 Review, Scoring and Ranking Procedures

Project Application Deadlines & Applicant Notifications

The CoC established deadlines for submission of project applications as follows: Renewal project applications were required to be submitted by 8/5/19(see Attachment 1). The preliminary new project applications were due on 6/4/19 and all applicants (both DV and new-non-DV) were informed in writing on 8/19/19 & 8/20/19 if their project was chosen to be submitted as a new project to HUD. All CoC members were notified via email on 9/24/19 of the 2019 Ranking Strategy adopted by the Steering Committee on 8/16/19. The CoC notified in writing, outside of esnaps all renewal and new project applicants on 9/6/19 that their applications would be accepted and ranked, rejected or reduced on the CoC Priority Listing.

Threshold Review

All applications for new and renewal projects are reviewed for threshold to ensure compliance with the HEARTH Act, the CoC Program Interim Rule, the Continuum of Care (CoC) Program Notice of Funding Availability (NOFA), CoC written standards, and the local CoC Request for Applications. Any new or renewal project that does not meet the threshold requirements are not considered for funding.

Renewal Project Performance Evaluation and Selection

The CT BOS Steering Committee establishes performance evaluation standards for renewal projects annually using the following process:

- 1) Draft standards were reviewed at a Steering Committee meeting, posted to the website and distributed by email.
- 2) In each region throughout the state, Coordinated Access Networks (CANs) (convene discussions regarding the proposed standards with local stakeholders.
- 3) CAN representatives bring feedback from those discussions to the Steering Committee.
- 4) Steering Committee reviews stakeholder input, makes adjustments to the standards and adopts the final standards.
- 5) Standards and actual project performance are reviewed and discussed at semi-annual public meetings where stakeholders offer input for future consideration by the Steering Committee.

The performance evaluation standards are the objective criteria used by the CoC to review, rate, rank, and select renewal projects for inclusion in or exclusion from the CoC Priority Listing. See Attachment 2 for the "2019 Renewal Evaluation Standards and scoring." The standards were shared with the CoC on 10/2/18 Attachment 3.

Except for those programs serving Domestic Violence (DV) survivors, APR and HMIS data are used to evaluate:

- Occupancy rates
- Participant length of stay
- Rates of receipt of health insurance and other non-cash benefits
- Changes in cash benefits received
- Change in earned income

Connecticut Balance of State Continuum of Care

Ending Homelessness in Connecticut | Email: ctboscoc@gmail.com | Website: www.ctbos.org

- Rate of exits to permanent housing
- Retention rates in PH
- Rate of exits to homelessness
- HMIS data quality
- Compliance with Environmental Review, match and HUD drawdown requirements
- Consumer satisfaction

DV programs are evaluated on the same criteria but benchmarks and standards are adjusted to take into consideration the special needs of the population. DV programs submit data for the renewal evaluation that is generated from their comparable database, ETO.

The CoC's consultants analyze evaluation data and score individual projects based on these criteria. Agencies receive reports for each project that show their score on each criteria as well as the total score for each project. Overall scores for all evaluated projects are distributed publicly via email and at the CoC Steering Committee Meeting.

Applicants have the opportunity to submit appeals related to renewal evaluation scores and/or reallocation decisions to the Grievance Committee, which reviews and approves or denies all requests. Applicants are notified in writing of decisions by the Grievance Committee.

4. New Project Application Scoring and Selection

Annually, the CoC posts to its website and widely distributes via email an RFP for new projects funded through both bonus and reallocation and CoC's partners also post and distribute information on their websites and in newsletters, see Attachment 4. The Steering Committee appoints a Scoring Committee of subject matter experts to review, rate and rank new project applications. Parties with conflicts of interest are excluded from participation on the review committee.

All new projects are reviewed according to the requirements outlined in the RFP and new project scoring standards, which evaluate the degree to which the proposed project design will meet priority needs, provide quality services and improve the CoC's system performance. The 2019 "New Project RFP" for DV and non-DV new projects and "New Project Scoring Standards" are attached as Attachment 5.

The Scoring committee scores each application using the Scoring Standards tool and has the discretion to recommend one or more applications for the amount available for new projects. Reviewers' scores for individual projects are averaged to calculate final scores for each application. New project applications are ranked in order of score from highest to lowest. The Steering Committee receives and votes on the recommendation from the Scoring Committee for new projects to be submitted in the CoC Application and Project Listing

The committee also may give the CoC consultants direction to work with applicants to make adjustments to strengthen applications and ensure the applications included in the final submission to HUD meet the most critical gaps identified by the CoC and use scarce resources efficiently. CoC consultants provide technical assistance to all applicants to ensure that the process is accessible to any applicant, including those that have not previously received funding.

5. Ranking Process for New and Renewal Projects

Consideration of Severity of Participant Needs and Vulnerabilities

The CoC's ranking & selection process prioritizes funding for projects serving vulnerable participants, including: youth under age 25, people experiencing chronic homelessness, people with zero income, criminal history, active substance use, and those reluctant to engage in services. For example, the CoC took these actions to ensure consideration of these vulnerabilities:

- CoC ranked and selected new projects based on:
 - 1. applicant experience & capacity to serve vulnerable people (e.g., chronically homeless, active substance users, people reluctant to engage, people with criminal history, zero income &/or disabilities, unsheltered)
 - 2. a clear outreach & supportive services plan to engage & serve the most vulnerable people using a Housing First approach.

New or Renewal Projects not targeting vulnerable populations are not submitted in the Project Listing for the CoC. Only PSH with Dedicated Plus criteria, RRH projects, Coordinated Entry, Youth Navigator and TH projects for DV or Youth using a low barrier Housing First approach were selected for funding.

Ranking and Bonus Policy Decisions - CT BOS 2019 CoC Application

Approved by Steering Committee 8/16/2019

2019 Ranking and Bonus Policy Decisions:

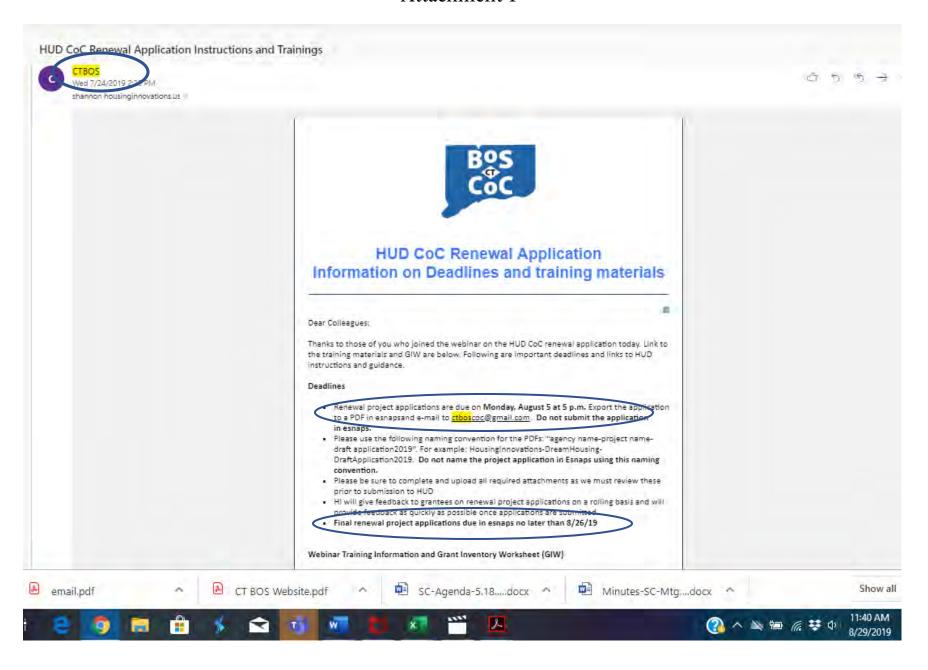
- 1. General Ranking Order:
- Renewal Projects that have been evaluated in order of CT BOS CoC Evaluation Score, HMIS, reallocations and Coordinated Entry projects in Tier 1
- Followed by first time Renewal Projects that have not yet been evaluated ranked to provide the maximum score on the relative ranking factor (1-X), mostly in Tier 2
- Followed by New Projects regular and DV bonuses in order of preferred mathematical advantage for the CoC, also in Tier 2

Motion: To approve the general ranking order. Motion passes.

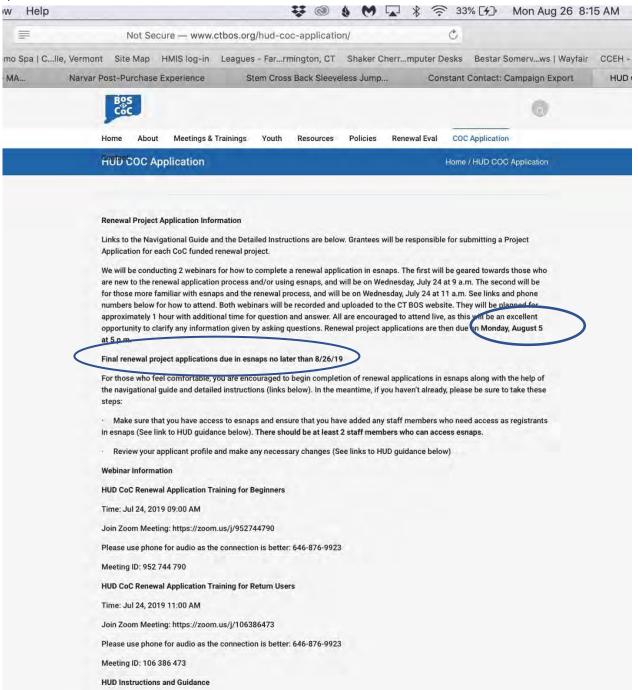
- 2. General Bonus Allocation: (\$1,919,256)
- Allocate the bonus funds in half
- The CoC will divide the bonus into two applications: two at\$959,628 each

Motion: To approve the general bonus allocation. Motion passes.

- 3. Types of Bonus Projects for General Bonus
- Applications were received for PSH and RRH. Last year, BOS submitted three projects and one
 was funded.
- Vote on whether to fund RRH, PSH or both.
 Motion: To fund both RRH and PSH. The order of the applications to be 1) PSH, 2) RRH.
 Motion passes.



Public Posting of Competition Deadline:



Evidence of how severity of need and vulnerabilities affected project scores highlighted in yellow.

Factors evaluated for DV projects based on data from comparable database noted in BLUE

Factors related to improving System Performance noted in Connecticut Balance of State (BOS) CoC **GREEN**

2019 Renewal Evaluation Standards and Scoring

DV safety factors noted in purple

For all criteria, performance below the lowest indicated benchmark will receive zero points.

	T	1				
Evaluation Criteria All criteria used are objective	2019 Benchmark / Standard	2019 Points	2nd 2019 (2018) Standard	2019 Points	3rd 2019 (2018) Standard	2019 Points
PERFORMANCE						
Efficient Use of Resources						
Spending on last year's HUD grant ¹	Projects over \$2M must spend at least 95% & leave less than \$75K unspent. Projects under \$100K must spend at least 90%.	10				
	All other projects must spend at least 95% & leave less than \$50K unspent.					
Eligibility	· · ·					
At least one Adult Participant per household with previous	1000/	40				
residence that indicates qualified literal homelessness ² Data from	V comparable DB	10				
PSH Only: At least one participant per household has a disability Da	100% ta from DV comparable DB	10				
Participant Income/Resources						
Non-Youth Programs only: Percentage of adult participants who increased EARNED INCOME from entry to exit/follow-up (leavers and stayers) System Performance Factor Data from DV compared to the program of the progra	25% PSH) 25% RRH 40% TH	5	20% PSH 20% RRH 30% TH	3	15% PSH 15% RRH 20% TH	1
Youth Programs only: Percentage of adult participants who increased EARNED INCOME from entry to exit/follow-up (leavers and stayers) System Performance Factor	20%	5	15%	3	10%	1
(NON-EARNED) from entry to exit/follow-up (leavers and stayers) 3	vstem 35% PSH Data from DV erformance 35% RRH comparable ector 45% TH DB	10	25% PSH 25% RRH 35% TH	6	15% PSH 15% RRH 25% TH	3
All adult participants with NON-CASH benefits excluding health insurance (leavers and stayers) ^{3 & 6} Data from DV comparable DE	95%	10	85%	6	75%	1
All participants with Health Insurance (leavers and stayers) Compa	om DV rable DB 95%	10	85%	6	75%	3
Length of Stay (LOS)				,		
TH Only (Non-DV): LOS for participants is 1 year or less System Per	formance Factor 85%	10	75%	6		
TH Only (DV Projects): LOS is 2 years or less DV Safety Factor	75% System	10	65%	6		
	Performance					

Performance

Evaluation Criteria System	2019 Benchmark / Standard Performance	2019 Points	2nd 2019 (2018) Standard	2019 Points	3rd 2019 (2018) Standard	2019 Points
RRH Only: LOS for participants is 6 months or less (from date Factor housed)	50%	5	40% (50%)	3		
Housing Stability						
PSH Only: Percentage of participants who remain in PSH or exited to permanent housing ⁴ System Performance Factor	95%	10				
RRH and TH Only: Percentage of leavers who exited to Permanent Housing ⁴ System Performance Factor	90%	10	80%	6		
Percentage of leavers who exited to homeless shelter, DV shelter, streets or unknown 4 System Performance Factor	Less than or equal to 10%	10				
CONSUMER SURVEYS						
Consumer Surveys - Response Rate	35%	5	25%	3		
Consumer Surveys - Results	50 Points	5				
COMPLIANCE						
Percentage of participants accepted into the program from the by- name list between October 1, 2017 and September 30, 2018 (excludes DV projects) ⁵ DV Safety Factor	100%	5				
A Lateness Penalty: 10 points deducted for each document submitted late including Paper Consumer Surveys, Project Data Form, Agency Data Form, and/or Paper APR	N/A	minus 10				
CORRECTIVE ACTION (CA) THRESHOLD CRITERIA						
Occupancy based on quarterly unit utilization (excludes new projects)	90%	N/A				

¹ Excludes new projects and SROs.

⁶ Excludes participants who are ineligible for benefits

NEW STANDARDS: BASELINE DATA TO BE COLLECTED FOR PURPOSES OF SETTING BENCHMARK FOR 2020 - NOT SCORED			
HMIS Universal Data Elements: Error rate of less than 5% for a	Less than or equal to 5% for 13 data	Not	
minimum of 13 of 16 tracked data elements 5	elements	Scored	
Cost per household served for all projects and cost per PH exit for	To De Determined	Not	
TH and RRH	To Be Determined	Scored	

² Low percentage of programs fulfilling eligibility requirements or have bad data in HMIS regarding disabilities.

³ Excludes participants who are not yet required to have an annual assessment.

⁴ Excludes deceased participants or programs with only 1 exit with a bad outcome. When a person exits a DV project to a shelter for safety purposes, agencies should report this as a "transfer" rather than an "exit to shelter" for the purposes of this evaluation. DV safety factor

⁵ Excludes DV programs



CT BOS CoC <ctboscoc@gmail.com>

CT BOS - 2019 Renewal Evaluation

1 message

CT BOS CoC <ctboscoc@gmail.com> Tue, Oct 2, 2018 at 5:29 PM Bcc: Julie Ackerman <ackermanj@crtct.org>, Alison Cunningham <acunningham@columbushouse.org>, Angela Easterling <aeasterling@chrhealth.org> afreeman@chrysaliscenterct.org, "Andrea Hakian, LCSW" afreeman@chrysaliscenterct.org, "Andrea Hakian, LCSW" afreeman@chrysaliscenterct.org, "Andrea Hakian, LCSW" ahakian@chrhealth.org, akelly@handsonhartford.org, Alice Minervino alice.minervino@ct.gov, Amanda.gordon@journeyhomect.org, Anastacia Woolcock awoolcock@newoppinc.org, Beverly Arcaro beverly Arcaro <a Aniatida.giotali <Bshaw@handsonhartford.org>, Cathy Zeiner <Cathyz@ywcahartford.org>, Carissa Conway <cconway@womenfamilies.org>, Chelsea Ross <chelsea.ross@csh.org>, Christina Grover <christina@holyfamilywillimantic.org>, Claire Silva <ClaireS@bethsaidact.org>, Clasina Jones <clasinaj@ywcahartford.org>, Cathleen Meaden <cmeaden@columbushouse.org>, Caroline Perez <cperez@newoppinc.org>, cpollifrone@theconnectioninc.org, Crane Cesario <crane.cesario@ct.gov>, crose@newreach.org, cstewart@newreach.org, Claudia Sweeney <csweeney@thact.org>, Catherine Zall <czall@snet.net>, Diane Albini <dalbini@chd.org>, Dana Serra <dana.serra@waterburyha.org>, Dina Anderson <danderson@cmhacc.org>, david@shworks.org, Donna Bergin <dbergin@fsc-ct.org>, Denice Calabrese <dcalabrese@theconnectioninc.org>, Dionne Carr <dcarr@hacdct.org>, Deanna Bencivengo <deanna.bencivengo@hhchealth.org>, David Gonzalez Rice <dgrice@cceh.org>, Covenant Shelter < director@covenantshelter.org>, don.vincent@libertycs.org, dtoolan@waterburyct.org, ealeckson@tvcca.org, Phillip Lysiak <edsvdp@comcast.net>, "Higgins, Eileen M" <eileen.higgins@ct.gov>, Eileen Krause <Eileen.Krause@libertycs.org>, eking@chrysaliscenterct.org, Elaine Matt <ematt@bhcare.org>, emcmanus@westhavenhousing.org, Liz Isaacs <episaf@comcast.net>, Erica King <ericajayon23@gmail.com>, Erik Clevenger <Erik.Clevenger@ct.gov>, esimpson@fsc-ct.org, Floranne Roswolle floranne@holyfamilywillimantic.org, Frances Fallonfloranne Roswolle floranne@holyfamilywillimantic.org, Frances Fallonfloranne Roswolle floranne@holyfamilywillimantic.org, Frances Fallonfloranne Roswolle floranne@holyfamilywillimantic.org, Greg Briscocyprisco@nwcty.org, ginasmith@veteransinc.org, Gabrielle Padilla florannegprisco@nwcty.org, ginasmith@veteransinc.org, Gabrielle Padilla florannefloran Justine <jcouvares@chrysaliscenterct.org>, Jennifer DaSilva <jdasilva@hacdct.org>, Jessica Park <jessica.park@csh.org>, Judith Gough <jgough@mercyhousingct.org>, "Jennifer Greer, LCSW" <Jgreer@chrhealth.org>, Jlm.pettinelli@libertycs.org, Jacqueline Janosko <JJanosko@cceh.org>, jkatz@southparkinn.org, John Lawlor <| daylor@theconnectioninc.org>, Jon-Paul Mandelburg <| maintenance| youngetine thinlorg|, with youngetine thinlorg|, with youngetine thinlorg|, younge kaust@southparkinn.org, kayla.a.calabro@gmail.com, Kara Capone <kcapone@housinginnovations.us>, kcessna@connlegalservices.org, Kellyann Day <kday@newreach.org>, Kelly.Gonzalez@journeyhomect.org, kgrega@youthcontinuum.org, Maryann Picciarelli <killingly.housing@snet.net>, Kim Jakowski <kim.jakowski@wrccinc.org> kinaughty@theconnectioninc.org, Kathleen Shaw <kshaw@sistersplacect.org>, Katherine Verano <kverano@safefuturesct.org>, Kint Jakowski@wccinc.org>, Kathleen Shaw <kshaw@sistersplacect.org>, Katherine Verano <kverano@safefuturesct.org>, Ketherine Verano safefuturesct.org>, Kathleen Shaw <kshaw@sistersplacect.org>, Katherine Verano@safefuturesct.org>, Ketherine Verano@safefuturesct.org>, Ketherine Verano@safefuturesct.org>, Ketherine Verano@safefuturesct.org>, Ketherine Verano@safefuturesct.org>, Leigh Shields-Church <Leigh.Shields-Church@ct.gov>, Lgambino@chrysaliscenterct.org>, Lgambino@c | Initiating | Participate | P Damboise <mdamboise@newreach.org>, Megan Brown <megan.brown@tvcca.org>, Melissa Burdick <Melissa.Burdick@accessagency.org>, "Mary E. Smith-Floyd" <mfloyd@ywcanewbritain.org>, Maria Gomes <mgomes@mercyhousinget.org>, mguzman@centerforfamilyjustice.org, Manssour Hanne <mhanne@cmhacc.org>, mholroyd@fellowshipplace.org, Michael Hall <michael.hall@libertycs.org>, Mollie Greenwood <mollie.greenwood@journeyhomect.org>, Margaret Soussloff <msoussloff@safefuturesct.org>, MaryLou Underwood <munderwood@tvcca.org>, mvan@reliancehouse.org, mvazquez@southparkinn.org, Maria Wagner <mwagner@newoppinc.org>, "Cannavo, Nancy" <nancy.cannavo@hhchealth.org>, Nicole Barnofski <nbarnofski@newreach.org>, ncamp@chrysaliscenterct.org, niya.solomon@journeyhomect.org, Nancy Outeiro <nouteiro@immacare.org>, Nicholas Zito <nzito@tvcca.org>, Tina Ortiz <ortizt@crtct.org>, Patty Cox <pcx@bridgesmilford.org>, peter.debiasi@accessagency.org, Paul Kosowsky <pkosowsky@youthcontinuum.org>, Pamela Ralston pralston@cceh.org>, Judy Coco <rl><rlyas@immacare.org>, Rmoller@noankcss.org, Ron Krom <ron@svdmiddletown.org>, Ronald Steed <ronaldsteed@gmail.com>, Sara Loffredo <sara.loffredo@libertycs.org>, "Sarah.Dimaio" <Sarah.dimaio@use.salvationarmy.org>, Sarah Barry <sbarry@prudencecrandall.org>, sbrown@chrysaliscenterct.org, Sharon Castelli <SCastelli@chrysaliscenterct.org>, Zoe Schwartz <schwartzz@crtct.org>, Scorbin@mercyhousingct.org, Silvia Moscariello <silvia.moscariello@libertycs.org>, "S. Plotkin" <splotkin@youthcontinuum.org>, Suzy Rivera <srivera@fsc-ct.org>, Gary Beaulieu <st.vincent.de.paul@snet.net>, "Stephenie R. Guess" <stephenie.guess@ct.gov>, Steve DiLella <steve.dilella@ct.gov>, "Subrena D. Winfield" <subrena.winfield@libertycs.org>, Suzanne Wagner <swagner@housinginnovations.us>, Sarah Welinsky <swelinsky@columbushouse.org>, Syed Masood Asghar <Syed.Asghar@ct.gov>, Tamika Riley <Tamika Riley@journeyhomect.org>, "T.B. Cocchiola"
<Tbcocchiola@hotmail.com>, Terri Jo Ciocca <tciocca@newreach.org>, Tim Cole <tcole@southparkinn.org>, "Teddi L. Creel" <teddi.creel@ct.gov>, Teresa Ferraro <fferraro@theconnectioninc.org>, timothy.riley@mediware.com, tmaguire@youthcontinuum.org, tnicolas@chrysaliscenterct.org, Vanessa Malley <vmalley@fsc-ct.org>, Willem Donahue <wdonahue@nwcty.org>, Wendy Hodge <whodge@chrysaliscenterct.org>, williamstdenis@veteransinc.org, William Rybczyk <wrybczyk@newoppinc.org>, Lisa Yagaloff <yagaloffl@crtct.org>

Dear Providers:

As you know, each year the CT BOS CoC evaluates the performance of all HUD CoC funded projects. The Steering Committee adopted the criteria that will be scored in December. Those criteria are attached here. In response to the latest guidance from HUD, we will be proposing a couple of additional un-scored criteria at the 10/19/18 Steering Committee meeting. We will send out the final adopted standards, further instructions and additional submission deadlines after that meeting.

In the meantime, to enable as much time as possible for projects to obtain consumer surveys, we have attached the 2019 survey instruments and instructions on electronic submissions. Consumer surveys are due no later than 11/30/18 (more instructions below).

Additionally, like last year, CCEH will be providing HMIS APR data directly to Housing Innovations for all renewal projects.

- All programs will be evaluated on APR outcomes for the period 10/1/17-9/30/18.
- It is critical that agencies run their APR reports out of HMIS and begin making any necessary data changes, including updating annual
 assessments (see Annual Assessment Guide attached), immediately. Instructions on how to run your APR report are attached. If you have
 HMIS issues that you are unable to resolve yourself, please contact the Nutmeg Help Desk. To ensure that your issue can be quickly and
 successfully resolved, please include the following information with your request: Your Name, Program Name, Role Under, Agency Name,

Client ID or IDs, Whether your issue is client specific or system wide, Is this issue reproducible (does it happen all the time, or sometimes), A brief description of the issue, A screen shot, do not include any client personal identifying information (NAMES, INITIALS, DOB, SSN).

- CCEH will generate preliminary HMIS APR reports for each renewal project the week of 10/22/18. HI will send those to providers. Providers should:
 - Make as many data corrections as possible prior to 10/22.
 - Review the preliminary reports you will receive from HI the week of 10/22.
 - Make any additional needed changes in HMIS.
 - Re-run your APR to ensure that all data are accurately reflected.
 - Ensure that you have completed an annual assessment for each client as applicable. Each year, providers have issues with incorrect data because they have not updated the assessments.
 - · Contact the Nutmeg help desk if needed.
- All help desk tickets related to HMIS APR reports should be submitted ASAP and must be submitted to Nutmeg no later than 11/13/18. Early submission of help desk tickets is critical to ensuring that your project evaluation is accurate.
- The deadline for making data corrections in HMIS is 11/30/18. CCEH will run the reports that HI will use to score projects beginning 12/3.
- · Like last year, after HI issues projects' evaluation reports, we will provide instructions for requesting scoring changes.
- HI will reach out separately to DV programs to provide instructions on sending APR data.

SUBMISSIONS	DUE DATE
Providers run HMIS APR reports, review data, and make any needed changes in HMIS	OCTOBER 1-OCTOBER 19, 2018
CCEH generates HMIS APR reports and Housing Innovations distributes reports	WEEK OF OCTOBER 22, 2018
Providers review CCEH generated HMIS APR reports, make changes in HMIS, submit help desk ticket to Nutmeg if needed, and re-run reports again	OCTOBER 29-NOVEMBER 13 2018
Last date to submit Help Desk Ticket to Nutmeg for HMIS APR issues	NOVEMBER 13, 2018
Last date to make changes to HMIS APR data	NOVEMBER 30, 2018
Consumer Satisfaction Surveys:	NOVEMBER 30, 2018
 Consumers may complete surveys two ways: Either 1) on paper or, 2) electronically via Survey Monkey. Please insure that consumers do not fill out both. Versions of the English surveys are available in paper and electronic form. Spanish survey is available in paper form and electronically by request. If your agency participates in the DMHAS consumer survey process, you may submit the DMHAS surveys in lieu of the CT BOS Consumer surveys. Only DMHAS Surveys completed in 2018 (January 1, 2018 – November 30, 2018) will be accepted. Please do not submit both DMHAS surveys and CT BOS surveys for the same project. Please note that maximum points for consumer survey responses are available at a 35% response rate. Sending surveys from more than 35% of participants does not increase your score. (Response Rate=number of funded units divided by the number of returned surveys. For example, of you had 100 units and had 40 surveys returned, you would have a 40% response rate. If you have 10 units and have 3 surveys returned, you will be at 30% (below the response rate benchmark.) Please note that consumer surveys received after December 21, 2018 will not be considered for the evaluation. Projects will receive a 10 point lateness penalty if surveys are received after 11/30/2018. 	
I. If you are distributing paper surveys, PLEASE INCLUDE GRANT NUMBERS on the CT BOS and DMHAS surveys. Surveys without grant numbers will not be considered and	

agencies will not get credit for the submission of these surveys. Please make sure to check and organize your surveys prior to submission.

- 2. There are two different ways to submit paper surveys:
 - Scan and e-mail all the surveys at once to: ctboscoc@gmail.com. Please note
 "Consumer Surveys, Agency Name, Grant # XXXXX" in the subject line of the e-mail.
 PLEASE DO NOT send them in multiple batches. Please make sure each survey is clearly labeled and organized by grant number. Submissions that do not follow these instructions will not be considered and agencies will not get credit for the submission of these surveys Staff can enter the survey responses directly into Survey Monkey, using the grant number and corresponding program-specific link provided in the attached spreadsheet. This is the preferred method of survey submission.
 - If you are unable to submit using the methods noted above, please contact us and we will work with you to find another way to submit the surveys.

Electronic Surveys:

- 1. Program participants can complete the consumer surveys on the web by using the link provided in the attached spreadsheet called 2019 BOS Consumer Surveys Links Report.
- 2. Please share the link that corresponds to your agency and specific project with consumers at your program. This link will take people to the survey for your project and will have information such as project name and grant number already filled in. To ensure your project receives credit for all surveys completed on-line, it is critical that you share the correct link.

Consumers should complete either a paper or an online survey, not both.

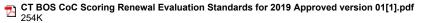
General Instructions:

- Please let us know if there is another contact who should receive these e-mails and other correspondence. There should be at least two points of contact for each agency receiving these e-mails.
- Please note that, as in years past, the standards adopted by the Steering Committee include a 10 point scoring penalty for each document that is submitted late.
- Please contact ctboscoc@gmail.com with any questions.

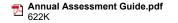
Thank you for your assistance with this process

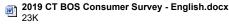
CT BOS Team

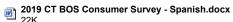
6 attachments



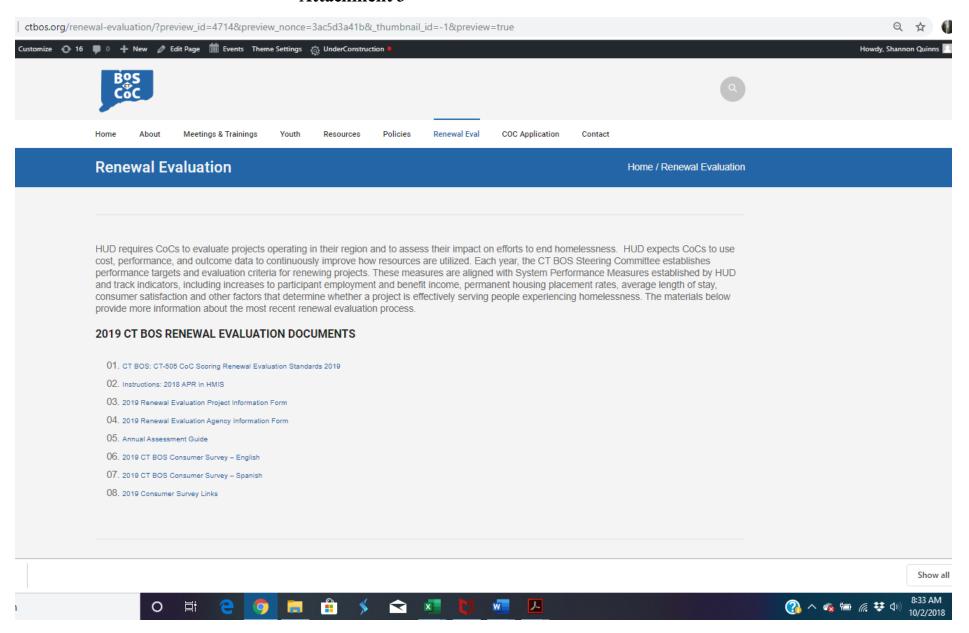


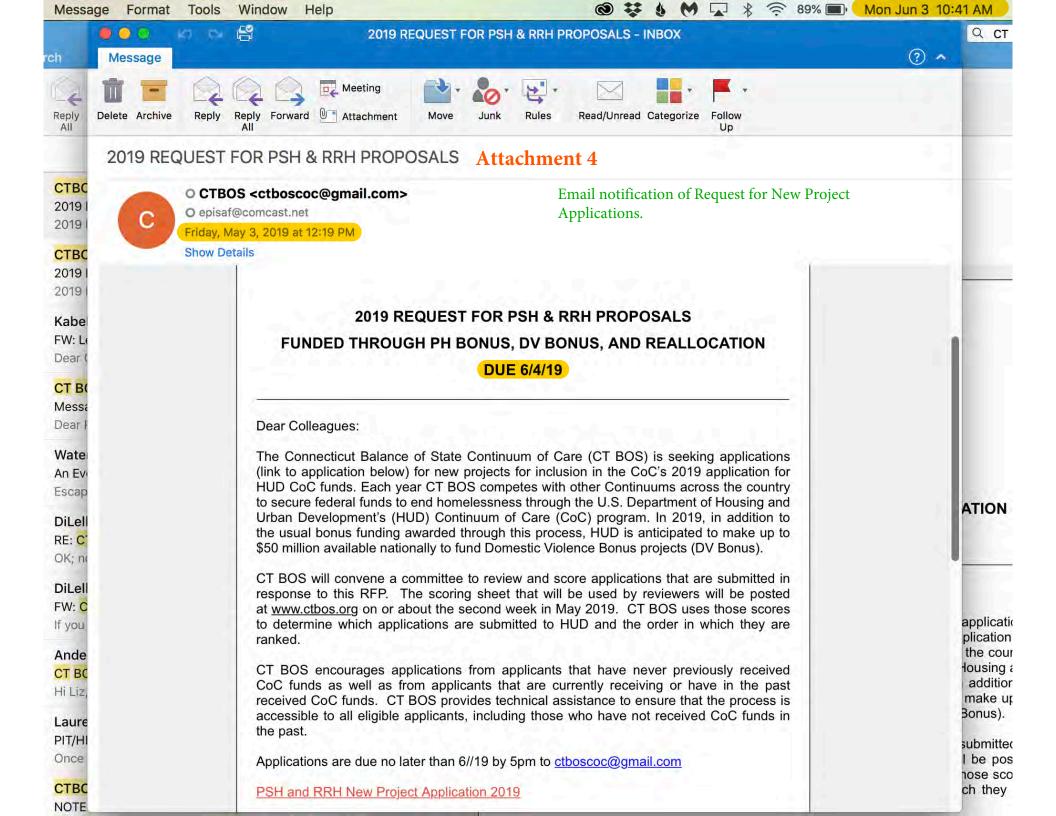




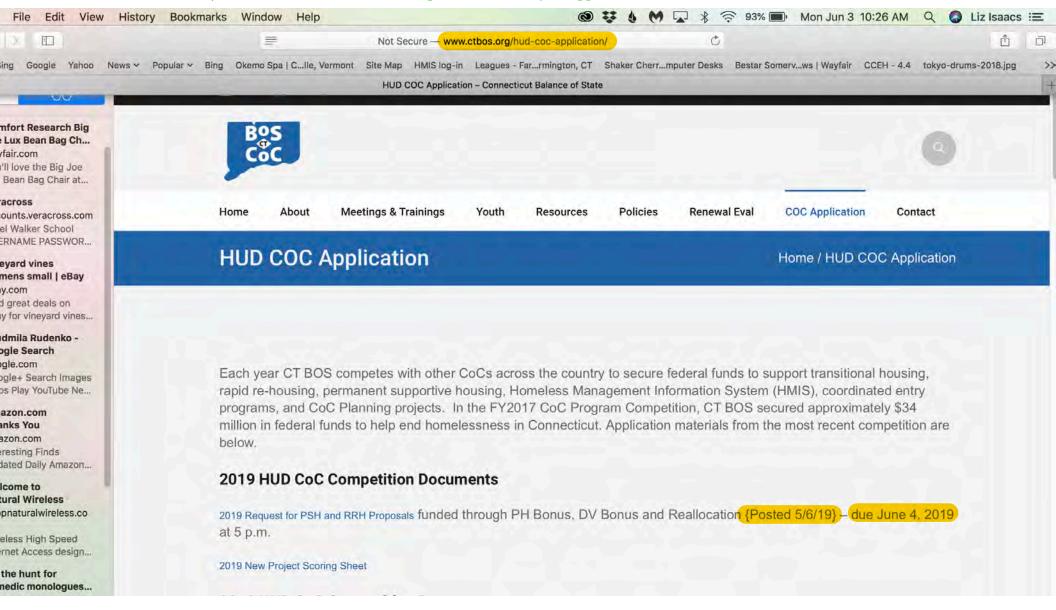


2019 Consumer Survey Links Report.xlsx 20K





Publicly Posted on CTBOS Website - Request for New Project Applications







Ending Homelessness in Connecticut | Email: ctboscoc@gmail.com | Website: www.ctbos.org

2019 REQUEST FOR PSH & RRH PROPOSALS FUNDED THROUGH PH BONUS, DV BONUS, AND REALLOCATION

DEADLINE FOR SUBMISSION OF APPLICATIONS: 5pm on Tuesday, June 4, 2019

BACKGROUND

The Connecticut Balance of State Continuum of Care (CT BOS) is seeking applications for new projects for inclusion in the CoC's 2019 application for HUD CoC funds. Each year CT BOS competes with other Continuums across the country to secure federal funds to end homelessness through the U.S. Department of Housing and Urban Development's (HUD) Continuum of Care (CoC) program. In 2019, in addition to the usual bonus funding awarded through this process, HUD is anticipated to make up to \$50 million available nationally to fund Domestic Violence Bonus projects (DV Bonus). Through the 2018 CoC competition, CT BOS was eligible to apply for approximately \$2.1 million for new permanent housing bonus¹ projects, approximately an additional \$1.3 million for DV Bonus projects² and approximately an additional \$600 thousand in reallocated funds³.

HUD has not provided information to determine the amount of permanent housing and DV bonus funds for which CoCs will be eligible to apply through 2019 competition. The total funds available for new projects in 2019 will be determined based on the final bonus amounts, as determined by HUD, combined with any amount of funding that the CT BOS Steering Committee⁴ determines shall be reallocated from existing renewal projects.

CT BOS will convene a committee to review and score applications that are submitted in response to this RFP. The scoring sheet that will be used by reviewers will be posted at www.ctbos.org on or about the second week in May 2019. CT BOS uses those scores to determine which applications are submitted to HUD and the order in which they are ranked. Projects that score higher will have a greater chance of being funded. HUD makes final decisions regarding which applications are funded. Projects seeking funding under the DV bonus compete with other projects seeking that type of funding nationally. Projects not conditionally selected by HUD for funding under the DV Bonus, will likely be considered by HUD for funding through reallocation and/or the permanent housing bonus. In other words, CT BOS anticipates that any DV bonus project included in the CoC's application to HUD that is not selected for the DV Bonus will automatically compete for the usual pot of funds available to the CoC and may be funded through that usual pot instead of through DV Bonus funds.

¹ HUD makes funds available to support development of new projects. CoCs compete nationally to secure these funds. This process is known as the "Permanent Housing Bonus."

² DV Bonus projects must be dedicated to serve survivors of domestic violence, dating violence, stalking, and human trafficking.

³ Through each annual competition, CoCs can reduce or eliminate funding from existing projects in order to fund new projects. This process is known as "reallocation."

⁴ The CT BOS is led by a Steering Committee comprised of representatives of a variety government agencies, provider coalitions, advocates and people who have experienced homelessness. For more information about the CT BOS, please visit www.CTBOS.org

CT BOS encourages applications from applicants that have never previously received CoC funds as well as from applicants that are currently receiving or have in the past received CoC funds. CT BOS provides technical assistance to ensure that the process is accessible to all eligible applicants, including those who have not received CoC funds in the past.

Please note that this application is based on the best information that is currently available, and CT BOS may need to revise the requirements described herein and/or request additional information based on additional guidance received from HUD and/or decisions made by CT BOS Steering Committee. CT BOS will disseminate all information about this funding opportunity as it becomes available through the CoC's email listsery. To ensure that you receive the latest information please subscribe to the CT BOS mailing list by visiting: http://www.ctbos.org

INSTRUCTIONS

This is the application for CT Balance of State Continuum of Care (CT BOS) permanent housing funds, including both permanent supportive housing and rapid re-housing. Projects may be funded through the permanent housing bonus, DV Bonus and/or any available reallocation funds.

The following types of new projects will be considered:

- New Permanent Supportive Housing (PSH) projects that create new units to serve 100 percent chronically homeless and/or Dedicated Plus individuals and families⁵. This includes youth/young adults under age 25 who meet the Chronic or Dedicated Plus definitions (definitions are included in the appendix of this RFP). DMHAS will serve as the applicant and, if awarded, the grantee⁶ for this project type. Selected non-profit agencies responding to this RFP would serve as a subrecipient⁷ on any ultimate award. This project type is not eligible for funding under the DV Bonus.
- New Permanent Supportive Housing (PSH) projects that will not create new units but will provide additional services to participants to PSH participants who are residing in PSH units that do not have dedicated supportive services staff. Additional services funded through this RFP must be used to serve 100 percent chronically homeless and/or Dedicated Plus individuals and families. This includes youth/young adults under age 25 who meet the Chronic or Dedicated Plus definitions (definitions are included in the appendix of this RFP). DMHAS will serve as the applicant and, if awarded, the grantee for this project type. Selected non-profit agencies responding to this RFP would serve as a subrecipient on any ultimate award. Applicants should consult with their CANs to determine which projects/participants are in need of these services. Projects can serve participants in one or more existing PSH projects. This project type is not eligible for funding under the DV Bonus.
- New Rapid Rehousing (RRH) projects that will create new units to serve homeless individuals

⁵ Please note that the CTBOS policy on designating PSH units as Chronic vs. DedicatedPlus is currently under review by the Steering Committee. CT BOS will disseminate any new information as it becomes available through the CoC's email listserv. To ensure that you receive the latest information, please subscribe to the CT BOS mailing list by visiting: http://www.ctbos.org

⁶ The grantee is the organization that receives CoC funds directly from and enters into a grant agreement with HUD.

⁷ A subrecipient is an organization that receives a subaward from and enters into a contract with the grantee.

and families, including youth/young adults under age 25, coming directly from the streets or emergency shelters, or meeting the criteria of paragraph (4) of the HUD definition of homeless – i.e., fleeing domestic violence, dating violence, sexual assault, stalking or other dangerous situations. (See Appendix for the full Definition of Category 4). DOH will serve as the applicant and, if awarded, the grantee for this project type. Selected non-profit agencies responding to this RFP would serve as a subrecipient on any ultimate award. If awarded, AIDS Connecticut (ACT - http://aids-ct.org) will serve as the fiduciary agency⁸ administering rental assistance. **This project type** is eligible for funding under the DV Bonus.

• New Rapid Rehousing (RRH) projects that will not create new units but will provide additional services to participants in existing RRH projects. Additional services funded through this RFP must be used to serve homeless individuals and families, including youth/young adults under age 25, coming directly from the streets or emergency shelters, or meeting the criteria of paragraph (4) of the HUD definition of homeless. (See Appendix for Definition of Category 4 - fleeing domestic violence, dating violence, sexual assault, stalking or other dangerous situations). DOH will serve as the applicant and, if awarded, the grantee for this project type. Selected non-profit agencies responding to this RFP would serve as a subrecipient on any ultimate award. Applicants should consult with their CANs to determine which projects/participants are in need of these services. Projects can serve participants in one or more existing RRH projects. This project type is not eligible for funding under the DV Bonus.

Please note that the CoC is seeking applications that will not create new units but will provide additional services to participants in existing PSH or RRH units only in order to fill critical gaps in units with no or inadequate levels of service funding.

HUD allows project applicants to apply for a new project to expand existing projects and increase the number of units in the project, allow the recipient to serve additional persons, and/or expand services available to current eligible participants. HUD has clarified that the component type for the existing project and the new expansion project must be identical (e.g., an existing PSH project may only apply for a PSH expansion, an existing RRH project may only apply for a RRH expansion). Projects may not apply for an expansion to replace other renewable funding sources. Applicants seeking funding for an expansion project should complete the relevant section of this application. Applications for new PSH and RRH projects that will not create new units but will provide additional services to participants in one or more existing PSH or RRH projects must be submitted as expansion projects. Applications for expansion can be submitted regardless of whether or not the applicant has an existing CoC renewal project, so this does not preclude applicants who have not been previously funded by the CoC from applying.

New projects to be included in the CT BOS 2019 CoC Application to HUD will be conditionally selected by an independent scoring committee and notified by CTBOS. Final decisions regarding awards will be made and announced by HUD via the national CoC program competition.

The CoC reserves the right not to review late or incomplete applications or applications that do not meet the project requirements described in this RFP. The CoC also reserves the right not to review applications

⁸ As the fiduciary agency, ACT would receive a subaward from DOH and be responsible for paying rent to landlords.

that exceed page limits specified in this RFP (attachments are excluded from the limit) or do not meet HUD's threshold eligibility criteria.

All applications should be sent to: ctboscoc@gmail.com by 5pm Tuessday, June 4, 2019

Project Requirement and Priorities:

• <u>Eligible localities</u>:

 Projects must be located within the CT BOS CoC regions of the State. This includes all the cities and towns in the following counties: Hartford, Litchfield, New Haven, New London, Windham, Tolland, and Middlesex.

• Eligible populations:

- o PSH:
 - All projects must dedicate 100% of units and/or provide services exclusively to chronically homeless and/or Dedicated Plus individuals and/or families, as defined by HUD (See Appendix).
 - Disabilities: All projects must serve exclusively disabled households as defined by HUD (See Appendix)
- RRH: All projects must serve 100% literally homeless families and/or single adults coming directly from emergency shelters and/or unsheltered locations OR category 4: fleeing domestic violence, dating violence, sexual assault, stalking or other dangerous situations.
- Persons in transitional housing are not eligible for either project type, even if they met the criteria described above prior to entering the transitional housing program.
- DV Bonus projects may serve only persons who qualify under the domestic violence criteria in paragraph (4) of the HUD definition of homelessness, including persons fleeing or attempting to flee human trafficking (see Appendix);
- Term Projects may apply only for a one-year term.

Eligible activities/projects for the funds:

- o All projects must be Permanent Supportive Housing or Rapid Re-Housing
- o PSH and RRH activities cannot be combined into the same project.
- Projects can request funds for:
 - PSH: Rental assistance (tenant, project or sponsor based) or operating funds, supportive services, admin; applicants seeking rental assistance are strongly encouraged to use either the tenant or sponsor based options to facilitate overleasing as necessary to enable full expenditure of grant funds. PSH projects are not eligible for funding under the DV Bonus.
 - RRH: Rental assistance (tenant based only), supportive services. Note that DOH has opted not to apply for funds on the project admin budget line item. Subrecipients may claim indirect costs (see more information in the appendix). This project type is eligible for funding under the DV Bonus.
- Projects cannot combine the following types of assistance in a single structure or housing unit:
 - Rental assistance and operating
- Project based (PRA) or sponsor based rental assistance (SRA) may be used for units owned by the applicant organization. SRA may also be used for units leased by the applicant. These must be units newly created or designated to serve homeless people and ready for occupancy no

- later than 12 months after the award of funds. Awards are anticipated to occur in approximately December 2019. Congregate projects must provide evidence demonstrating site control for a building or units and the evidence must document that the site control exceeds the requested grant term.
- Unless the project has another source of funding for services, projects applying for RRH should include at least \$4,000 per household served at a point in time for supportive services, For example, if the project will support 20 households at a given point in time, the annual supportive services budget should be at least \$80,000.
- Unless the project has another source of funding for services, projects applying for PSH should include at least \$5,000 per household annually for supportive services.
- PSH and RRH projects may not request more than \$7,500 per household annually for supportive services
- o Projects must demonstrate that they meet HUD's match requirements. See Section #4, Sources of Match.
- Additional information regarding Project Administrative and Indirect Costs⁹:
 - CT BOS has established a maximum rate of 7% for project administrative costs on PSH projects (i.e., costs on the project administrative budget line item may not exceed 7% of the aggregated amount requested for all other budget line items. For example, a project that requests \$500,000 annually for rental assistance and supportive services can request up to \$35,000 additional on the project administrative budget line item. Total CoC budget = \$535,000 in this example.
 - For RRH projects, DOH has opted not to request funding on the project admin budget line item. Applicants may only request indirect costs (see additional information below).
 - Project Admin costs do not include staff time and overhead directly related to carrying out CoC Program eligible activities, because those costs are eligible on the relevant budget line item, not on the project administrative costs line. For example, the cost of conducting Housing Quality Standards (HQS) inspections and determining rent reasonableness are eligible on the rental assistance line NOT the admin line. The costs of office supplies and supervision for case managers are eligible on the supportive service line NOT the admin line.
 - Project Admin costs must be allocated only to the eligible activities as defined in the CoC Program Interim Rule (see appendix for more information on the project admin budget line item).
 - Indirect costs are those that cannot be relatively easily and with a high degree of accuracy directly assigned to an eligible CoC activity, such as project admin, rental assistance, operating or supportive services. Rather, indirect costs are incurred for common or joint purposes benefitting multiple projects and cannot be readily associated with a particular CoC project. Salaries for IT staff who maintain the agency's network, or costs associated with payroll management are examples of common indirect costs (see appendix for more information on indirect costs). There is no

⁹ See the appendix for more details on administrative and indirect costs.

separate budget line item for indirect costs in a CoC project. Indirect costs are budgeted on other budget line items (e.g., supportive services).

• Eligible applicants:

- Eligible project applicants for the CoC Program Competition are nonprofit organizations, States, local governments, and instrumentalities of State and local governments, and public housing agencies.
- O Applications shall only be considered from project applicants in good standing with HUD, which means that the applicant does not have any open monitoring or audit findings, history of slow expenditure of grant funds, outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon, or history of serving ineligible program participants, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes.
- Applications shall only be considered from applicants who are not in corrective action status as a result of a 2019 CT BOS project evaluation. Agencies in corrective action will be notified on our about the first week in May 2019.

Other Requirements

- o Projects, except victim service providers as defined by HUD, must agree to enter client data into the CT HMIS. Excepted projects must enter data into a comparable database.
- o Projects must agree to participate in the annual homeless point-in-time count (PIT Count).
- Project must agree to participate in the applicable Coordinated Access Network(s) (CAN) and accept referrals only from the Statewide by-name list.
- Projects must comply with all HUD requirements and CT BOS CoC Policies¹⁰.
- Applications must demonstrate:
 - A plan for rapid implementation of the program; the project narrative must document how the project will be ready to begin housing the first program participant within 12 months of the award (i.e., by no later than December 2020).
 - A connection to mainstream service systems, specifically:
 - 1) that services are in place to identify and enroll all Medicaid-eligible program participants and to connect Medicaid-enrolled participants to Medicaid-financed services, including case management, tenancy supports, behavioral health services, or other services important to supporting housing stability.
 - 2) that services are in place to connect participants to mainstream resources, including benefits, health insurance and employments services
 - 3) for stable PSH participants, that the project will assess participants' interest in moving on to independent affordable housing and offer assistance, to help tenants who would like to move on to explore independent housing options and apply for mainstream affordable housing opportunities.

¹⁰ See, for example, https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/; https://portal.hud.gov/hudportal/documents/huddoc?id=TransitionNotice22715.pdf; www.tubos.org

ment	ment 5			
•	Experience in operating a successful housing first program and a program design that meets the definition of Housing First as adopted by the CT BOS CoC SC (see the CT BOS Housing First Principles in the Appendix).			

New Project Application FOR PSH & RRH PROPOSALS FUNDED THROUGH PH BONUS, DV BONUS, AND REALLOCATION 2019 CT BOS Continuum of Care

- Applications are due by 5pm on June 4, 2019 and must be sent to: ctboscoc@gmail.com
- Applicants are responsible for reading and following all instructions contained in this RFP.
 Please contact ctboscoc@gmail.com for questions about the application form or process.
- Please save your document with the following naming convention:
 - <Agency name —Program name-NEW CTBOS19>.

 <u>Example</u>: ABC Services-Home to Stay PSH-NEW CTBOS19.doc
- The CoC reserves the right not to review late or incomplete applications or applications that do
 not meet the project requirements described in this RFP. The CoC also reserves the right not to
 review applications that exceed page limits specified in this RFP (attachments are excluded from
 the limit) or do not meet HUD's threshold eligibility requirements.
- **Application Sections:** This application is divided into 5 sections. Applicants must complete only the applicable sections as follows:
 - Agency information (Section # 1) Section must be completed one time by all applicants;
 agencies applying for multiple projects must complete this section only once.
 - o **PSH (Section # 2)** Section must be completed only by applicants seeking funding for PSH; applicants must also complete the agency information and matching sections.
 - RRH (Section #3) Section must be completed only by applicants seeking funding for RRH;
 applicants must also complete the agency information and matching sections.
 - DV Bonus (Section #4) Section must be completed only by applicants seeking funding through the DV bonus; DV bonus applicants must also complete either the RRH, agency information and matching sections.
 - Budget (Section #5) Section must be completed separately by all applicants for each PSH and RRH project being proposed.
 - Applicants must compile all relevant sections into a single document and delete sections that are not applicable to the type of project for which they are applying.

SECTION #1: AGENCY INFORMATION

INSTRUCTIONS:

- This section must be completed one time by all applicants; agencies applying for multiple projects must complete this section only once.
- Applicants must also complete all other relevant sections.
- Page limit for section 1: 7 pages; must use at least 12 point font
- Applicants must compile all relevant sections into a single document and delete sections that are not applicable to the type of project for which they are applying.

1.	Proj	ect Applicant Information:		
	a.	Name of Organization:		
	b.	Organization Type		
		☐ Unit of Local Government	□ Non-profit 501(c)(3)	\square PHA
		☐ State Government	☐ Other: Describe	
	c.	DUNS Number:		
2.	Sub-	Recipient Organization (if app	licable):	
	a.	Name of Organization:		
	b.	Organization Type		
		☐ Units of Local Government	□ Non-profit 501(c)(3)	\square PHA
		☐ State Government	☐ Other: Describe	
	c.	DUNS Number:		
3.	Cont	tact person for this application	ı:	
	a.	Name:	Title:	
	b.	Phone:		
	c.	Email:		
4.	Proj	ect Location		
	a.	Towns (if determined):		
	b.	CAN(s):		

5. Project Information (complete for each project being proposed by the applicant agency, add rows as necessary)

	Project Name	Project Type	Total Annual Budget Amount	
		(Select one per row)	Requested	
		☐ PSH new units and		
		services		
		☐ PSH new services only		
		☐ RRH new units and		
		services		
		☐ RRH new services only		
		☐ RRH DV Bonus		
		☐ PSH new units and		
		services		
		☐ PSH new services only		
		☐ RRH new units and		
		services		
		☐ RRH new services only		
		☐ RRH DV Bonus		
a.	If Yes, please select which ☐ de minimis rate of 10%	\ 1	e):	
b.	If you are using a rate oth	er than the de minimis rate, plea	ase indicate:	
	☐ My agency has an appr approval to CTBOS with t	oved indirect cost rate and has shis application.	submitted a copy of the	
	☐ My agency has an indirect cost rate proposal that is in accordance with federal OMB requirements. If HUD conditionally awards the grant, my agency will submit the rate proposal in e-snaps during the post-award process as required by HUD.			

6.

7. Experience of Applicant

- A. Describe the experience of the project applicant, sub-recipients (if applicable), and partner organizations (e.g., key contractors, service providers, if applicable) as it relates to providing supportive services and housing for homeless persons, and carrying out the types of activities proposed. Be sure to provide concrete examples that illustrate experience with activities similar to those proposed. Specifically, describe your experience with:
 - assessing & addressing the proposed target populations' identified housing and service needs.
 - the Housing First model
 - delivering or securing Medicaid funded services for participants in the agency's programs
 - linking participants to mainstream resources, benefits, health insurance, employments services, and mainstream affordable housing
 - SOAR, including # of applications submitted in past year and approval rate
 - increasing participant income
 - helping participants to stabilize in housing
 - assessing stable participants' interest in moving on to independent affordable housing and offer assistance, as indicated, to help tenants who would like to move on to explore independent housing options and apply for mainstream affordable housing opportunities (PSH ONLY)
 - renting units and administering rental assistance (if applicable to the proposed projects)

B. Please list at least 2 and no more than 5 relevant quantified project outcomes from projects currently operated by your agency that are most similar to the projects you are proposing. Please show all outcomes as a rate not an absolute number.

Type and Name of Project	Project Target Population	Outcome Meaure	Rate Achieved	Period during which outcome was achieved
EXAMPLE: PSH – Jane's House	Chronically Homeless Single Adults	% of project participants who increased earned income from project entry to exit/period end	35%	FY18
EXAMPLE: PSH – Joes' Place	Families with SMI	% of project participants who remained in PSH or exited to permanent housing	100%	FY18
EXAMPLE: PSH – Riley House	Chronically Homeless Single Adults	% of project participants who moved on to other stable permanent housing	15%	FY18

- C. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include a description of how your agency coordinates with a range of external community partners and how relevant departments within your agency coordinate with one another. Also describe your agency's structures for managing basic organizational operations, e.g., fiscal, compliance, quality improvement, staff supervision, program oversight, and Board oversight. Briefly describe the financial accounting system that will be used to administer the grant.
- D. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds. If your agency has not previously received a federal award, state that. If no experience with federal funds, describe other relevant experience that demonstrates the applicant's capacity to effectively use these funds in accordance with HUD and CoC requirements. All applicants must include a description of experience ensuring timely start up and full expenditure of new project funds (either CoC or other funds).

Ε.	If applicable, are there any unres	olved monito	oring or audit findings for any HU[)
	grants (including ESG) operated b	y the applica	ant?	
	☐ Yes	□ No	□ N/A	

 If Yes, describe the details of unresolved monitoring or audit findings and steps that will be taken to resolve.
F. If applicable, has the applicant returned any funds to HUD on any existing grants in the last two years?
☐ Yes☐ No☐ N/AIf yes, how much has been returned?
What is the reason that the funds have been returned?
What actions are you taking to ensure full spending?
G. If applicable, does the applicant have any outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon?☐ Yes☐ No☐ N/A
If yes, how much is owed?
What is the reason for the obligation to HUD?
What is preventing establishing a payment schedule?
 H. If applicable, has the applicant consistently drawn down funds at least quarterly on all HUD CoC grants in the last two years? □ Yes □ NO □ N/A
 What is the reason that the funds have not been drawn down?
What actions are you taking to ensure timely draw down?
I. If applicable, has the applicant submitted on time Annual Progress Reports (APRs) for all HUD CoC grants in the last two years?
☐ Yes☐ No☐ N/A• What is the reason that APRs were late?
What actions are you taking to ensure timely submission?
J. If you answered N/A to one or more questions above (E through I). Please briefly describe evidence that reviewers may use to determine that your organization has sufficient capacity to meet each of the HUD requirements described in E through I.

SECTION # 2: PSH PROJECT PROPOSAL

Instructions:

- This section must be completed only by applicants seeking funding for PSH, including both those proposing to create new PSH units and/or those proposing to expand services in an existing PSH project.
- Agencies applying for multiple, distinct PSH projects must complete this section for each proposed PSH project.
- Applicants must also complete the agency information and budget sections see sections #1 and #5.
- Page limit for section 2: 9 pages; must use at least 12 point font
- Applica applicat

		•		
	must compile all relevant section	•	nt and delete sec	tions that are not
oie	to the type of project for which t	ney are applying.		
1.	DOES THIS PROJECT PROPOSE T	O (select one):		
	☐ Create new psh units			
	☐ Expand services for participar	nts in existing PSH units		
2.	HOUSING TYPE (APPLICABLE TO	PROJECTS PROPOSING	TO CREATE NEW	/ UNITS ONLY)
	 Type – select all that app 	ly:		
	☐ Congregate/SRA (musi	t attach evidence demo	nstrating site con	itrol for a building
	or units where evidence	of site control exceeds t	the requested gra	ant term).
	□Scatter site/TRA			
	Total number of new unit	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	Total number of new bed	· · · —		
3.	NEW SERVICES (APPLICABLE TO		TO CREATE NEW	/ SERVICES FOR
	PARTICIPANTS IN ONE OR MOR	•		
a.	Please list the existing project(s)		· .	•
	lines to the table a necessary) –			. •
	may be served if you are propos			e PSH
	participants. You may add lines		_	
	AGENCY THAT OPERATES	PROJECT NAME	COC GRANT #	CAN
	PROJECT		(IF	
			APPLICABLE)	

b.	Please briefly describe why the additional services proposed through this application are
	essential to assist eligible participants in one or more existing PSH projects in your CAN to
	obtain and/or retain permanent housing:

4. TARGET POPULATION

A. <u>POPULATION</u> TO BE SERVED & <u>UNITS</u> TO BE PROVIDED IN THE PROJECT (<u>POINT-IN-TIME</u>) — Only include households to be served/units that will be funded through the new coc funds you are seeking in this application. Indicate # of households/units at a point-in-time when project is operating at full capacity.

HOUSEHOLDS	HOUSEHOLDS WITH AT LEAST ONE ADULT AND ONE CHILD	ADULT HOUSEHOLDS WITHOUT CHILDREN	HOUSEHOLDS WITH ONLY CHILDREN	TOTAL
TOTAL				
NUMBER OF				
HOUSEHOLDS				
TOTAL				
NUMBER OF				
UNITS				

В.	INDICATE WHICH <u>SUBPOPULATIONS</u> THIS PROJECT PROPOSES TO SERVE (CHECK ALL THAT
	APPLY; NOTE THAT ALL HEADS OF HOUSEHOLD MUST BE DISABLED, AND ALL HOUSEHOLDS
	MUST QUALIFY AS CHRONIC AND/OR DEDICATED PLUS)
	☐ chronically homeless – indicate total # of proposed dedicated units:
	# of ch dedicated units for single adults:
	# of ch dedicated units for families:
	☐ dedicated plus
	☐ young adults 18-24
	□ veterans
	☐ serious mental illness
	☐ chronic substance use
	☐ domestic violence
	☐ hiv/aids
	□ other disability – specify:
C.	Briefly describe how the applicant determined that there is an unmet need in the applicable
	can for PSH for the populations/subpopulations described in A & B above. Include a
	description of any data used to make this determination.

5.	IS THIS AN EXPANSIO	N PROJECT? ☐ YES	□ NO	
	Please note: applicati	ons for new PSH projects t	that will not create new un	its but will provide
	additional services to	participants in one or more	e existing PSH projects, mu	st be submitted as
	expansion projects, ar	nd those applicants must co	omplete this section. Appl	ications for expansion car
	be submitted regardle	ess of whether or not the a	pplicant has an existing coo	renewal project.
	Projects may also app	ly to create new units using	g expansion funds, and CT	BOS strongly encourages
	this option to reduce	administrative burden and	expand options available t	o fully expend grant
	funds. If the applicant	has an existing coc renewa	al project that is funded an	d the proposed expansion
	to that project is also	funded, HUD will execute	a single expanded grant ag	greement.
	IF THIS IS AN EXPAN	ISION PROJECT, PLEASE IN	DICATE:	
	a. Is t	his project seeking expansi	on funds to replace other f	unding sources?
		yes 🗆 no (note: use of exp	pansion funds to replace of	her renewable sources is
	not	permitted)		
	b. Cod	grant # of the eligible rene	ewal project that is reques	ting expansion (if
	• •	olicable):		
		n-coc funding source of exi	sting project (applicable or	nly for projects applying to
	•	and a non-coc project):		
		nt in time (PIT) project cap		ts proposing to add units
	and	d/or increase the # of house	eholds served):	
		PIT CAPACITY -	PIT CAPACITY – NEW	TOTAL PIT CAPACITY –
		EXISTING PROJECT	PROJECT	EXISTING PROJECT +
				NEW PROJECT
#	OF UNITS			
#	OF BEDS			
#	OF HOUSEHOLDS			
S	ERVED			
#	OF PEOPLE SERVED			
	e. AD	DITIONAL SERVICES TO BE	PROVIDED (applicable to p	projects proposing to
	pro	vide additional services to	homeless people in one or	more existing projects -
	che	eck all that apply):		
		ck all that apply): ncrease number of and/or	expand variety of supporti	ve services provided
	□ i			·

6. PROJECT DESCRIPTION

· <u>-</u>	1103201 D233111 11011
A.	Provide a description of the proposed project. The project description should be complete and concise. It must address the entire scope of the project. The description must be consistent with other parts of this application. Must include, if applicable: • Location of units
	• Type and number of units – scatter site or single site, single or multi-family homes, etc.
	• Number of single adults and the number of families with children to be served at a point-in-time when the project is at full capacity.
	Target population(s) to be served
	The specific services that will be provided
	 How the project will leverage or deliver medicaid and other mainstream benefits and services to participants
	Quantified projected outcomes
	Roles of subrecipients, if any
	Coordination with community partners
В.	Describe the estimated schedule for project start up, including the anticipated date that the project will begin filling units/serving participants, the date the project will be operating at full capacity and the method for assuring effective and timely completion of all work.
C.	Will the project, if creating new units, receive referrals only through the local coordinated
	access network? Or, if the project is creating only new services, will it coordinate selection of
	participants to be served with the CAN?
	□ yes □ no
	If no, please explain:

D. If the project involves capital development, please describe the proposed development activities and timeline and the responsibilities that the applicant and subrecipients (if any) will have in developing, operating, and maintaining the property. (must attach evidence demonstrating site control for a building or units where evidence of site control exceeds the requested grant term).

7. SUPPORTIVE SERVICES FOR PARTICIPANTS

A. For projects serving families with dependent children and single adults 24 years old or
younger, does the applicant/sponsor have policies and practices that are consistent with, and do
not restrict the exercise of rights provided by the education subtitle of the mckinney-vento act,
as updated by the every student succeeds act, and other laws relating to the provision of
educational and related services to individuals and families experiencing homelessness?
□yes □no

B. For projects serving families with dependent children and single adults 24 years old or younger, does the applicant/sponsor have a designated staff person responsible for ensuring

that children are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as head start, part c of the individuals with disabilities act, and mckinney-vento education services? ☐yes ☐no
C. Describe how participants will be assisted to obtain and remain in permanent housing using
a housing first model. The description must be consistent with other parts of this application and identify:
 Plan to engage and move eligible participants into the project Plan to assess needs of tenants and address those needs including but not limited to: health, behavioral health, education, employment, life skills and child care services, if applicable Whether or not the project will use the critical time intervention model to inform service delivery (recommended – information available at www.criticaltime.org) How appropriate units will be identified and rent reasonableness will be determined
D. Describe how participants will be assisted to increase employment and other income and to maximize their ability to live independently. The description must be consistent with other parts of this application and identify:
 Coordination with mainstream employment organizations, other providers and mainstream benefits
 How tenants will access ssi/ssdi and other mainstream benefits
 How tenants will be assisted to build independent living skills and move on from psh
 How the unique needs of the proposed target populations will be addressed in a manner that assists them to increase income and build skills
E. Please identify whether the project will include the following activities:
 Transportation assistance to clients to attend mainstream benefit appointments, employment training, and/or jobs? □yes □no Regular follow-ups with participants to ensure mainstream benefits are received and renewed? □yes □no Will project participants have access to ssi/ssdi technical assistance provided by the
 applicant, a subrecipient, or partner agency? □yes □no Indicate the last soar training date for the staff person providing the technical

assistance:

F. How accessible are basic community amenities (e.g. medical facilities, grocery store,
recreation facilities, schools, etc.) To the proposed project?
☐ very accessible ☐ somewhat accessible ☐ not accessible
8. HMIS PARTICIPATION
a. Does your agency currently participate in hmis? \Box yes \Box no
b. will your agency enter data into the hmis for this proposed project? \Box yes \Box no
c. If your agency is a victim service provider and is excluded from entering data into the
hmis for this proposed project, will you enter data into a comparable database that mee
all hud hmis requirements? □ ves □ no

SECTION 3: RRH PROJECT PROPOSAL

Instructions:

- This section must be completed only by applicants seeking funding for RRH, including both those
 proposing to create new RRH units and/or those proposing to expand services in an existing RRH
 project.
- Agencies applying for multiple, distinct RRH projects must complete this section for each proposed RRH project.
- Applicants must also complete the agency information and budget sections see sections #1 and
 #5
- Page limit for section 3: 8 pages; must use at least 12 point font
- Applicants must compile all relevant sections into a single document and delete sections that are not applicable to the type of project for which they are applying.

1.	DOES THIS PROJECT PROPOSE TO (select one):
	☐ create new rrh units
	☐ expand services for participants in an existing rrh project (this project type is not eligible for dv
	bonus funds)

- 2. **NEW SERVICES** (applicable to projects proposing to create new services for participants in existing projects)
 - a. Please list the existing project(s) at which you are proposing to provide new services (add lines to the table a necessary) please note only eligible participants as defined on page 4 may be served, and, if you are proposing a new RRH project, you may only serve RRHparticipants). You may add lines to the table below as necessary

	• •		•	
	AGENCY THAT OPERATES	PROJECT NAME	COC GRANT #	CAN
	PROJECT		(if applicable)	
_				
F				

b.	Please briefly describe why the additional services proposed through this application are
	essential to assist eligible participants in one or more existing projects in your can(s) to obtain
	and/or retain permanent housing:

3. TARGET POPULATION

A. <u>POPULATION</u> TO BE SERVED & <u>UNITS</u> TO BE PROVIDED IN THE PROJECT - only include households to be served/units that will be funded through the new coc funds you are seeking in this application. Indicate # of households/units at a point-in-time when project is operating at full capacity. Also indicate the # of households to be served over the course of a full year.

HOUSEHOLDS	HOUSEHOLDS	ADULT	HOUSEHOLDS	TOTAL
	WITH AT LEAST	HOUSEHOLDS	WITH ONLY	
	ONE ADULT AND	WITHOUT	CHILDREN	
	ONE CHILD	CHILDREN		
NUMBER OF				
HOUSEHOLDS				
(Point in Time				
– PIT)				
NUMBER OF				
HOUSEHOLDS				
(Annual)				
NUMBER OF				
UNITS (PIT)				

	INDICATE WILLOW CURPORTULATIONS THE PROJECT PROPOSES TO SERVE (CHECK ALL THE	
	 INDICATE WHICH <u>SUBPOPULATIONS</u> THIS PROJECT PROPOSES TO SERVE (CHECK ALL TH APPLY) 	ΑI
	☐ chronically homeless	
	☐ dedicated plus	
	☐ young adults 18-24	
	□ veterans	
	☐ serious mental illness	
	☐ chronic substance use	
	☐ domestic violence	
	☐ hiv/aids	
	□ other – specify:	
	C. Briefly describe how the applicant determined that there is an unmet need in the	
	applicable CAN for RRH for the populations/subpopulations described in A & B above.	
	Include a description of any data used to make this determination.	
4.	THIS AN EXPANSION PROJECT? YES NO	
	ease note: Applications for new RRH projects that will not create new units but will provide	
	dditional services to participants in one or more existing RRH projects, must be submitted as	
	xpansion projects, and those applicants must complete this section. Applications for expans	on
	an be submitted regardless of whether or not the applicant has an existing CoC renewal proj	ect.
	rojects may also apply to create new units using expansion funds, and CT BOS strongly	

encourages this option to reduce administrative burden and expand options available to fully expend grant funds. If the applicant has an existing coc renewal project that is funded and the proposed expansion to that project is also funded, hud will execute a single expanded grant agreement.

IF THIS IS AN EXPANSION PROJECT, PLEASE INDICATE:

a.	Is this project seeking expansion funds to replace other funding sources?
	\square yes \square no (note: use of expansion funds to replace other renewable sources is
	not permitted)
b.	Coc grant # of the eligible renewal project that is requesting expansion (if
	applicable):
c.	Non-coc funding source of existing project (applicable only for projects applying to
	expand a non-coc project):
d.	Point in time (PIT) project capacity (applicable to projects proposing to add units
	and/or increase the # of households served):

	PIT CAPACITY - EXISTING PROJECT	PIT CAPACITY – NEW PROJECT	TOTAL PIT CAPACITY – EXISTING PROJECT + NEW PROJECT
# OF UNITS			
# OF BEDS			
# OF HOUSEHOLDS SERVED			
# OF PEOPLE SERVED			

e.	Additional services to be provided (applicable to projects proposing to provide
	additional services to homeless people in one or more existing projects; check all
	that apply):
	☐ increase number of and/or expand variety of supportive services provided
	☐ increase frequency and/or intensity of supportive services

5. PROJECT DESCRIPTION

- A. Provide a description of the proposed project. The project description should be complete and concise. It must address the entire scope of the project. The description must be consistent with other parts of this application. Must include, if applicable:
 - a. Location of units
 - b. Number of single adults and the number of families with children to be served at a point-in-time when the project is at full capacity and annually

c. Target population(s) to be served	
d. The specific services that will be provided	
e. How the project will leverage or deliver medicaid and other mainstream services	to
participants	
f. Quantified projected outcomes	
g. Roles of subrecipients, if any	
h. Coordination with community partners	
B. Describe the estimated schedule for project start up, including the anticipated date that	
the project will begin filling units/serving participants, the date the project will be	
operating at full capacity and the method for assuring effective and timely completion of	
all work. C. Will the project, if creating new units, receive referrals only through the local coordinate	4
access network? Or, if the project is creating only new services, will it coordinate selection	
of participants to be served with the CAN?	′11
□ yes □ no	
If no, please explain:	
C CURRORTIVE CERVICES FOR RARTICIDANTS	
6. SUPPORTIVE SERVICES FOR PARTICIPANTS A. For projects serving families with dependent children and single adults 24 years old or	
younger, does the applicant/sponsor have policies and practices that are consistent with, ar	~4 d
not restrict the exercise of rights provided by the education subtitle of the mckinney-vento	acı,
as updated by the every student succeeds act, and other laws relating to the provision of	
educational and related services to individuals and families experiencing homelessness?	
□yes □no	
B. For projects serving families with dependent children and single adults 24 years old or	
younger, does the applicant/sponsor have a designated staff person responsible for ensuring	g
that children are enrolled in school and connected to the appropriate services within the	
community, including early childhood education programs such as head start, part c of the	
individuals with disabilities act, and mckinney-vento education services?	
□yes □no	
C. Describe how participants will be assisted to obtain and remain in permanent housing using	
a housing first model. The description must be consistent with other parts of this application	
and identify:	
Plan to angage and mayo cligible participants into the project	
Plan to engage and move eligible participants into the project	
Plan to assess needs of tenants and address those needs including but not	
limited to: health, behavioral health, education, employment, life skills and	
child care services	

	inform service delivery (recommended – information available at
	, ,
	www.criticaltime.org)
	 How appropriate units will be identified and rent reasonableness will be determined
D. Describ	be how participants will be assisted to increase employment and other income and
to maxim	ize their ability to live independently. The description must be consistent with
other par	ts of this application and identify:
	Coordination with mainstream employment organizations, other providers and mainstream benefits
	How tenants will access ssi/ssdi and other mainstream benefits
	How tenants will be assisted to build independent living skills
	How the unique needs of the proposed target populations will be addressed in a manner that assists them to increase income and build skills
F Please	e identify whether the project will include the following activities:
. Tr	ansportation assistance to clients to attend mainstream benefit appointments,
	nployment training, and/or jobs? □yes □no
	egular follow-ups with participants to ensure mainstream benefits are received and
	newed? □yes □no
• W	
~~	ill project participants have access to SSI/DI technical assistance provided by the
ak	ill project participants have access to SSI/DI technical assistance provided by the plicant, a subrecipient, or partner agency? □yes □no
• In	plicant, a subrecipient, or partner agency? □yes □no dicate the last SOAR training date for the staff person providing the technical
• In	plicant, a subrecipient, or partner agency? □yes □no
• In	plicant, a subrecipient, or partner agency? □yes □no dicate the last SOAR training date for the staff person providing the technical
• In as	plicant, a subrecipient, or partner agency? □yes □no dicate the last SOAR training date for the staff person providing the technical sistance:
In as F. How a recrea	oplicant, a subrecipient, or partner agency? □yes □no dicate the last SOAR training date for the staff person providing the technical sistance: □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
• In as	pplicant, a subrecipient, or partner agency? □yes □no dicate the last SOAR training date for the staff person providing the technical sistance: accessible are basic community amenities (e.g. medical facilities, grocery store, ation facilities, schools, etc.) To the proposed project?
• In as	oplicant, a subrecipient, or partner agency? □yes □no dicate the last SOAR training date for the staff person providing the technical sistance: □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
• In as	pplicant, a subrecipient, or partner agency? □yes □no dicate the last SOAR training date for the staff person providing the technical sistance: □ ccessible are basic community amenities (e.g. medical facilities, grocery store, ation facilities, schools, etc.) To the proposed project? very accessible somewhat accessible
• In as	pplicant, a subrecipient, or partner agency? □yes □no dicate the last SOAR training date for the staff person providing the technical sistance: □ ccessible are basic community amenities (e.g. medical facilities, grocery store, ation facilities, schools, etc.) To the proposed project? very accessible somewhat accessible
• In as	pplicant, a subrecipient, or partner agency? □yes □no dicate the last SOAR training date for the staff person providing the technical sistance: □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
F. How a recreation in the second in the se	pplicant, a subrecipient, or partner agency? □yes □no dicate the last SOAR training date for the staff person providing the technical sistance: □ diccessible are basic community amenities (e.g. medical facilities, grocery store, ation facilities, schools, etc.) To the proposed project? very accessible somewhat accessible not accessible CIPATION
• In as	pplicant, a subrecipient, or partner agency? □yes □no dicate the last SOAR training date for the staff person providing the technical sistance: □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
• In as	pplicant, a subrecipient, or partner agency? □yes □no dicate the last SOAR training date for the staff person providing the technical sistance: accessible are basic community amenities (e.g. medical facilities, grocery store, ation facilities, schools, etc.) To the proposed project? very accessible somewhat accessible not accessible CIPATION Does your agency currently participate in hmis? □ yes □ no Will your agency enter data into the hmis for this proposed project? □ yes □ no

SECTION #4: DV BONUS

INSTRUCTIONS:

- This section must be completed only by applicants seeking funding through the DV bonus.
- Only projects proposing to create new rrh units are eligible for DV bonus funds.
- Applicants must also complete the agency information, RRH, and budget sections see sections #1, #3 and #5.
- Please note that PSH projects are not eligible for funding under the dv bonus.
- Page limit for section #4: 3 pages; must use at least 12 point font
- Applicants must delete sections that are not applicable to the type of project for which they are applying.
 - 1. Describe the experience of the project applicant, sub-recipients (if applicable), and partner organizations (e.g., key contractors, service providers if applicable) as it relates to providing supportive services and housing for homeless persons, who are survivors of domestic violence, dating violence, stalking, and human trafficking. Be sure to provide concrete examples that illustrate your experience with:
 - Using a low-demand, Housing First model to rapidly locate permanent housing for survivors.
 - Designing and operating programs that help survivors to increase their income and achieve long-term housing stability.
 - Designing and operating programs that are focused on safety.
 - Designing and operating programs that are strengths-based and survivor-driven and offer a range of options to support survivors to rebuild control over their lives and improve safety for themselves and their families.
 - Designing and operating programs that are trauma-informed.
 - Designing and operating programs that help survivors to navigate a range of systems.
 - Designing and operating programs that advocate for survivors' autonomy, safety, independence and housing stability.
 - 2. Describe how your proposed project will meet the specific needs of survivors. Be sure to describe how your project will:
 - Use a low-demand, Housing First model to rapidly locate permanent housing for survivors.
 - Help survivors to increase their income and achieve long-term housing stability.
 - Ensure a focus on safety.
 - Ensure that services are strengths-based and survivor-driven and offer a range of options to support survivors to rebuild control over their lives and improve safety for themselves and their families.
 - Ensure that services are trauma-informed.
 - Help survivors to navigate a range of systems.
 - Advocate for survivors' autonmomy, safety, independence and housing stability.

- 3. Describe quantified outcomes that demonstrate prior performance of applicant, subrecipients (if applicable), and partner organizations (e.g., key contractors, service providers, if applicable) in serving DV survivors. For each outcome described, please be sure to include:
 - the measure (e.g., % of survivors who exited program to stable permanent housing)
 - the methodology for calculating the outcome e.g., # of survivor households who exited the program to permanent housing with monthly rent not exceeding 50% of household income/total # of survivor households who exited the program)
 - evaluation period (e.g., FY 2018)

If quantified outcome data are not available, please describe other outcomes that you would like the review committee to consider.

SECTION #5: BUDGET

INSTRUCTIONS

- This section must be completed by all applicants.
- Agencies applying for multiple projects must complete this section separately for each proposed project.
- Only costs defined by hud in the coc program interim rule as eligible may be included in this
 application (see: https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/).
 A summary of eligible costs can be found in the march 2018 overview of fiscal components of CoC
 grants presentation available at: http://www.ctbos.org/trainings/
- Applicants must compile all relevant sections into a single document and delete sections that are not
 applicable to the type of project for which they are applying.
 - 1. **PROJECT IDENTIFICATION:** PLEASE IDENTIFY THE PROJECT TO WHICH THIS BUDGET PERTAINS IN THE TABLE BELOW:

Project Name	Project Type (Select one)	Total Annual Budget Amount Requested
	☐ PSH new units	
	☐ PSH new services only	
	☐ RRH new units	
	☐ RRH new services only	
	☐ RRH DV Bonus new	
	units.	

Rental Assistance Budget (enter number of units by unit size; the applicable Fair Market Rent (FMR) level, multiply # of units by monthly FMR by 12 months and enter totals. Link for 2019 FMRs: https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2019 code/select Geography.odn

Indicate the Type of Ren	tal Assistance:	
☐ Project Based (PRA)	☐ Tenant Based(TRA)	☐ Sponsor Based (SRA)
PLEASE NOTE: TRA IS RE	QUIRED FOR RRH. FOR GU	JIDANCE ON BUDGETING FOR RRH PROJECTS SE

Unit Size	No. of Units	Monthly FMR (Insert local FMR)	Term (12 months)	Total Costs (\$)
Efficiency		\$	X 12 months	
1 Bedroom		\$	X 12 months	
2 Bedroom		\$	X 12 months	
3 Bedroom		\$	X 12 months	
4 Bedroom		\$	X 12 months	
Total				

Operating Costs

Enter the quantity and annual budget request for each operating cost. When including staff costs, please include title, salary, FTE, and fringe. Please note that you may not apply for both rental assistance and operating costs.

Operating Costs	Quantity Description (max 400 characters)	Annual Budget Request
Maintenance and repair		
Electricity, Gas and Water		
Property Tax and		
Insurance		
Furniture		
Replacement Reserve		
Equipment		
Building Security		
Total Operating Request		

Supportive Services: Enter the quantity and annual budget request for each supportive services cost. When including staff costs, please include title, salary, FTE and fringe.

Projects may not request more than \$7,500 per household annually for supportive services. Unless the project has another source of funding for services, projects applying for RRH should include at least \$4,000 per household served at a point in time for supportive services. For example, if the project will support 20 households at a given point in time, the annual supportive services budget should be at least \$80,000.

Unless the project has another source of funding for services, projects applying for PSH should include at least \$5,000 per household annually for supportive services.

Eligible Costs	Quantity Description (max 400 characters)	Annual Budget Request
Assessment of Service Needs		-
Assistance with Moving Costs		
Case Management		
Child Care		
Education Services		
Employment Assistance		
Food		
Housing Search/Counseling		
Legal Services		
Life Skills		
Mental Health Services		
Outpatient Health Services		
Outreach Services		
Substance Abuse Treatment		
Services		
Transportation		
Utility Deposits		
Operating Costs ¹¹		
Total Annual Assistance Requested for	or Supportive Services	

Sources of Match – Please complete the match table below.

Match is actual cash or in-kind resources contributed to the grant. All costs paid for with matching funds must be for activities that are eligible under the CoC Program. All grant funds must be

¹¹ If the supportive services are provided in a facility not contained in a housing structure, the costs of day-to-day operation of the service facility are eligible on this line, including maintenance & repair, building security, furniture, utilities, equipment

matched with an amount no less than 25% of the awarded grant amount (with cash and/or in-kind resources). Match resources may be from public or private resources. Because documentation requirements for in-kind match are significantly more onerous, CT BOS strongly encourages use of cash match whenever feasible. For more information about matching requirements see the appendix.

Identify Type of Contribution: Cash or In kind	Name the Source of Contribution	Identify Source as: (G) Government or (P) Private	Date of Written Commitment	Value of Written Commitment
Example: Cash	DMHAS	G	6/15/17	\$10,000
			TOTAL:	\$

Total Project Budget

	Activities	Total Annual Assistance Requested
1.	Rental Assistance	
2.	Supportive Services	
3.	Operations	
4.	Sub-total Request (Add lines 1-4)	
		Total Amount
		Committed
5.	Cash Match	
6.	In-kind Match	
7.	Total Match (Add lines 6&7) – must equal at least 25% of line #5	
		Total Annual
		Budget
8.	Total Budget (Add lines 5 & 8)	

APPENDIX

Please delete this section prior to submitting your application.

DEFINITIONS OF KEY TERMS:

Category 4 – HUD Homeless Definition. HUD defines four categories under which individuals and families may qualify as homeless. Category four is individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

Chronically Homeless. The definition of "chronically homeless", as stated in Definition of Chronically Homeless final rule is:

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

Dedicated Plus - A Dedicated Plus project is a permanent supportive housing project where 100 percent of the beds are dedicated to serve individuals, households with children, **and** unaccompanied youth that at intake are:

- (1) experiencing chronic homelessness (CH); or
- (2) residing in a Transition Housing (TH) project that will be eliminated and was chronically homeless when entered TH project; or

- (3) residing in Emergency Shelter or unsheltered location and had been enrolled in a PSH or RRH project (having met CH criteria upon entering) within last year, but was unable to maintain housing placement; or
- (4) residing in TH funded by a Joint TH and PH-RRH component project and who were experiencing chronic homelessness prior to entering the project; or
- (5) residing in Emergency Shelter or unsheltered location for at least 12 months in the last three years, but has not done so on four separate occasions and the individual or head of household meet the definition of 'homeless individual with a disability'; 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.

How is a Dedicated Plus project similar to a project that is 100% dedicated to chronic?

- The criteria for Dedicated Plus and chronic are pretty similar, for example, DedicatedPLUS
 projects still must serve only households with a disabled adult or head of household who have
 been homeless for a least 12 months.
- The following are required in all PSH projects, including Dedicated Plus projects:
 - Serving households who have a disabled adult or head of household and have been homeless for a least 12 months; AND
 - Prioritizing PSH applicants based on both length of homelessness AND severity of service needs (applicants are prioritized and referred by the applicable CAN and both types of projects may only accept referrals from the applicable CAN).
- Neither chronic dedicated nor Dedicated Plus projects are required to keep units vacant
 indefinitely while waiting for an identified eligible individual or family to accept an offer of PSH.

How is a Dedicated Plus project different than a project that is 100% dedicated to chronic?

• A Dedicated Plus project can prioritize serving some people who don't meet the strict HUD definition of chronic homelessness, for example people who have been homeless for 12 months over 3 years during fewer than 4 separate occasions and some people who had been enrolled in a PSH or RRH project within the last year, who were unable to maintain the housing placement. These people can also currently be served in a chronic dedicated bed, but only if there is no eligible chronic person who wants that bed.

Disabling Condition:

Disabling Condition is defined by HUD as a condition that: (i) Is expected to be long-continuing or of indefinite duration; (ii) Substantially impedes the individual's ability to live independently; (iii) Could be improved by the provision of more suitable housing conditions; and (iv) Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; (2) A developmental disability, as defined in this section; or (3) 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).

ADDITIONAL INFORMATION ON PROJECT ADMINISTRATIVE BUDGET LINE ITEM AND INDIRECT COSTS

Project Administration Budget Line Item

- Applicants should note that, though project admin is budgeted as a percentage of the total amount requested for the other CoC project budget line items, it cannot be billed that way. Project Admin costs are billed as direct costs. They must be billed based on actual costs incurred and be supported by backup documentation for staff hours/fringe and reimburseable expenses. One way to ensure you have appropriate backup documentation for all staff-related direct costs, such as Project Admin, Rental Assistance, Supportive Services, and Operating is to ensure that staff working on more than one project or budget line item complete a personnel activity log (sample available at www.ctbos.org).
- Project Admin costs must be allocated only to these eligible activities as defined in the CoC Program Interim Rule:
 - General management oversight and coordination
 - Salaries, wages, and related costs of recipient staff, subrecipient staff, or other staff engaged in program administration including:
 - Preparing program budgets and schedules and amendments to those budgets and schedules
 - Developing systems for assuring compliance with program requirements
 - Monitoring program activities for progress and compliance with program requirements
 - Preparing reports and other documents directly related to the program for submission to HUD
 - Coordinating the resolution of audit and monitoring findings
 - Evaluating program results against stated objectives
 - Managing or supervising persons whose primary responsibilities with regard to the program include such assignments
 - Travel costs incurred for monitoring of subrecipients;
 - Administrative services performed under third-party contracts or agreements, including general legal services, accounting services, and audit services; and
 - Other costs for goods and services required for administration of the program, including rental or purchase of equipment, insurance, utilities, office supplies, and rental and maintenance (but not purchase) of office space.
 - Costs of providing training on CoC requirements and attending HUD-sponsored CoC trainings
 - Costs of carrying out the HUD required environmental review responsibilities.

Information Regarding Indirect Costs

- Indirect costs are those that cannot be relatively easily and with a high degree of accuracy directly assigned to an eligible CoC activity, such as project admin, rental assistance, operating or supportive services. Rather, indirect costs are incurred for common or joint purposes benefitting multiple projects and cannot be readily associated with a particular CoC project. Salaries for IT staff who maintain the agency's network, or costs associated with payroll management are examples of common indirect costs.
- There are also two types of indirect rates: Negotiated Indirect Cost Rate Agreement (NICRA) and the 10% de minimis rate.
- Agencies that have a NICRA must use that rate; however, since the CoC Program Interim Rule caps administrative costs at 10%, even if an agency has a NICRA, they cannot charge direct and/or indirect administrative costs exceeding 10% of the total grant to CoC program funds. Agencies that have never had a NICRA may elect to charge the de minimis 10% of Modified Total Direct Costs (see http://www.ctbos.org/wp-content/uploads/2019/03/Indirect-vs-Admin-CT-Session-2-v2-2.pdf for information on calculating MTDC). If an agency elects to charge the 10% de minimis rate, they must consistently apply this to all Federal grants and contracts.
- Though CT BOS caps the project admin budget line item at 7% for PSH projects, agencies claiming either a NICRA or de minimis indirect rate may charge up to the full 10% allowed by HUD in combined project admin and indirect admin costs.
- Unlike project admin, indirect costs are not budgeted on a separate line item. Rather, indirect costs are applied to other budget line items. For example, projects claiming the 10% de minimis rate would include indirect costs on their CoC supportive services, operating, and/or project admin budget lines.
- If HUD conditionally awards the grant, agencies with a NICRA will be required to submit the documentation supporting the NICRA in e-snaps during the post-award process.
- DOH has opted not to apply for funds on the project admin budget line item. Subrecipients may claim indirect costs only.
- For PSH projects, agencies can include both project admin and indirect costs in their project budgets; however, costs must be established by your agency as either direct or indirect, and the same expense cannot be charged to both indirect and any direct budget line item, such as project admin, rental assistance, operating or supportive services.
- For more information about project admin and indirect costs see http://www.ctbos.org/wp-content/uploads/2019/03/Indirect-vs-Admin-CT-Session-2-v2-2.pdf

CT BOS Housing First Principles

Housing First is a <u>programmatic</u> and <u>systems</u> 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.
- 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.
- 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.
- 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.
- 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.
- Leases do not include stipulations beyond those that are customary, legal, and enforceable under Connecticut law.
- 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.
- Services are designed to identify and reduce risks to stable tenancy and to overall health and wellbeing.
- 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.
 - Property management and support service functions are provided either by separate legal entities or by staff members whose roles do not overlap.
 - There are defined processes for communication and coordination across the two functions to support stable tenancy.
 - 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.

GUIDANCE ON BUDGETING FOR RRH PROJECTS

HUD requires all new RRH project applications to budget each unit at the full FMR for 12 months. For example, a RRH project requesting 1 year of funding for 10 units with an FMR of \$1000/month would be required to budget rental assistance at 10 X 1000 X 12 per year or \$120,000 annually. This does not mean that you must provide rental assistance at full FMR or for a full year for all or any project participants.

RRH projects may anticipate serving more than one household during a year in a single budgeted unit. This does not mean that households are sharing units, rather that you are using the available budget to serve as many households as possible. For the purposes of the annual project budget, even if average length of rental assistance needed by participants is anticipated to be shorter or longer than 12 months, each unit included in the budget must be budgeted at 12 months.

For example, a project anticipating average length of rental assistance at full FMR for 4 months per household, would budget each unit included in the application at the full 12 months and anticipate serving 3 households in each budgeted "unit" during the year. In this example, assuming FMR of \$1000/month, the project might budget 10 units as follows: $10 \times 12 \times 1000 = $120,000$. If each participant actually receives full FMR for 4 months, the cost would be \$4,000/household. With \$120,000, the project would have sufficient funds to serve 30 households during the year (\$120,00/\$4,000 = 30), even though only 10 units were budgeted. If in reality the households served need less than the full FMR or fewer than 4 months of assistance, the project may serve more households than indicated in the application.

Similarly, for the purposes of the annual project budget, even if the average amount of rental assistance required by participants is anticipated to be less than full FMR, each unit included in the budget must be budgeted at full FMR. Here's another example: a project anticipating average length of rental assistance at 50% of FMR for 4 months per household, would budget each unit included in the application at the full 12 months and anticipate serving 6 households in each budgeted unit during the year. In this example, if FMR is \$1000/month, each household would be anticipated to receive \$500/month in rental assistance (i.e., 50% of full FMR) for 4 months. You would budget each unit at the full 12 month FMR (i.e., 12 X \$1,000 or \$12,000/unit/year). But you would anticipate serving, 6 households during the year in that "unit" (i.e. each household receives \$500/month for 4 months (or \$2000 during the year) and six households per year receive \$2000 (6 X 2,000= \$12,000) and, thus, you will have fully expended the \$12,000 you budgeted for one unit for one year. Again this does not mean, that households are sharing units, rather that you are using the available budget to serve as many households as possible.

In order to ensure cost effectiveness and maximize the number of participants who can be assisted, CTBOS encourages participants to design their projects in a manner that provides the least assistance necessary to prevent a return to homelessness. Some households may need a small amount of assistance for only one month. Others may need a deeper subsidy for a longer period of time. You should plan to serve at least the number of households proposed in your application, but can serve as many households as possible given the available budget. You should be certain to include adequate supportive services funds to enable you to serve all of the households anticipated to receive rental assistance.

ADDITIONAL INFORMATION REGARDING MATCHING REQUIREMENTS

Match is only in-kind if it is a donation of services, goods, materials, or equipment. Donations are typically from a third party. In-kind match from a third-party requires an MOU with the entity providing the match. Agencies providing the required match using volunteer time should indicate this as in-kind match. Agencies providing the match using paid staff time should indicate this as cash match and list the source of the funds used to pay for those staff salaries. For example, an agency that will provide assistance identifying potential project participants and helping them to document eligibility using PATH funded outreach staff, would identify this as cash match with SAMSHA PATH as the source.

Match, whether cash or in-kind, can only be used on eligible CoC Program costs, i.e., any cost that is defined as eligible in the CoC Program Interim Rule – this is not limited to approved budget line items for the particular project. For example, case management is an eligible CoC Program cost. You can use DMHAS funds that support case management services for project participants as cash match for a project, regardless of whether or not the project has requested CoC funds for supportive services.

Below are some examples of cash and in-kind match:

- CASH MATCH: Recipient or sub-recipient agency staff provide case management funded through a DMHAS contract
- CASH MATCH: Building utilities not covered by the CoC grant are paid by the recipient agency and funded through private sources
- CASH MATCH: Mental health services are provided to participants by a sub-recipient and funded through SAMSHA.
- In-Kind: Board member provides legal services at no cost
- In-Kind: FQHC operated by a community partner provides outpatient health services to participants
- In-kind: Food bank operated by a community organization donates food to project participants.

The recipient may use the value of any real property, equipment, goods, or services contributed to the project as match, provided that, if the recipient had to pay for them with grant funds, the costs would have been eligible. Any such value previously used as match, may not be used again (i.e., cannot be claimed by more than one project or by the same project in another year).

To avoid delays in grant execution, CT BOS encourages applicants to submit match documentation with their project applications in ESNAPS. This step will occur later, if your grant is selected by the CoC to be included in the final application to HUD.

When the match source is cash, recipients/subrecipients must provide HUD with match documentation prior to grant agreement execution. Documentation can be attached to the project application in eSnaps or, if it is not available at application submission and HUD conditionally awards the project, submission of the documentation will be a condition for grant execution.

Written documentation of cash match must be provided on the source agency's letterhead, (e.g., if you are using case management services funded by DMHAS as cash match, the letter must come from DMHAS and be on their letterhead), the letter be signed and dated by an authorized representative od the source agency, and, at a minimum, must include the following: amount of cash to be provided to the recipient for the project, specific date the cash will be made available, the project name and fiscal year to which the cash match will be contributed, the time period during which funding will be available, and allowable activities to be funded by the cash match (e.g., case management or rental assistance for project participants). If awarded the grant by HUD, to document cash match, agencies must show that the funds were recorded on the agency's books and expended on eligible expenses during the grant operating year.

If using in-kind match, the applicant should submit with the project application in ESNAPS an MOU with the donor entity. If the MOU is not available at application submission and HUD conditionally awards the project, submission of the MOU will be a condition for grant execution.

If awarded the grant by HUD, to document in-kind match of donated services the recipient and/or sub-recipient must keep and make available, for inspection by HUD and/or the CoC, records documenting that the service hours were actually provided. They must also keep the MOU with the donor entity on file. Requirements for the MOU, include: establish the unconditional commitment of the services being donated, provide the name of the project and operating year to which the match is being contributed, describe the specific service to be provided (must be a CoC program eligible activity), indicate total point-in-time number of clients receiving the service and total clients receiving the service over the grant term, state profession and qualifications of the persons providing the service, state hourly cost of the service to be provided, indicate that the services are valued at rates consistent with those ordinarily paid for comparable services in that locality.

If awarded the grant by HUD, to document in-kind match of donated goods, property or equipment, the recipient and/or sub-recipient must keep and make available for inspection by HUD and/or the CoC: documentation that the in-kind donation was actually received, including value of the donation (must be documented on source agency letterhead, signed & dated). Must indicate that the value is consistent with the cost ordinarily paid for similar goods in the local market. The documentation must indicate the date on which the in-kind donation was provided, the project and operating year to which the match was contributed, and the CoC Program allowable activities provided by the donation (e.g., donation of food for meals for project participants, or donation of tenant rights and responsibilities booklets to provide tenant counseling services).

Since the documentation requirements for in-kind match are significantly more onerous than for cash match, CT BOS encourages agencies to use cash match sources whenever possible.

Since eligible project administrative costs are capped by HUD at 10% of the grant awarded, if your application includes project administrative costs of less than 10% of the grant awarded and you are not charging indirect administrative costs, you may use, as cash match, funds that support staff time for eligible project administrative costs up to the difference between the allowable and the claimed level of project administrative costs. You may not use, as match, funds that support staff time for direct and/or indirect administrative costs that exceed the 10% cap established by HUD.

Similarly, since eligible indirect costs are also capped by HUD, if your application includes indirect costs that are less than the applicable cap, you may use, as cash match, funds that support staff time for eligible indirect costs up to the difference between the allowable and the requested level of indirect costs. You may not use, as match, funds that support staff time for indirect costs that exceed the cap established by HUD.

Please note the restrictions on eligible direct and indirect administrative costs and the difference between project administrative and indirect costs described in the RFP.

For more information see:

https://www.hudexchange.info/resource/3113/importance-of-documenting-match-under-the-coc-program/

Program Name:	Evaluator:
---------------	------------

2019 Balance of State Continuum of Care Scoring Sheet for NEW Permanent Housing Project Applications

Applicant Organization Name:	
Proposed Project Name:	
Project Location (town(s)):	
Relevant CAN:	
Type of Project (select one): ☐ PSH w/new units ☐ RRH w/new units ☐ DV BONUS RRH w	☐ RRH new services only
Reviewer's Name:	
<u>SCORE</u> S	
Section 1 – Organizational Experience and Capacti	y of 10
Section 2 –Unmet Need	of 5
Section 3 – Housing First	of 20
Section 4 – Supportive Service	of 20
Section 5 Timeliness & Application/Budget Quality	of 15
Section 6 DV Bonus (if applicable)	of 20
Bonus Points	of 10
FINAL TOTAL SCORE:	of

Section 1 – Organizational Experience and Capacity - 10 points	
See Section #1: Question #7A (2 points)	Score
o Do the applicant, subrecipient and key partner organization(s) appear to have the experience to successfully operate a	30010
HUD funded permanent housing program for homeless persons?	
 Do the relevant organizations demonstrate significant and long-standing experience: 	
operating successful Housing First programs?	
• linkinging participants to Medicaid and other mainstream services?	
increasing participant income, including through SOAR?	
helping participants to stabilize in housing?	
assessing interest in/assisting with moving on from PSH (if applicable)?	
renting units and administering rental assistance (if applicable)?	
See Section #1: Question #7B (2 point)	Score
Based on outcome data provided, does the applicant appear to have a solid track record of achieving measurable	
success on relevant oucomes in projects they are currently operated that are similar to the projects they are proposing?	
See Section #1: Question #7C (2 point)	Score
o Is there a clear organizational structure for managing operations, coordinating among departments within the agency	
and with partner organizations and an adequate financial accounting system?	
See Section #1: Question #7D (2 point)	Score
o Does the organization capacity to effectively use federal funds, and ensure timely project start up and full expenditure	
of new project funds?	
See Section #1: Question #7 E thorough J (2 points)	Score
Has the organization demonstrated sufficient capacity related to:	
Resoving monitoring/audt findings?	
Fully spending grant funds?	
Avoiding/resolving outstanding arrears?	
Regularly drawing down funds?	
Timely submission of reports?	
Questions/Comments:	Total

Program Name:	Attachment 5	Evaluator:
---------------	--------------	------------

Section 2 –Unmet Need (5 Points)	
	Score
See Section #2 PSH Question #3b or Section #3 RRH Question #2b	Score
Extent to which the applicant:	
o Clearly demonstrates (if applicable) that additional services are essential to assist eligible participants in one or more	
existing PSH projects in the CAN to obtain and/or retain permanent housing?	
See Section #2 PSH Question #4C or Section #3 RRH Question #3C	
Extent to which the applicant:	
o Clearly demonstrates that there is an unmet need in the applicable CAN for the type of project and the	
populations/subpopulations they are proposing to serve?	
Supported the existence of the unmet need with data?	
Questions/Comments:	Total

Program Name:	Attachment 5	Evaluator:
---------------	--------------	------------

Section 3 – Housing First – 20 points	
 See Section #2 PSH Question 6A & 7C or Section #3 RRH Question 5A & 6C Extent to which the applicant: Clearly describe a program design that is consistent with a Housing First approach (i.e., A model of housing assistance that is offered without preconditions, such as sobriety or a minimum income threshold, or service participation requirements; rapid placement and stabilization in permanent housing are primary goals) Questions to consider: Does the applicant clearly demonstrate a model that offers initial access to housing without preconditions, such as sobriety, income requirements and service participation? Does the applicant clearly demonstrate a model in which continuation of housing is not contingent on service participation requirements or compliance with treatment or rules other than as established in a lease? Does the applicant clearly demonstrate that rapid placement and stabilization in permanent housing are primary goals of the project? Is there a clear description of how eligible participants obtain housing? Does the organization clearly explain how participants will be assisted to maintain their housing unit? Does the applicant clearly describe a project design that is adequate to accomplish those goals? 	Score
Questions/Comments:	Total

Program Name:	 Attachment 5
C	Attachment 5

Section 4- Supportive Services (20 points)	
See Section #2 PSH Question 7D, E & F or Section #3 RRH Question 6D, E & F	Score
Assistance with obtaining mainstream benefits (10 points)	
 Is there a clear plan assist participants to secure mainstream benefits and other services? 	
 Does the project propose to provide all specified types of activities (i.e., transportation, follow-up, technical assistance) to maximize benefits/employment? 	
To what extent are community amenities accessible?	
See Section #2 PSH Question 7D or Section #3 RRH Question 6D	Score
Assistance with increasing income/employment and promoting independence (10 points)	
 Is there a clear plan to assist households in increasing their income from any source and/or increase income through employment? 	
Does the organization describe a sound plan for promoting independence for participants?	
Questions/ Comments:	Total

Program Name:	Attachment 5
---------------	--------------

Evaluator:

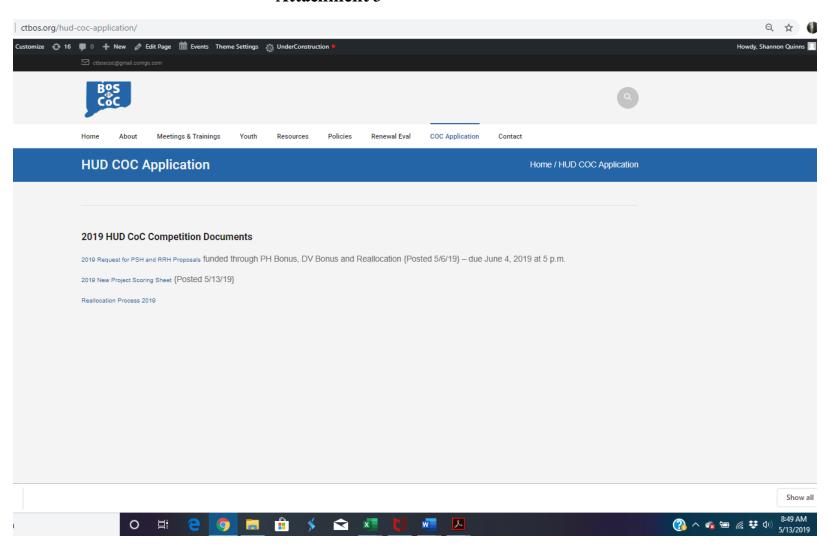
consistently followed instructions? completed all of and only the relevant sections of the application? deleted any irrelevant sections? included all required attachments? See Section #5 extent to which the project budget (9 points) was completed in accordance with the instructions? met the minimum matching requirement? included only eligible costs? provided sufficient detail? made sense given the project description and target population?	See Section #2 PSH Question 6B or Section #3 RRH Question 5B (3 point)	Score
consistently followed instructions? completed all of and only the relevant sections of the application? deleted any irrelevant sections? included all required attachments? See Section #5 extent to which the project budget (9 points) was completed in accordance with the instructions? met the minimum matching requirement? included only eligible costs? provided sufficient detail? made sense given the project description and target population?		
consistently followed instructions? completed all of and only the relevant sections of the application? deleted any irrelevant sections? included all required attachments? See Section #5 Extent to which the project budget (9 points) was completed in accordance with the instructions? met the minimum matching requirement? included only eligible costs? provided sufficient detail? made sense given the project description and target population?	Evaluate based on the entire application	Score
completed all of and only the relevant sections of the application? deleted any irrelevant sections? included all required attachments? Score extent to which the project budget (9 points) was completed in accordance with the instructions? met the minimum matching requirement? included only eligible costs? provided sufficient detail? made sense given the project description and target population?	Extent to which the applicant: (3 points)	
 deleted any irrelevant sections? included all required attachments? See Section #5 extent to which the project budget (9 points) was completed in accordance with the instructions? met the minimum matching requirement? included only eligible costs? provided sufficient detail? made sense given the project description and target population? 	 consistently followed instructions? 	
o included all required attachments? See Section #5 Extent to which the project budget (9 points) o was completed in accordance with the instructions? o met the minimum matching requirement? o included only eligible costs? o provided sufficient detail? o made sense given the project description and target population?	 completed all of and only the relevant sections of the application? 	
Score Extent to which the project budget (9 points) o was completed in accordance with the instructions? o met the minimum matching requirement? o included only eligible costs? o provided sufficient detail? o made sense given the project description and target population?	 deleted any irrelevant sections? 	
 extent to which the project budget (9 points) was completed in accordance with the instructions? met the minimum matching requirement? included only eligible costs? provided sufficient detail? made sense given the project description and target population? 	o included all required attachments?	
 was completed in accordance with the instructions? met the minimum matching requirement? included only eligible costs? provided sufficient detail? made sense given the project description and target population? 	See Section #5	Score
 met the minimum matching requirement? included only eligible costs? provided sufficient detail? made sense given the project description and target population? 	Extent to which the project budget (9 points)	
 included only eligible costs? provided sufficient detail? made sense given the project description and target population? 	 was completed in accordance with the instructions? 	
 provided sufficient detail? made sense given the project description and target population? 	 met the minimum matching requirement? 	
o made sense given the project description and target population?	 included only eligible costs? 	
	 provided sufficient detail? 	
Questions/ Comments: Total	 made sense given the project description and target population? 	
	Questions/ Comments:	Total

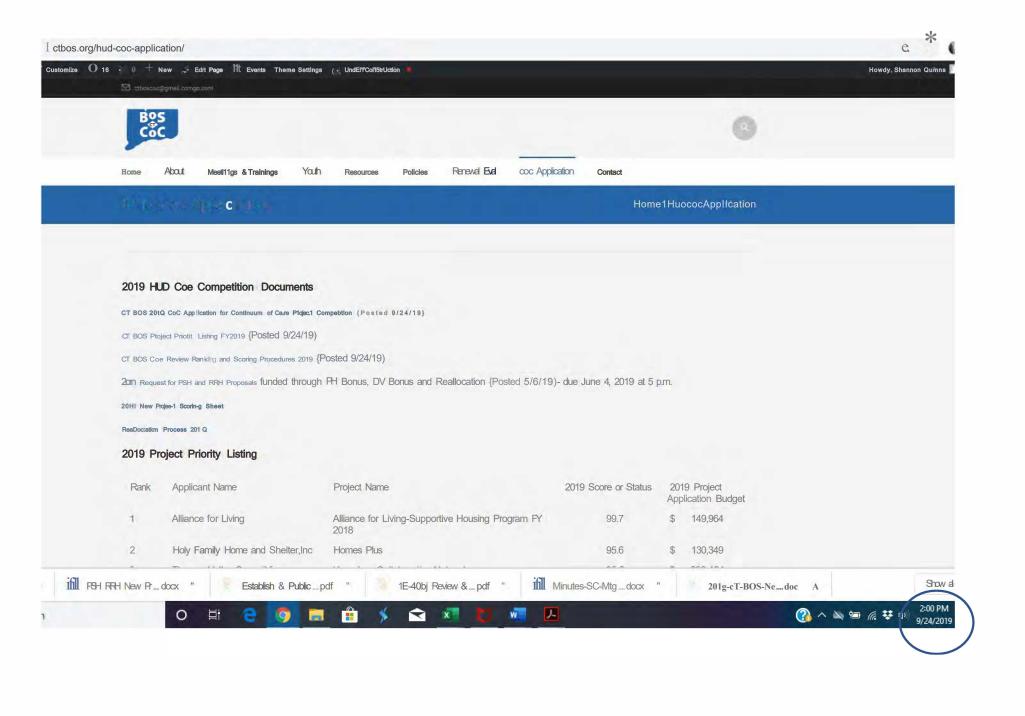
Tiogram rame: National Statement S Evaluation:	Program Name:	Attachment 5	Evaluator:
--	---------------	--------------	------------

Section 6 – DV BONUS (if applicable - 20 points)	
See Section #4 DV Bonus Question #1. (6 points) Do the applicant, subrecipient and key partner organization(s) appear to have experience providing supportive services and housing for homeless persons, who are survivors of domestic violence, dating violence, stalking, and human trafficking, including: Using a low-demand, Housing First model to rapidly locate permanent housing for survivors? Designing and operating programs that help survivors to increase their income and achieve long-term housing stability? Designing and operating programs that are focused on safety? Designing and operating programs that are strengths-based and survivor-driven and offer a range of options to support survivors to rebuild control over their lives and improve safety for themselves and their families? Designing and operating programs that are trauma-informed? Designing and operating programs that help survivors to navigate a range of systems Designing and operating programs that advocate for survivors' autonomy, safety, independence and housing stability	Score
See Section #4 DV Bonus Question #2. (6 Points) Extent to which the applicant demonstrates how the project will meet the specific needs of survivors, including Using a low-demand, Housing First model to rapidly locate permanent housing for survivors. Helping survivors to increase their income and achieve long-term housing stability. Ensuring a focus on safety. Ensuring that services are strengths-based and survivor-driven and offer a range of options to support survivors to rebuild control over their lives and improve safety for themselves and their families. Ensuring that services are trauma-informed. Helping survivors to navigate a range of systems.	Score
See Section #4 DV Bonus Question #3. (8 Points) O Based on outcome data and/or description provided, does the applicant appear to have a solid track record of achieving measurable success on relevant oucomes in projects they are currently operated that are serving DV survivors?	Score
Questions/ Comments:	Total

Program Name:		Evaluator:
	Attachment 5	

Bonus Points (10 points) Bonus points for projects that provide information on their coordinated effort with mainstream employment organizations (including examples). (4 points) Bonus points for projects that provide information a robust description of activies that will assist participants to increase income. (6 points) Questions/ Comments: Total









PUBLICLY POSTED ON CoC WEBSITE ON: 9/24/19 2019 Review, Scoring and Ranking Procedures

1. Project Application Deadlines & Applicant Notifications

The CoC established deadlines for submission of project applications as follows: Renewal project applications were required to be submitted by 8/5/19 (see Attachment 1). The preliminary new project applications were due on 6/4/19 and all applicants (both DV and new-non-DV) were informed in writing on 8/19&20/19 if their project was chosen to be submitted as a new project to HUD. All CoC members were notified via email on 9/24/19 of the 2019 Ranking Strategy adopted by the Steering Committee on 8/16/19. The CoC notified in writing, outside of e-snaps all renewal and new project applicants on 9/16/19 that their applications would be accepted and ranked, rejected or reduced on the CoC Priority Listing.

2. Threshold Review

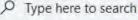
All applications for new and renewal projects are reviewed for threshold to ensure compliance with the HEARTH Act, the CoC Program Interim Rule, the Continuum of Care (CoC) Program Notice of Funding Availability (NOFA), CoC written standards, and the local CoC Request for Applications. Any new or renewal project that does not meet the threshold requirements are not considered for funding.

3. Renewal Project Performance Evaluation and Selection

The CT BOS Steering Committee establishes performance evaluation standards for renewal projects annually using the following process:

- 1) Draft standards were reviewed at a Steering Committee meeting, posted to the website and distributed by email.
- 2) In each region throughout the state, Coordinated Access Networks (CANs) convene discussions regarding the proposed standards with local stakeholders.
- CAN representatives bring feedback from those discussions to the Steering Committee.
- Steering Committee reviews stakeholder input, makes adjustments to the standards and adopts the final standards.
- Standards and actual project performance are reviewed and discussed at semi-annual public meetings where stakeholders offer input for future consideration by the Steering Committee



















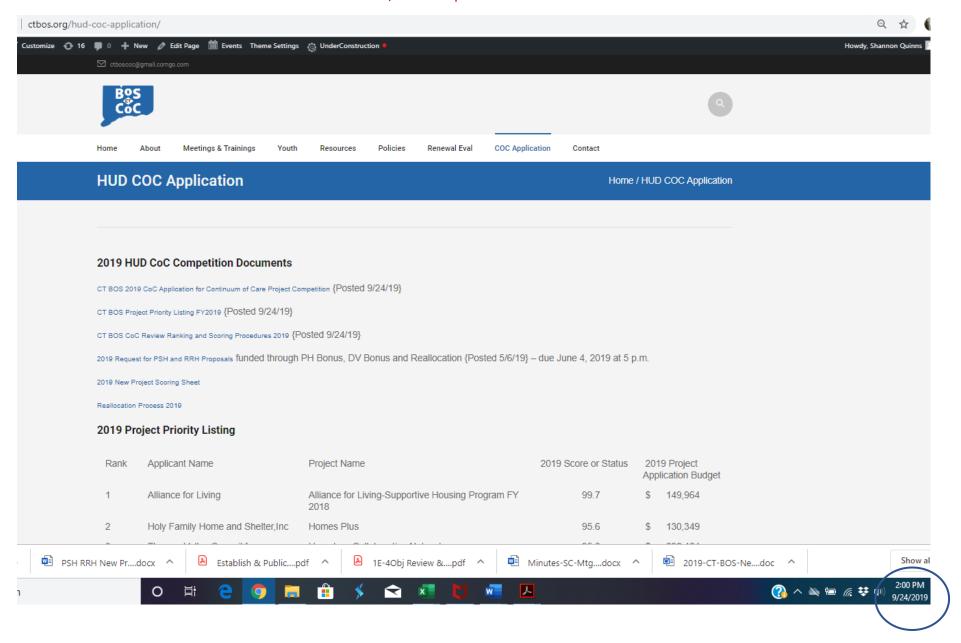






P. 1: CT BOS Public Posting of Approved Consolidated Application, Project Priority Listing & Objective Review and Ranking Process

PP. 2-4: Verification of above documents on website with time/date stamp









PUBLICLY POSTED ON CoC WEBSITE ON: 9/24/19 2019 Review, Scoring and Ranking Procedures

1. Project Application Deadlines & Applicant Notifications

The CoC established deadlines for submission of project applications as follows: Renewal project applications were required to be submitted by 8/5/19 (see Attachment 1). The preliminary new project applications were due on 6/4/19 and all applicants (both DV and new-non-DV) were informed in writing on 8/19&20/19 if their project was chosen to be submitted as a new project to HUD. All CoC members were notified via email on 9/24/19 of the 2019 Ranking Strategy adopted by the Steering Committee on 8/16/19. The CoC notified in writing, outside of esnaps all renewal and new project applicants on 9/16/19 that their applications would be accepted and ranked, rejected or reduced on the CoC Priority Listing.

2. Threshold Review

All applications for new and renewal projects are reviewed for threshold to ensure compliance with the HEARTH Act, the CoC Program Interim Rule, the Continuum of Care (CoC) Program Notice of Funding Availability (NOFA), CoC written standards, and the local CoC Request for Applications. Any new or renewal project that does not meet the threshold requirements are not considered for funding.

3. Renewal Project Performance Evaluation and Selection

The CT BOS Steering Committee establishes performance evaluation standards for renewal projects annually using the following process:

- 1) Draft standards were reviewed at a Steering Committee meeting, posted to the website and distributed by email.
- 2) In each region throughout the state, Coordinated Access Networks (CANs) convene discussions regarding the proposed standards with local stakeholders.
- 3) CAN representatives bring feedback from those discussions to the Steering Committee.
- 4) Steering Committee reviews stakeholder input, makes adjustments to the standards and adopts the final standards.





Establish & Public....pdf



1E-4Obj Review &....pdf ^



Minutes-SC-Mtg....docx ^



2019-CT-BOS-Ne....doc ^

Show all































Memorandum of Agreement between The Connection Inc. and Capital Community College

According to a report prepared by the Connecticut Coalition to End Homelessness for the Connecticut State Colleges and Universities (CSCU) in conjunction with the 2018 Youth Point In Time (PIT) Count, almost one-third (31%) of students surveyed said they could not stay where they currently were sleeping for as long as needed, 25% disclosed that where they were living was not safe, and 10% of students between the ages of 18-24 admitted to ever being in a situation where they were encouraged, pressured, or forced to exchange sexual acts for money, drugs, food, clothing, or protection. At Capital Community College, the 2018 Youth PIT Count showed that 18% of students surveyed are homeless or in unstable living situations. Given the growing significance of this issue, The Connection, Inc. and Capital Community College agree to work together to mitigate the number of students ages 18-22 experiencing homelessness and/or facing unstable housing.

The Connection, Inc. (TCI) agrees to:

- Accept referrals or youth ages 18-22, who are homeless or have unstable housing, from designated staff/faculty member(s) at the College.
- Determine if the student is eligible for shelter and other services provided by the local Coordinated Access Network (CAN)
- Provide emergency and/or transitional housing for homeless/unstably housed youth who are not eligible for housing services provided by the CAN.
- Link students with wrap-around supports to complement services offered by the college, including individualized supports for youth exposed to trafficking, in need of LGBTQI-specific services, and other needs unique to runaway and homeless youth.
- Refer potential students identified by the CAN to designated contact at CCC.

Capital Community College (CCC) agrees to:

- Use designated staff to identify and refer students directly to TCI who have been identified as homeless or have unstable housing.
- Link students with wrap-around supports that are available at the college.
- Work with TCI staff to identify additional supports.
- Provide referrals from TCI with information on degree and certificate programs at the College.
- Connect all TLP students of the FIRST Center, a unique financial literacy center designed to support students and community members in reaching their financial goals through a mix of education and hands-on services.

TCI and CCC both agree to:

- Discuss the possibility of engaging in a data-sharing agreement to understand the impact of stable housing on student success.
- Meet as a steering committee, at agreed upon intervals (quarterly in year 1), to assess the effectiveness of this collaboration and adjust activities as necessary.

Signed:

X Date 6/28/19
Kathleen Savino, Chief Program Officer

The Connection, Inc.

G. Duncan Harris, C.E.O.

Capital Community College



Getting Help...Getting Better...Giving Back

255 Homestead Avenue P.O. Box 320613 Hartford, CT 06132 (860) 263-4400 Fax (860) 761-3103 www.ChrysalisCenterCT.org

Board of Directors

Officers

Jean K. Wagner Chairman

Steven Ruth Vice Chair / Secretary

Maisie Russell Treasurer

Directors

Pamela M. Blass Marrett Clunie Gary Collins Karen D'Arco Jordan Fogel Cynthia J. Kowalczuk Carol Larco-Murzyn

Chief Executive Officer

Sharon L. Castelli

Funded in part by:

DMHAS

The State of Connecticut Department of Mental Health And Addiction Services

DOC

The State of Connecticut Department of Correction

DOH The State of Connecticut

The State of Connecticu Department of Housing

HUD

U.S. Department of Housing And Urban Development

HOPWA

Housing Opportunities for Persons with AIDS (allocated by the City of Hartford) March 16, 2018

Mr. Matthew Morgan Journey Home 255 Main Street, 2nd FL Hartford, CT 06106

Dear Mr. Morgan,

On behalf of Chrysalis Center, Inc. this letter is written in support of the Greater Hartford Homelessness Youth Collaborative, and the three applications being submitted by Journey Home, by The Connection, and by the Salvation Army for the CT Youth Homelessness Demonstration Program.

In support of the Greater Hartford Homeless Youth Collaborative, Chrysalis Center agrees to provide the employment program for the DHMAS-eligible YHDP participants and the employment program for YHDP participants who have training vouchers and who are interested in participating in the employment program. The employment program provides assessment of skills and interests, goal setting, computer resources, resume writing, job search, accessing appropriate clothing, practice with interviewing, and techniques for resolving conflicts on the job as well as providing specialized trainings in welding, culinary arts, flagger and OSHA-10 training, offsite scaffolding and CDL truck driving training.

Chrysalis Center agrees to provide permanent supportive housing through their Cosgrove Commons program that prioritizes youth who have aged out of DCF. Chrysalis Center already reports openings in this program to the CAN, and accepts referrals for the program through the CAN, and agrees to continue working with the CAN for matching homeless youth to this program, including youth with disabilities who have not been successful in rapid rehousing programs.

We look forward to partnering with Journey Home, The Connection, Community Renewal Team, Salvation Army, the Gay and Lesbian Health Collective, and other agencies working in the Greater Hartford Homeless Youth Collaborative.

Sincerely,

Sharon Castelli

Chief Executive Officer

Memorandum of Understanding

This Memorandum of Understanding ("MOU"), dated as of March 11, 2019, serves as a facilitating document toward establishing cooperation

Between

Journey Home, Inc.

And

CS Communication & Systems, Inc. (CS)

for application to

The Aerospace Employment Placement Program

I. Mission

Journey Home is the non-profit corporation working to lead the implementation of *Opening Doors*: Greater Hartford, the regional comprehensive plan to end homelessness. Journey Home's mission is to foster a caring community that ensures a home for all. We give life to this mission through encouraging collaboration, facilitating innovation, and advocating for justice.

CS East Hartford's location, which primarily services companies in Connecticut, provides a skilled workforce to their customers, such as Pratt & Whitney. CS offers services offers engineering services related to embedded safety-critical software & systems development, testing and certification as well as test rig manufacturing.

Together, the Parties enter into this Memorandum of Understanding to mutually promote the Aerospace Employment Placement Program, The mission for the AEPP Program is to provide a path out of poverty for the low skilled underserved residents of Greater Hartford through job development and meaningful employment with the following attributes: livable wages, allowing self-sufficiency, skills for the 21st century, and career growth through a collaborative mentoring program. Our program encompasses both pre and post-employment training.

The signature element of the program is the commitment by the employer to the best of its ability of full employment prior to successfully completing the training program for the underserved in Greater Hartford, based on obtaining stackable industry-recognized credentials in manufacturing.

IV. Terms of Understanding

CEO

The term of this MOU is for a period of 1 years from the effective date of this agreement and may be extended upon written mutual agreement. It shall be reviewed at least annually to ensure that it is fulfilling its purpose and to make any necessary revisions. Either organization may terminate this MOU upon thirty (30) days written notice without penalties or liabilities.

Authorization: The signing of this MOU is not a formal undertaking. It implies that the signatories will strive to reach, to the best of their ability, the objectives stated in the MOU. On behalf of the organization I represent, I wish to sign this MOU and contribute to its further development.

Memorandum of Understanding Amendment for Funding Employer Support Cohort #1

This Memorandum of Understanding ("MOU") amendment, dated as of March 11, 2019, serves as a facilitating document toward establishing cooperation

Between

Journey Home, Inc.

And

CS Communication & Systems Inc.

for application to

The Aerospace Employment Placement Program (AEPP)

I. Purpose and Scope

The AEPP Program, through Journey Home, will provide funding support in Internal Company Training Support to CS Communication & Systems Inc.

Internal Company Training Support – The program will provide funding for a 12-week period @ 32 Hrs/Week at \$12.12/hr. This is applicable to the first cohort of two HJC associates starting in March 2019.

II. Terms of Understanding

The term of this MOU is for a period of 1 year from the effective date of this agreement and may be extended upon written mutual agreement. It shall be reviewed at least annually to ensure that it is fulfilling its purpose and to make any necessary revisions. Either organization may terminate this MOU upon thirty (30) days written notice without penalties or liabilities.

Authorization: The signing of this MOU is not a formal undertaking. It implies that the signatories will strive to reach, to the best of their ability, the objectives stated in the MOU. On behalf of the organization I represent, I wish to sign this MOU and contribute to its further development.

On behalf of Journey Home

Matthew Morgan
Executive Director

On behalf of CS Communication & Systems, Inc

Laurent Pieraut

Date

3/15/19
Date



This Memorandum of Understanding (MOU) has been created and entered into as of September 1, 2019 and lays out the relationship between New Reach (153 East St., New Haven, CT 06511) and Workforce Alliance (560 Ella Grasso Boulevard, New Haven, CT 06519).

Whereas New Reach provides a range of housing and support services to those experiencing homelessness and housing instability and Workforce Alliance provides comprehensive workforce assistance programs to those seeking employment;

Whereas New Reach agrees to:

- Refer clients experiencing homelessness to Workforce Alliance for employment related services;
- Communicate with Workforce Alliance staff regarding client progress on training and employment (in cases when a release of information is signed by the client)

Whereas Workforce Alliance agrees to:

- Advise the public workforce system on how to effectively promote the participation of individuals experiencing homelessness in career pathway systems and programs;
- Help ensure that job seekers experiencing homelessness access all the different programs and services they need, including career and training services offered through the American Job Centers to participate in existing career pathways programs
- Communicate with New Reach staff regarding client progress on training and employment (in cases when a release of information is signed by the client)

This MOU will be in place for 1 year (August 31, 2020) at which time it will be reviewed. This MOU can be revised in writing at any time if both parties are in agreement.

Kellyann Day

Bill Willand

President and CEO, Workforce Alliance

Date

It is the mission of New Reach to inspire independence for those affected by homelessness and poverty through a continuum of housing and support using the most innovative and progressive methods.



Analysis of Racial Disparity in CT-505

Overall population data from the state of Connecticut is 67% white / non-Hispanic, and 33% are racial or ethnic minorities. Source: https://datausa.io/profile/geo/connecticut/#ethnicity If you look further into the data for those that are living below the poverty line – the demographics shift to 47% white / non-Hispanic, and 53% minority. Source: https://datausa.io/profile/geo/connecticut/#poverty_ethnicity

Using this as a grounding for evaluating our homelessness response system data — it is clear that even looking at the percentages of people living below the poverty line that minorities are still over represented in the homelessness population. Root causes of higher rates of homelessness among minorities are far reaching and include discrimination in employment, housing, and the criminal justice system. Source: https://endhomelessness.org/resource/racial-disparities-homelessness-united-states/

A look at how the homelessness response system is functioning can be found in the following tables which look at a year's worth of data in the region from 10/1/17 to 9/30/18 from the CT Homelessness Management Information System (CT HMIS). CT HMIS collects both race and ethnicity information — and the measures used are outlined in the Housing and Urban Development's data standards manual. There were two groups that were compared, head of households who answered that they were non-Hispanic and white, and those who were either Hispanic or any other racial category other than white. People who refused to answer, didn't know, or just didn't have that information collected for their race or ethnicity included less than two percent of the total data collected. Information was further split out between individuals and families. Analysis completed to date examines:

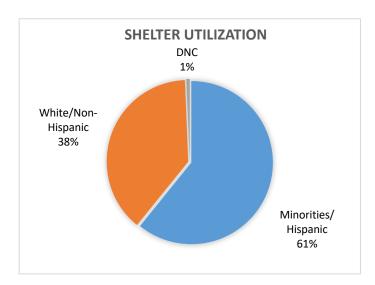
- Attended Coordinated Access Network (CAN) appointments to see who is attempting to access the homelessness system.
- Emergency Shelter utilization to show who has made it through coordinated entry, and into shelter.
- Emergency Shelter exits to permanent housing to show how the emergency system is functioning in terms of those who are exiting homelessness.
- Rapid Re-Housing entries to show who is being served by this intervention which is
 designed to help individuals and families to quickly exit homelessness and return to
 permanent housing.
- Permanent Supportive Housing entries to show who is being served by this intervention which is non-time-limited affordable housing assistance with wrap-around supportive services.
- Exits from ES to permanent housing to see performance outcome data for both whites and minorities.

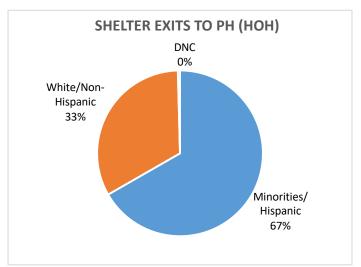
Preliminary findings include:

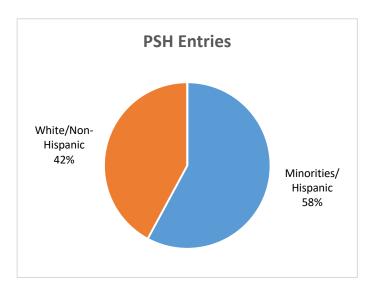
- Minorities, particularly families, continue to be over-represented in all components of the homeless services system included in the analysis.
- Though minorities represent 64% of all attended CAN appointments, they represent 61% of shelter users, 58% of PSH entries, and 73% of RRH entries.
- Minority HOH are nearly twice as likely (67%) to exit shelters to PH than are their white counterparts (33%).
- Nearly three-quarters of minorities (73%) enter RRH as compared to a quarter of whites (26%).
- Minorities exiting ES have a higher rate of exits to PH (36%) compared to whites (28%).

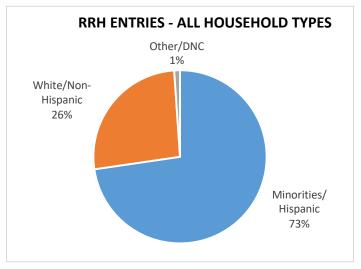
Additional analysis is ongoing, and is monitored by the CoC. Data compiled appears on pages 3-4 of this report.

Summary of Findings









Racial Disparity Analysis – CT Balance of State (CT-505) from CT HMIS

CAN Appointments		
All	22907	
Minorities/ Hispanic	7312	32%
White/Non-Hispanic	4160	18%
DNC/Other	11435	50%

Shelter Utilization - HOH		
All	4663	
Minorities/Hispanic	2836	61%
White/Non-Hispanic	1796	39%
DNC	31	1%

Shelter Exits to PH - HOH		
HoH Only	1433	
Minorities/Hispanic	956	67%
White/Non-Hispanic	471	33%
DNC	6	0%

PSH Entries All Household Types		
All	520	
Minorities/Hispanic	301	58%
White/Non-Hispanic	219	42%

RRH Entries All Household Types		
All	1483	
Minorities/Hispanic	1078	73%
White/Non-Hispanic	389	26%
Other/DNC	16	1%

FAMILIES		
All	5203	
Minorities/Hispanic	2054	39%
White/Non-Hispanic	452	9%
DNC/Other	2697	52%
All	451	
Minorities/Hispanic	361	80%
White/Non-Hispanic	86	19%
DNC	4	1%
HoH Only	252	
Minorities/Hispanic	201	80%
White/Non-Hispanic	49	19%
DNC	2	1%
All	145	
Minorities/Hispanic	96	66%
White/Non-Hispanic	49	34%
All	642	
Minorities/Hispanic	554	86%
White/Non-Hispanic	74	12%
Other/DNC	14	2%

INDIVIE	DUALS	
A II	10004	
All	16894	240/
Minorities/Hispanic	5258	31%
White/Non-Hispanic	3708	22%
DNC/Other	7928	47%
All	4212	
Minorities/Hispanic	2475	59%
White/Non-Hispanic	1710	41%
DNC	27	1%
HoH Only	1181	
Minorities/Hispanic	755	64%
White/Non-Hispanic	422	36%
DNC	4	0%
All	375	
Minorities/Hispanic	205	55%
White/Non-Hispanic	170	45%
-		
All	841	
Minorities/Hispanic	524	62%
White/Non-Hispanic	315	37%
Other/DNC	2	0%

Additional Shelter Exit Info	
Total Exits from ES among Minorities/Hispanic	2672
Exits from ES to PH among Minorities/Hispanic	956
% of Minorities/Hispanic Exiting to PH	36%

Total Exits from ES among Whites/Non-Hispanic	1665
Exits from ES to PH among Whites/Non-Hispanic	471
% of Whites/Non-Hispanic Exiting to PH	28%

Source: CT HMIS Data from FFY18

Retrieved August 2019 by the CT Coalition to End Homelessness

Connecticut Homeless Management Information System (CT HMIS) Lead Agency

MEMORANDUM OF UNDERSTANDING between The Connecticut Coalition to End Homelessness and Balance of State Continuum of Care

I. PURPOSE AND BACKGROUND

The purpose of this Memorandum of Understanding (MoU) is to confirm agreements between each of Connecticut's Continua of Care (CoC) as acknowledged by the U.S. Department of Housing and Urban Development and the Connecticut Coalition to End Homelessness (CCEH), related to management of the Connecticut Homeless Management Information System (CT HMIS). This MoU establishes CCEH as the CT HMIS Lead Agency for the each CoC and the state as a whole, defines general understandings, and defines the roles and specific responsibilities of each party relating to key aspects of the governance and operation of the HMIS Project.

HMIS is mandated by the U.S. Department of Housing and Urban Development (HUD) for all communities and agencies receiving HUD Continuum of Care (CoC) and Emergency Solutions Grant program (ESG) funding. CT HMIS is essential to efforts to coordinate client services and inform community planning and public policy. Through CT HMIS, homeless individuals benefit from improved coordination in and between agencies, informed advocacy efforts, and policies that result in targeted services. Analysis of information gathered through CT HMIS is critical to the preparation of a periodic accounting of homelessness in individual CoCs and the state of Connecticut, including required HUD reporting. The parties to this MoU recognize that thorough and accurate capture and analysis of data about homeless services and individuals is necessary to service and systems planning, effective resource allocation, and advocacy, and thus, share a mutual interest in successfully implementing and operating CT HMIS.

II. DURATION

Except as provided in Section VIII (Termination), the duration of this MoU shall be from the date signed through December 31st, 2019. While it is anticipated that this MoU will be renewed annually for periods of one year thereafter, the parties will revise and affirmatively agree to the terms of this relationship annually. The process of this review is intended to ensure the continued relevance of the terms to the parties and to ensure continued consistency and compliance with HUD regulation.

III. GOVERNANCE AND PARTICIPATION

1. CoC Governance

The CoC is the lead planning group for HUD-funded efforts to end homelessness and for implementing and operating a homeless CoC system. As such and per HUD policy, the CoC is responsible for CT HMIS Project oversight and implementation, which encompasses planning, administration, software selection, and reviewing and approving of all policies, procedures, and data management plans governing Contributing CT HMIS Organizations (described below). The CoC's oversight and governance responsibilities are carried out by the statewide CT HMIS Steering Committee.

2. Contributing CT HMIS Organizations ("CHO") is a HUD term used in U.S. Department of Housing and Urban Development Homeless Management Information System (HMIS) Data and Technical Standards Final Notice

and in the CT HMIS Policies and Procedures manual, for an organization that operates a project that contributes data to an HMIS.

For purposes of this MOU and to provide consistency with the CT HMIS Agency MOU, a CHO is equivalent to a "Participating HMIS Agency" which is a legal entity responsible for one or more "Participating HMIS Programs" that is licensed to use the CT HMIS.

A CHO/Participating HMIS Agency is defined as an organization (inclusive of the CT HMIS Lead) that operates a provider program and a program-level, CT HMIS-compliant system (described below), whether or not it is a member of the CoC, and that contributes Protected Personal Information or other client-level data to the CT HMIS. Participating HMIS Agencies must enter into Participation Agreement MOUs in order to contribute such data to the CT HMIS. The authority to enter into Participation Agreement MOUs with Participating HMIS Agencies for the purposes of ensuring compliance with all applicable HUD and CoC HMIS Project requirements, including the operation of a program-level CT HMIS-compliant system, rests with the HMIS Lead Agency.

3. Program-level- HMIS-compliant System

A program-level HMIS-compliant system is defined as a client management information system operated by a provider program that allows the provider program to collect the minimum required data elements and to meet other established minimum participation thresholds as set forth in Participating Agency HMIS Participation Agreement MOU.

This program-level HMIS compliant System is defined in the Participating Agency MOU as "...a computerized data collection application designed to capture information about homeless people and homeless programs over time. "CT HMIS" is the general name for one or more HUD-compliant software applications implemented and adopted in the state."

4. Participating HMIS Agency Administrator

A Participating Agency HMIS Administrator is defined as single point-of-contact established by each Participating Agency who is responsible for day-to-day operation of the CT HMIS, ensuring program-level data quality according to the terms of the Participation Agreement and associated data quality plan, and other policies and procedures.

In Connecticut these responsibilities are largely discharged by the CT HMIS Data Coordinator (HDC) defined in the Participating Agency MOU as "... an individual designated by each Participating HMIS Agency as responsible for ensuring that the Agency meets HMIS participation standards as outlined herein and in the CT HMIS Policies and Procedures."

5. Licensed End Users (End Users) are persons at the Participating Program and Participating HMIS Agency levels who require legitimate access to the software system and are granted such access after training and participating program authorization. Individuals with specific authorization and established roles within CT HMIS software can access the software application for the purpose of conducting data management tasks associated with their area of responsibility.

6. Software and Hosting

The CT HMIS Steering Committee has selected a single product - CaseWorthy - to serve as the sole CT HMIS Data system for all CoCs in Connecticut.

The authority to enter into contracts with CaseWorthy for the purposes of operating and overseeing CT HMIS is the responsibility of the CT HMIS Lead Agency, CCEH.

IV. GENERAL UNDERSTANDINGS

1. Funding

1a. HUD Grant(s)

HMIS Project activities are funded in part by HUD CoC grants. The CoC authorizes CCEH, as the HMIS Lead Agency, to apply for and administer these funds. The terms and uses of HUD funds are governed by the HUD CoC grant agreement and applicable rules.

1b. Cash Match

The HUD CoC grants require a cash match. As detailed below, CCEH is responsible for providing the commitment of the required local match for the HMIS grants.

2. Fees

CT HMIS activities are covered by federal, state and local funds. Expansion of CT HMIS is anticipated in the future. Funding options, including additional local contributions, will be explored by the CT HMIS Steering Committee to ensure ongoing operations and enhancement of CT HMIS.

3. Compliance with HMIS Standards

It is the responsibility of the CoC to ensure that the HMIS Lead Agency is operating the HMIS Project in compliance with HUD HMIS Technical Standards (2017), HUD HMIS Data Standards (2017), and other applicable laws. The parties agree to update this MoU (as provided in section VII, Amendment/Notices), other HMIS Project operational documents, and HMIS Project practices and procedures in order to comply with any updates to these standards established in notices or other guidance, within the HUD-specified timeframe for such changes.

4. Local Operational Policies and Agreements

All agencies within a CoC agree to operate within the most current release of CT HMIS Policies and Procedures, developed by the CT HMIS Steering Committee. These policies and procedures include but are not limited to an operating policies and procedures manual for use and management of data (including procedures for ensuring the security of data, disaster recovery, and data quality assurance), privacy policies and notices, data collection and technical standards, Participation Agreements, and End User Agreements. The parties agree to collaboratively develop and implement these agreements, policies and procedures for the three State Fiscal Year period of 7/1/13-6/30/16 and renewed from 7/1/16-6/30/19. Amendments and agreements may be authorized during this effective period.

V. SPECIFIC RESPONSIBILITIES OF THE PARTIES

As needed, changes to the policies and procedures may be made from time to time at the request of CCEH or the CoC, through its Steering Committee, to comply with HUD HMIS standards or otherwise improve CT HMIS operations. During any such modification periods, all existing CT HMIS policies and procedures will remain in

effect until such time as the CT HMIS Steering Committee approves the changes.

1. CoC Responsibilities

The CoC serve as the lead HMIS Project governance body, providing oversight, project direction, policy setting, and guidance for the CT HMIS Project. The CoC exercises its responsibilities for CT HMIS governance through the CT BOS Steering Committee and the CT HMIS Steering Committee, effective as of the date of the authorization of this MoU. These responsibilities include:

- a) Ensuring and monitoring compliance with relevant HUD regulations and standards;
- b) Recording in official meeting minutes all approvals, resolutions, and other key decisions of the CoC that may be required by HUD rules related to the CT HMIS governing body;
- c) Designating the CT HMIS Lead Agency, any vendor contracted for HMIS services, and the software to be used for CT HMIS, and approving any changes to the CT HMIS Lead Agency, any vendor contracted for HMIS services, or software;
- d) Reviewing and approving all CT HMIS Project operational agreements, *subcontracts*, policies, and procedures;
- e) Reviewing data quality standards and plans, and establishing protocols for addressing CHOs' compliance with those standards;
- f) Promoting the effective use of CT HMIS data, including measuring the extent and nature of homelessness, the utilization of services and homeless programs over time, and the effectiveness of homeless programs;
- g) Using CT HMIS data to inform CoC program and system design, and measuring progress toward implementation of community Plans to End Homelessness and other CoC-established goals;
- h) Provide all local information as necessary for compilation of the annual Housing Inventory Count (HIC), the HMIS elements of the annual Point-in-Time (PIT) Count, Annual Homeless Assessment Report (AHAR), and Pulse Report; and
- i) Coordinating participation in the CT HMIS (and broader Continuum of Care) by all homeless prevention and assistance programs and other mainstream programs serving homeless people or working to prevent homelessness.

2. CCEH Responsibilities

CCEH serves as the Lead Agency for the CT HMIS Project, managing and administering all CT HMIS operations and activities. CCEH exercises these responsibilities at the direction of the CT HMIS Steering Committee and its constituent *CoC's*. These responsibilities are contingent on continued receipt of the appropriate HUD grant funding, and are delineated in the following paragraphs. References below to the approval or adoption by the CoC is interpreted to include the approval or adoption of the several *CoC's* through the CT HMIS Steering Committee.

- a) Governance and Reporting
 - o Provide staffing for operation of the CT HMIS Project;
 - o Prepare the following data reports and analyses for review by the CoC and for submission to HUD:
 - At least annually, a point-in-time unduplicated count of clients served in the CT HMIS (for sheltered PIT Count, AHAR, and Pulse reports, or as required);
 - Annually, an unduplicated count of clients served in the CT HMIS over the course of one year (for AHAR);
 - At least annually, an accounting of lodging units in the HMIS (for HIC, AHAR, and Pulse reports, or as required); and
 - Quarterly, an unduplicated count of newly homeless clients (for Pulse reports);
 - Prepare reports on the BOS CoC's progress on HEARTH performance measures as required by HUD regulations;

Ensure the consistent contribution of data that meets all HUD-established data standards to CT HMIS by, at minimum, every program operating with funds authorized by the McKinney-Vento Act as amended by the HEARTH Act, including ESG funds;

- Work with the CoC to facilitate participation by all homeless prevention and assistance programs and other mainstream programs serving homeless people to participate in CT HMIS;
- o Attend CT HMIS Steering Committee meetings;
- O Determine length of time that records must be maintained for inspection and monitoring purposes per HUD standards and ensure compliance with these standards;
- o Respond to CT HMIS Steering directives; and
- o Provide data needed to inform CoC's progress toward achieving goals laid out in its community Plans to End Homelessness (as applicable).

b) Planning and Policy Development

- o Manage and maintain mechanisms for soliciting, collecting and analyzing feedback from end users, homeless persons and Participating Agency personnel such as: CT HMIS administrators, program managers, and executive directors.
- o Identify general milestones for project management, including training and expanding system functionality;
- Develop and, upon adoption by the CoC, implement written policies and procedures for the operation of the CT HMIS Project, including requirements and standards, and provide for the regular update of these procedures as required by changes to policy;
- Develop and, upon adoption by the CoC, implement a data quality plan consistent with requirements established by HUD, and review and update this plan annually and upon update to HUD regulations, notice, or guidance;
- o Develop and, upon adoption by the CoC, implement a security plan consistent with requirements established by HUD, and review and update this plan annually and upon update to HUD regulations or guidance;
- Develop and, upon adoption by the CoC, implement a disaster recovery plan consistent with requirements established by HUD, and review and update this plan annually according to the most current HUD regulations or guidance;
- Develop and, upon adoption by the CoC, implement a privacy policy specifying data collection limitations; purpose and use limitations; allowable uses and disclosures; openness description; access and correction standards; accountability standards; and process and protections for victims of domestic violence included in CT HMIS;
- o Ensure privacy protection in project administration; and
- Develop and, upon approval by the CoC, execute CT HMIS Participation Agreements with each Participating HMIS Agency, including:
 - Obligations and authority of the CT HMIS Lead and the Agency;
 - Protocols for participation in CT HMIS;
 - · Requirements of the policies and procedures by which the Agency must abide;
 - Sanctions for violating the CT HMIS Participation Agreement; and
 - Terms of sharing and processing Protected Identifying Information between the CT HMIS Lead and the Agency.

c) Grant Administration

- Prepare and submit information relevant to HMIS for Project Application Renewals for HUD's NOFA responses for HUD grants in e-snaps;
- o Create annual budgets outlining the most efficient resource allocation to meet CT HMIS Project requirements;
- Support CT HMIS by funding eligible CT HMIS activities with eligible matching sources to serve as the HUDrequired match;
- o Ensure accurate and regular (quarterly, at minimum) draw down of HUD grant funding; and to complete and submit APR for HMIS portion of HUD grants in e-snaps.

d) System Administration

- o Oversee the day-to-day administration of the CT HMIS system;
- o Manage contracts for CaseWorthy, which includes training for Participating Agencies and CCEH staff, and licensing of CT HMIS Server;
- Ensure CT HMIS software meets the minimum data and technical functionality requirements established by HUD in rule or notice, including unduplication, data collection, maintenance of historical data, reporting (including HUD-required reports and data quality and audit reports), and any other requirements established by HUD;
- o Ensure CT HMIS data processing capabilities, including the collection, maintenance, use, disclosure, transmission, and destruction of data and the maintenance of privacy, security, and confidentiality protections;
- o Develop standard reports and queries of CT HMIS data (e.g., data quality report, COC quarterly report, etc.);
- Oversee and relate small- and large-scale changes to CT HMIS through coordination with CCEH, the CT HMIS Steering Committee and its Release Management Sub-Committee and CT HMIS administrators, as applicable;

e) End-User Administration

- o Provide or coordinate technical assistance and support;
- o Ensure documentation of technical issues experienced by providers;
- o Develop and deliver a comprehensive training curriculum and protocol, including accompanying tools and resources, that:
 - Includes, but is not limited to, data entry requirements and techniques, client confidentiality and privacy requirements, data security, data quality, CaseWorthy data entry;
 - Requires all relevant personnel to participate in trainings; it is the responsibility of the Local System
 Administration, often discharged through the HMIS Data Coordinator, to ensure end users at the
 Participating Agency receive training information. Participating Agency requirements are enumerated
 in the Participating Agency MOU and the CT HMIS Policies and Procedures.

f) Data Quality and Compliance Monitoring

- o Establish data quality benchmarks, including bed coverage rates, service-volume coverage rates, missing/unknown value rates, timeliness criteria, and consistency criteria;
- Consistent with the data quality plan, run and disseminate data quality reports on a quarterly basis to HMIS Participating Programs indicating levels of data entry completion, consistency with program model, and timeliness;
- Consistent with the data quality plan, provide quarterly reports on CT HMIS participation rates, data quality and other analyses to the CT HMIS Steering Committee; and
- o Monitor compliance by all Participating Agencies with CT HMIS participation requirements, policies and procedures, privacy standards, security requirements, and data quality standards through an annual review per the process outlined in the Participation Agreement and approved by the CT HMIS Steering Committee.

3. CT HMIS Steering Committee

As the HMIS in Connecticut is a statewide implementation, the CT HMIS Steering Committee has been established to ensure consistency and coordination across all CoC's and to manage many of the governance responsibilities for the CoC's in the state. The roles, responsibilities and composition of the CT HMIS Steering Committee are outlined in Policy 102 of the CT HMIS Policies and Procedures manual.

The CT HMIS Steering Committee is comprised of representatives from all of the CoC's in the state as well as the Sub-Regions of the CT Balance of State CoC. The CT BOS CoC representatives on this committee are the Steering Committee Co-Chairs who are authorized to participate and vote by the CT BOS Steering Committee. The other CoCs and the Sub-Regions of the BOS CoC designate their representatives to this committee.

VI. DATA ACCESS ANO MANAGEMENT

CCEH will ensure that data that is maintained in the CaseWorthy software and will have access to all data entered. Data access and usage is governed by CT HMIS Policies and Procedures including Policy 113 "Release Management & Data Use Plan" calling for the creation of a data usage policy that is consistent with statewide data sharing (Policy 205) and with client confidentiality policies (Policy 207).

VII. AMENDMENT/NOTICES

This MoU may be amended in writing by either party. Notices shall be mailed or delivered to:

Connecticut Coalition to End Homelessness Care of Brian Roccapriore, Director of HMIS and Strategic Analysis 257 Lawrence St. Hartford, CT 06105

VIII. TERMINATION

Either party may terminate this MoU at a date prior to the renewal date specified in this MoU by giving 60 days written notice to the other parties. If the funds relied upon to undertake activities described in this MoU are withdrawn or reduced, or if additional conditions are placed on such funding, any party may terminate this MoU within 30 days by providing written notice to the other parties. The termination shall be effective on the date specified in the notice of termination.

IX. <u>SIGNATURES</u>

CoC Name	Balance of State
CoC Co-Chair 1 Signature	Ste 19- Lela
Date of Co-Chair 1 Signature	9-11-18
CoC Co-Chair 2 Signature Date of Co-Chair 2 Signature	7-12-18
CT HMIS Lead Agency	CT Coalition to End Homelessness
CCEH Executive Director Signa	nture May On Holey
CCEH ED Signature Date	9-11-18

CONNECTICUT HOMELESS MANAGEMENT INFORMATION SYSTEM (CT HMIS)

POLICIES AND PROCEDURES MANUAL

Version 5.3: Revised August 2018 -

The Connecticut Homeless Management Information System (CT HMIS) is managed by the Connecticut Coalition to End Homelessness. For further information about the CT HMIS contact:

Connecticut Coalition to End Homelessness 257 Lawrence Street Hartford, CT 06106 Voice :(860) 721-7876

FAX: (860) 257-1148 www.cceh.org

Written: 10/2005 Revised: 07/2013

POLICY 101: CT HMIS CONTRACT REQUIREMENTS

Approved:

Policy:

The CT HMIS Lead Agency is tasked with coordination and provision of data management services to Homeless programs, including emergency shelter, transitional and supportive housing programs, and other HUD funded programs that are required to participate in a CT HMIS. Participating Agencies shall sign a Memorandum of Understanding and comply with the stated requirements.

Procedure:

The CT HMIS Lead Agency will contract for and administer a contract for a fully functional and secure HMIS, which may include a CT HMIS System Administrator who will also be bound by these policies and procedures.

Participating HMIS Agencies shall sign a Memorandum of Understanding (see Attachments) and comply with the stated requirements. Participating Agencies will be granted access to the CT HMIS software system after:

- The Memorandum of Understanding (MOU) has been signed with CT HMIS Lead Agency, and
- Participating Agencies have put into place the stated requirements in the MOU.

Agencies agree to comply with the policies and procedures approved by the CT HMIS Steering Committee.

Written: 10/2005 Revised: 07/2013

POLICY 102: CT HMIS STEERING COMMITTEE

Approved:

Policy:

A Steering Committee, convened by CT HMIS Lead Agency, representing stakeholders to this project, will advise all project activities. The committee meets on a schedule it determines. (A current CT HMIS Steering Committee Membership List may be obtained from CT HMIS Lead Agency).

The CT HMIS Steering Committee guides this project, serves as the decision making body and provides advice and support to the CT HMIS Lead Agency staff.

Procedure:

The CT HMIS Steering Committee will take actions that ensure adequate privacy protection provisions in project implementation.

Membership of the CT HMIS Steering Committee will be established according to the following guidelines:

- Each Continuum and sub-continuum of the Balance of State, will appoint two individuals who will represent their members and communicate back to them.
- Each Continuum/sub-continuum is responsible to find a replacement for any representative that is participating inconsistently or is inactive.
- The CT HMIS Steering Committee has the authority to add representatives from other sectors of the community in a method it deems appropriate.

The CT HMIS Steering Committee has decision making authority in the following areas:

- Determining the guiding principles that should underlie the implementation activities of the CT HMIS, including participating organizations, consumer involvement and service programs;
- Selecting the minimal data elements to be collected by all programs participating in the CT HMIS project;
- Defining criteria, standards, and parameters for the release of aggregate data, aggregated and disaggregated; and
- Approving the software vendor

Written: 10/2005 Revised: 07/2013

POLICY 103: CT HMIS MANAGEMENT

Approved:

.....

Policy:

The Executive Director of the CT HMIS Lead Agency is responsible for oversight of all contractual agreements with funding entities, and the CT HMIS organization's adherence to the guiding principles, as determined by the CT HMIS Steering Committee.

Procedure:

- The Statewide CT HMIS Steering Committee holds the final authority for all decisions related to the statewide governance of the CT HMIS. CT HMIS Lead Agency is responsible for the day-to-day operation and oversight of the system and the CT HMIS Steering Committee grants CT HMIS Lead Agency the authority to act on its behalf to address operational and system level concerns as they arise. This authority may be delegated to third parties at the discretion of CCEH management. Decisions made or actions authorized by CT HMIS Lead Agency which do not satisfy an interested party, which may be an agency (agencies) or a consumer(s), may be brought before the CT HMIS Grievance Committee for review in accordance with the CT HMIS Grievance Procedure. (See Grievance Procedure policy and forms pages)
- The Grievance Committee members shall be selected on a rotating basis and shall not have a conflict of interest for the grievance they are adjudicating. Membership will consist of one Co-Chair of the CT HMIS Steering Committee, one CT HMIS System Administrator and three CT HMIS Steering Committee members.

CT HMIS Lead Agency responsibilities for the operation and oversight of the system include:

- Management of technical infrastructure;
- Planning, scheduling, and meeting statewide project objectives;
- Coordinating training and technical assistance including an annual series of training workshops for end users, agency administrators; and
- Implementing software enhancements approved by the CT HMIS Steering Committee.

SECTION 1: CONTRACTUAL REQUIREMENTS AND ROLES Written: 07/2013

Revised:
Approved:

POLICY 105: CT HMIS SECURITY OFFICER

.....

Policy:

The CT HMIS Lead Agency must designate a CT HMIS Security Officer. Each Participating Agency must designate an Agency Security Coordinator who is responsible for ensuring each Participating Agency is meeting the minimum security requirements established in the Security Plan and the CT HMIS Participation Agreement, and is authorized by the Executive Director or Designee of the Participating Agency to provide verification of that status.

Procedure:

The CT HMIS Security Officer is named by the CT HMIS Lead Agency. The duties of the Security Officer must be included in the individual's job description. These duties include, but may not be limited to:

- Cooperatively with the CT HMIS Administrator, review the Security Plan annually and at
 the time of any change to the security management process, the system software, the
 methods of data exchange, and any HMIS data or technical requirements issued by
 HUD. In the event that changes are required to the CT HMIS Security Plan, work with the
 CT HMIS Administrator to develop recommendations to the CT HMIS Steering
 Committee for review, modification, and approval.
- Annually review the CT HMIS Security Plan, test the CT HMIS security practices for compliance, and work with the CT HMIS Administrator to coordinate communication with the CT HMIS System Administrator(s) to confirm security compliance of the system.
- Using the CT HMIS Security Plan, certify that the CT HMIS Lead Agency adheres to the Security Plan or develop a plan for mitigating any shortfall, including milestones to demonstrate elimination of the shortfall over as short a period of time as is possible.
- Implement any approved plan for mitigation of shortfalls and provide appropriate updates on progress to the CT HMIS Steering Committee.
- Respond, in cooperation with the CT HMIS Administrator, to any security questions, requests, or security breaches to the CT HMIS System Administrator and CT HMIS Security Officer, and for communicating security-related HMIS information relayed from CT HMIS Lead Agency to the Participating Agency's Licensed End Users.
- Work with the CT HMIS System Administrator to communicate and interact collaboratively with the Agency Security Coordinators.

Written: 10/2005 Revised: 07/2013

POLICY 106: PARTICIPATING AGENCY RESPONSIBILITY

Approved:

.....

Policy:

Each Participating Agency will be responsible for oversight of all agency staff that generate or have access to consumer-level data stored in the system software to ensure adherence to HIPAA and all State and Federal regulations as well as to ensure adherence to the CT HMIS principles, policies and procedures outlined in this document.

Procedure:

The Participating HMIS Agency:

- Holds final responsibility for the adherence of the agency's personnel to The Health
 Insurance Portability and Accountability Act of 1996 (HIPAA) and all State and Federal
 regulations as well as ensuring adherence to the CT HMIS principles, policies and
 procedures outlined in this document;
- Is responsible for all activity associated with agency staff access and use of the CT HMIS data system;
- Is responsible for establishing and monitoring agency procedures that meet the criteria for access to the CT HMIS System, as detailed in the policies and procedures outlined in this document;
- Will have established policies and procedures to prevent any misuse of the software system by designated staff;
- Agrees to allow access to the CT HMIS System only to staff who have been trained in the CT HMIS system and who have a legitimate need for access. Need exists only for those designated personnel and/or volunteers who work directly with (or who supervise staff who work directly with) consumers, or have data entry or technical responsibilities;
- Agrees to follow approved policies and procedures for all changes as identifies by the CT HMIS Lead Agency and/or the CT HMIS Steering Committee;
- Oversee the implementation of data security standards;
- Assume responsibility for integrity and protection of consumer-level data entered into the CT HMIS system;
- Ensure organizational adherence to the CT HMIS Policies and Procedures;
- Assign staff to serve as Agency Security Coordinator and HMIS Data Coordinator;
- Agency Security Coordinator and/or HMIS Data Coordinator will effectively communicate system requirements and changes to Agency Licensed End Users;
- Authorize system access to agency staff;
- Monitor compliance and periodically review data quality and completeness;
- Ensure that data is collected in a way that respects the dignity of the consumers;
- Ensure that all required data is collected and entered accurately and on time (timeliness is determined by HUD and other funders, and varies by program type);
- Provide prompt and timely communications of data, changes in license assignments, and user accounts and software to the CT HMIS Systems Administrator; and

POLICY 106: PARTICIPATING AGENCY RESPONSIBILITY, continued

 Notify CCEH CT HMIS staff of any issue relating to system security or consumer confidentiality on a timely basis and using the Security Alert Reporting Form for CT HMIS (attached).

Written: 10/2005 Revised: 07/2013

POLICY 107: PARTICIPATING AGENCY HMIS DATA COORDINATOR

Approved:

Policy:

Every Participating Agency must designate one person to be the HMIS Data Coordinator (HDC) who holds responsibility for the coordination of the system software in the agency.

Procedure:

The HMIS Data Coordinator will be responsible for duties including:

- Serve as point-person in communicating with CT HMIS System Administrator
- Ensure to the extent possible that all agency and program data is entered accurately and on time according to all contractual requirements
- Facilitate timely reporting from the agency she/he represents (unless the agency has
 designated another person for this function) reports such as;
 - DSS Emergency Shelter Utilization Report
 - DSS AIDS Funded Program Report
 - HUD Annual Performance Report(APR)
 - o Data Quality Reports etc.
- Ensure that all agency staff who will be using HMIS:
 - Receive authorized HMIS training
 - o Satisfactorily demonstrated proficiency in use of the software
 - o Understand the Policies and Procedures that apply to their role in the system.
- Designate each individual's level of access by submitting a Designation of Access (DOA) form (as provided by, and) to CT HMIS System Administrator.
- Notify CT HMIS System Administrator when a CT HMIS system user leaves the agency or no longer requires access to the CT HMIS system.
- Grant technical access to CT HMIS for agency staff as needed.
- Keep agency and Program information up to date. This includes but is not limited to, location, services provided, HUD requirements, and bed inventories (for housing programs).
- Notify all users in their agency of interruptions in service, changes to data entry workflow, reporting requirements, and upcoming trainings.
- Attend monthly HMIS Data Coordinator meeting held by CT HMIS System Administrator
- Inform CT HMIS users and senior management of pertinent activity.
- Ensure agency is prepared for annual site visits

The following responsibilities may be performed by the Agency Security Coordinator or the HDC, who may be the same individual:

POLICY 107: PARTICIPATING AGENCY HMIS DATA COORDINATOR, continued

- Assume responsibility for the integrity and protection of consumer-level data by following the policies outlined for the project, which include but are not limited to:
 - Consumer CT HMIS Consent and Release of Information Forms (see Attachment) are signed and on file;
 - o Interagency agreements are signed and on file (when applicable);
 - Ensure that the proper IT controls are in place for network, desktop and user security;

CT HMIS Lead Agency will coordinate training and technical assistance for HMIS Data Coordinators.

Written: 10/2005 Revised: 07/2013

POLICY 108: AGENCY SECURITY COORDINATOR

Approved:

.....

Policy:

Every Participating Agency must designate one person to be the Agency Security Coordinator who holds responsibility for the coordination of the system software in the agency. The Agency Security Coordinator and the HMIS Data Coordinator may be, but are not required to be, the same person.

Procedure:

The Agency Security Coordinator will ensure Participating Agency compliance with the administrative requirements as listed in the CT HMIS Memorandum of Understanding, Section B Attachments.

The Agency Security Coordinator oversees the implementation of data security policies and standards and will:

- Assume responsibility for integrity and protection of consumer-level data entered into the CT HMIS system;
- Ensure organizational adherence to the CT HMIS Policies and Procedures;
- Authorize data access to agency staff and assign responsibility for custody of the data;
- Monitor compliance and periodically review data security;
- Ensure that data is collected in a way that respects the dignity of the participants;
- Ensure that all data collected must be relevant to the purpose for which it is used, that the data is entered accurately and on time;
- Provide prompt and timely communications of data, changes in license assignments, and licensed end user accounts and software to the CT HMIS System Administrator;
- Notify CT HMIS Lead Agency staff of any issue relating to system security or consumer confidentiality (Security Alert Report).

Memorandum of Understanding Attachment B

- Agency has a policy detailing its internal communication practices for HMIS matters consistent with Section 2 of the CT HMIS policies and procedures;
- Agency has a policy for granting access to its agency-level HMIS-compliant system's end users consistent with Section 4 of the policies and procedures;
- The agency has adopted Licensed End User Agreement provided by CT HMIS Lead Agency;
- Licensed End User Agreements are signed and on file for all staff who access the agency-level HMIS-compliant system.
- Agency has a policy for managing the breach of Licensed End User agreements.
- Agreement that meets the minimum standards outlined in Section 3 of the policies and procedures;

POLICY 108: PARTICIPATING AGENCY'S AGENCY SECURITY COORDINATOR, continued

- Each end user has been trained on system use, privacy, security, and data collection requirements consistent with train the trainer sessions provided by the CT HMIS Lead Agency or its Agent, the CT HMIS System Administrator, and the CT HMIS policies and procedures, consistent with Sections 3 and 4 of the policies and procedures.
- Agency is a HIPAA covered entity and has a Privacy Policy that meets HIPAA requirements (you must attach a copy of your HIPAA Privacy Policy).
- Agency is not a HIPAA covered entity and the agency has adopted the minimal standard Privacy Policy provided by the CT HMIS Lead Agency
- Agency is not a HIPAA covered entity and has established a Privacy Policy that
 otherwise meets the minimum requirements established in Section 2 of the policies and
 procedures (you must attach a copy of the non-standard Privacy Policy).
- The agency's Privacy Policy is posted on the agency's website.
- A sign including the required language described in Section 2 of the policies and procedures is posted at all intake desks or other location where data collection occurs.
- The agency has a policy requiring that all consumer data is entered into the system within, at most, the timeframe established in CT Data Quality Standards (following the standards required by HUD for HMIS data) as approved and adopted by the CT HMIS Steering Committee
- The agency has a policy for conducting logic checks to validate the accuracy of the data in its program-level HMIS-compliant system and regularly comparing universal and provider program specific data elements to available paper records and updating/correcting missing or inaccurate data, consistent with the CT Data Quality Standards.

Agency Procedure: Each Agency will provide the name and contact information of the Agency Security Coordinator at least annually in the Security Certification document. Changes to the individual named as the Security Contact that occur during the course of the year will be communicated via email to the CT HMIS System Administrator and CT HMIS Security Officer within thirty days of the change.

The CT HMIS Security Officer will maintain the name and contact information of the current Agency Security Coordinator of each Agency on file. This file is considered part of the CT HMIS Security Plan and is incorporated by reference.

Communicate any security questions, requests, or security breaches to the CT HMIS
 System Administrator and CT HMIS Security Officer, and security-related HMIS
 information relayed from CT HMIS Lead Agency to the agency's licensed end users.

POLICY 108: PARTICIPATING AGENCY'S AGENCY SECURITY COORDINATOR, continued

- Complete security training offered by the CT HMIS System Administrator. Additional duties that may be incorporated in the Agency Participation Agreement on a case-by-case basis include:
 - o Provide security training to the agency's end users based on Security training provided to the Agency Security Coordinator by the CT HMIS System Administrator.
 - Any security-related questions from Agency staff will be communicated to CT HMIS Lead Agency via the Agency Security Coordinator, consistent the CT HMIS policies and procedures.

CT HMIS Lead Agency will coordinate training and technical assistance for Agency Security Coordinators.

Written: 10/2005 Revised: 07/2013

POLICY 109: LICENSED END USER

Approved:

···

Policy:

All individuals at the CT HMIS Lead Agency, CT HMIS System Administrator and at the Participating Agency levels who require legitimate access to the software system will be granted such access after training and agency authorization. Individuals with specific authorization can access the system software application for the purpose of conducting data management tasks associated with their area of responsibility.

Procedure:

- The CT HMIS Systems Administrator agrees to authorize use of the CT HMIS only to users
 who have received appropriate training, and who need access to the system for technical
 administration of the system, report writing, data analysis and report generation, back-up
 administration or other essential activity associated with carrying out CT HMIS
 responsibilities.
- The Participating Agency agrees to authorize use of the CT HMIS only to users who need
 access to the system for data entry, editing of consumer records, viewing of consumer
 records, report writing, administration or other essential activity associated with carrying
 out participating agency responsibilities.

Licensed End User Requirements:

- Licensed End Users are any persons who use the CT HMIS software. They must be aware
 of the data's sensitivity and take appropriate measures to prevent unauthorized
 disclosure.
- Licensed End Users are responsible for protecting institutional information to which they have access and for reporting security violations.
- Licensed End Users must comply with the data security policy and standards as described and stated by the Agency.
- Licensed End Users must stay current with software modifications, policy and procedure updates, and security protocols.
- Licensed End Users are expected to work collaboratively with HMIS Data Coordinators and Agency Security Coordinators, to maximize system functionality and data accuracy and relevance.
- Licensed End Users are accountable for their actions and for any actions undertaken
 with their usernames and passwords. Licensed End Users must advise the Agency
 Security Coordinator, HMIS Data Coordinator (and/or CT HMIS System Administrator) if
 their passwords are compromised.
- Contractors, volunteers, interns and others who function as staff, whether paid or not, are bound by the same Licensed End Users responsibilities and rules set forth in this manual.

SECTION 1: CONTRACTUAL REQUIREMENTS AND ROLES Written: 10/2005

Revised: 08/2013

POLICY 110: TRAINING SCHEDULE Approved:

Policy:

CT HMIS Lead Agency will coordinate training for system users. CT HMIS Lead Agency may contract with the CT HMIS System Administrator or other entities that are qualified to provide the appropriate training. Different levels of training are required for level of access and roles such as Systems Administrators, HMIS Data Coordinators, Agency Security Coordinators and Licensed End Users. Training will occur on a regular basis. The schedule of trainings will be published by the CT HMIS Lead Agency.

Procedure:

All system users must have a license and have successfully completed training that is required for the level of access prior to use of the system.

Written: 10/2005 Revised: 07/2013

POLICY 111: AMENDING POLICIES AND PROCEDURES

Approved:

Policy:

These Policies and Procedures may be amended. It is expected that information will be added, removed and altered as necessary.

Procedure:

Each Continuum has representation on the CT HMIS Steering Committee. Any changes suggested by any party in the Continuum may be presented by a member of the CT HMIS Steering Committee or any CT HMIS Lead Agency staff member to the CT HMIS Steering Committee. Suggestions will be handled and recommendations for action will be made according to the CT HMIS Steering Committee procedure for making decisions.

SECTION 1: CONTRACTUAL REQUIREMENTS AND ROLES Written: 07/2013

Revised:

POLICY 113: DISASTER RECOVERY PLAN Approved:

Policy:

The CT HMIS System Administrator will maintain a current Disaster Recovery Plan.

Procedure:

The CT HMIS Steering Committee will set a schedule and procedures for reviewing the Disaster Recovery Plan.

SECTION 2: PARTICIPATION REQUIREMENTS

SECTION 2: PARTICIPATION REQUIREMENTS

Written: 10/2005 Revised: 07/2013

POLICY 201: PARTICIPATION AND IMPLEMENTATION REQUIREMENTS

Approved:

Policy:

In order to participate in CT HMIS Participating Agencies must sign the CT HMIS Memorandum of Understanding (MOU), meet the minimum criteria stated within the MOU, and comply the CT HMIS Policies and Procedures.

Procedure:

Participating Agencies are responsible for the following responsibilities whether discharged by employed personnel or through contract:

- a) Compliance and self-certification thereof, with all policies, procedures and agreements through mechanisms established by the CT HMIS Steering Committee (see CT HMIS Memorandum of Understanding, Exhibits A and B)
- b) Collecting and entering data into CT HMIS as per these policies and procedures
- c) Ensuring end users of the program level HMIS compliant system are adhering to the privacy and confidentiality requirements
- d) Ensuring end-user participation in trainings
- e) Participating in CoC meetings and other initiatives of their CoC(s)
- f) Assigning qualified personnel to support initiatives such as the ECM software implementation
- g) Produce all necessary HUD reports, e.g. APR, ESG.

The CT HMIS Lead Agency or its designee will monitor Participating Agency compliance with these policies and procedures and can verify Self-Certifications via site visits. Participating Agencies must self-certify that Administrative and Security Checklist requirements are met.

SECTION 2: PARTICIPATION REQUIREMENTS

Written: 10/2005 Revised: 07/2013

POLICY 202: CT HMIS LEAD AGENCY DATA SECURITY RESPONSIBILITY

Approved:

Policy:

CT HMIS Lead Agency will manage the contractual relationship with a third party software vendor who will in turn continue to develop, implement and maintain all components of operations of the web-based system including a data security program.

Procedure:

The CT HMIS Lead Agency, in consultation with the CT HMIS Steering Committee, will:

- Develop the Security Plan;
- Implement its standards; and
- Require compliance.

Access to areas containing statewide CT HMIS equipment, data, and software will be secured. All client-identifying information will be strictly safeguarded in accordance with appropriate technical safeguards. All data will be securely protected to the maximum extent possible. Ongoing security assessments to include penetration testing will be conducted on a regular basis.

The scope of security includes:

- Technical safeguards;
- Physical safeguards, including, but not limited to locked doors;
- Network protocols and encryption standards such as https/ssl encryption (an indicator of encryption use); and
- Client data security (Data Encryption).

A CT HMIS Security Officer will be assigned by the CT HMIS Lead Agency to monitor the CT HMIS Security Plan, and monitor compliance by Participating Agencies and Licensed End Users, in collaboration with the CT HMIS System Administrator.

SECTION 2: PARTICIPATION REQUIREMENTS

Written: 10/2005 Revised: 08/2013

POLICY 205: STATEWIDE DATA SHARING REQUIREMENT

Approved:

Policy:

Multiple funders of programs that provide services to homeless individuals and families require a standardized data collection system (HMIS). HUD and other funders mandate data sharing among Participating Agencies. CT HMIS is compliant with this requirement and all Participating Agencies must follow data sharing policy and procedures. In addition, Participating Agencies must follow Privacy and Informed Consent procedures as outlined in relevant policies.

Procedure:

Participating Agencies must ensure that all Licensed End Users are aware of the Statewide Data Sharing Requirement and understand the benefits and need for confidentiality, inform consumers of their options and have the proper internal policies and procedures to protect consumer data.

Participating Agencies must inform each consumer whose record is included in the CT HMIS that data in the system is shared. Each consumer must authorize the inclusion of their information in the system through the written consumer consent and release of information form to have data shared at the level they determine (Attachment). Consumer consent and privacy policies must be followed.

SECTION 2: PARTICIPATION REQUIREMENTS Written: 10/2005

Revised: 08/2013

Approved:

POLICY 207: CONFIDENTIALITY, INFORMED CONSENT TO ENTER DATA AND SYSTEM WIDE RELEASE OF INFORMATION

.....

Policy:

Each consumer must authorize the inclusion of their information in the CT HMIS system through the written consumer consent and release of information form. This authorization determines the level of data to be included and shared.

Procedure:

Informed Consent: Includes both an <u>oral explanation</u> and <u>written consumer consent</u> for each consumer.

<u>Oral Explanation</u> All consumers will be provided an oral explanation of CT HMIS. The Participating Agency will provide an oral explanation of CT HMIS and the terms of consent. The agency is responsible for ensuring that this procedure takes place prior to every consumer interview. The Oral Explanation must contain the following information: (Sample script Attachment)

- 1. Explanation of CT HMIS:
 - Computer based information system that homeless services agencies across the state use to capture information about the persons they serve
- 2. Why the agency uses it:
 - To understand their consumers' needs
 - Help the programs plan to have appropriate resources for the people they serve to inform public policy in an attempt to end homelessness
 - Federal mandate that all HUD funded homeless providers must enter data into an electronic system and capture universal data elements

3. Security

 Only staff who work directly with consumers or who have administrative responsibilities can look at, enter, or edit consumer records

4. Privacy Protection

- No information will be released to another agency without written consent
- Consumer has the right to not answer any question, unless entry into a program requires it
- Consumer information is transferred in an encrypted format to CT HMIS
- Consumer has the right to know who has added to, deleted, or edited their CT HMIS electronic record
- Information that is transferred over the web is through a secure connection

- 5. Benefits for consumers.
 - Case manager tells consumer what services are offered on site or by referral through the assessment process
 - Case manager and consumer can use information to assist consumers in obtaining resources that will help them find and keep permanent housing

Written Consumer Consent to Enter Data:

Each consumer must provide written permission to authorize the agency to enter information into CT HMIS. (Attachment)

<u>Written Consumer Release to Share Data</u>: Each Consumer whose record is being shared electronically with another Participating Agency must agree via a written consumer release of information form to have their data shared. A consumer must be informed what information is being shared and with whom it is being shared. A consumer must also be informed of the expiration date of the consent. (Attachment)

Verbal Consent and Release of Information for telephone based resource access:

<u>Information Release</u>: The Participating Agency agrees not to release consumer identifiable information to any other organization pursuant to federal and state law without proper consumer consent.

<u>Federal/State Confidentiality Regulations</u>: The Participating Agency will uphold Federal and State Confidentiality regulations to protect consumer records and privacy. In addition, the Participating Agency will only release consumer records with written consent by the consumer, unless otherwise provided for in the regulations.

- 1. The Participating Agency will abide specifically by the Federal confidentiality rules regarding disclosure of alcohol and/or drug abuse records.
- The Participating Agency will abide specifically by State of Connecticut general laws
 providing guidance for release of consumer level information including who has access
 to consumer records, for what purpose and audit trail specifications for maintaining a
 complete and accurate record of every access to and every use of any personal data by
 persons or organizations.

<u>Encryption</u>: The Participating Agency understands that all consumer identifiable data is to be made inaccessible to unauthorized users.

SECTION 2: PARTICIPATION REQUIREMENTS Written: 10/2005
Revised: 07/2013

POLICY 208: INFORMATION SECURITY PROTOCOLS Approved:

Policy:

To protect the confidentiality of the data and to ensure its integrity at the site whether during data entry, storage and review or any other processing function, at a minimum, a Participating Agency must develop and have in place appropriate rules, protocols or procedures.

Procedure:

Participating Agency rules, protocols or procedures must address each of the following:

- Assignment of user accounts
- Unattended workstations
- Physical access to workstations
 - o The implementation of hardware and/or software firewall to secure local systems/networks from malicious intrusion.
- Use of Antivirus Software, including the automated scanning of files as they are
 accessed by users on the system where the HMIS application is housed as well as
 assuring that all consumer systems regularly update virus definitions from the software
 vendor.
- Password complexity, expiration, and confidentiality
- Policy on licensed users access which includes not sharing accounts
- Consumer record disclosure, confidentiality and release of information
- Report generation, disclosure and storage
- Maintain and routinely monitor all system access logs for systems which have access to HMIS data.
- Additional requirements as established by the CT HMIS Steering Committee.

Each Participating Agency will participate in annual compliance reviews conducted by the CT HMIS System Administrator.

SECTION 2: PARTICIPATION REQUIREMENTS Written: 07/2013

Revised: Approved:

POLICY 210: Compliance Review Approved:

Policy:

Each Participating Agency will participate in annual compliance reviews conducted by the CT HMIS System Administrator.

Procedure:

Participating Agency will participate in the Annual Administrative Certification Process. This may include a completed and certified Annual Administrative Certification Checklist, attached in the CT HMIS Memorandum of Understanding as Exhibit A; and Annual Security Certification Checklist, attached in the CT HMIS Memorandum of Understanding as Exhibit B.

- Agencies seeking first-time access to CT HMIS will be granted access to CT HMIS when all Administrative and Security requirements as outlined in Exhibits A and B have been self-certified as being met.
- Agencies established on CT HMIS that in any given year are unable to self-certify that all requirements are
 met will be engaged in a 45-60 day remediation process to correct any shortfall. CT HMIS access will
 continue during this period.

Any required remediation steps recommended by the CT HMIS System Administrator will be completed in a timely manner by the Participating Agency. The CT HMIS Lead Agency will monitor compliance and remediation steps.

The Participating HMIS Agency shall appoint an HMIS Data Coordinator (HDC) responsible for all duties specified in Exhibit A and any additional relevant duties that may be established by the CT HMIS Steering Committee.

The Agency shall appoint a Participating HMIS Agency Security Coordinator responsible for all duties specified in Exhibit B and any additional relevant duties, such as providing security trainings to Agency staff.

No exceptions can be made for any Agency that has indicated in Exhibit A or B of this Agreement that it does not, at the time of execution of this Agreement, meet all requirements for participation in the CT HMIS. Consistent with CT HMIS Policies and Procedures, Agency shall resolve the issues. First time Agency users of CT HMIS must resolve the issues in order to be granted access to the CT HMIS system. Agencies that already have access will work with the CT HMIS System Administrator in a 45-60 day remediation process to resolve identified issues.

SECTION 2: PARTICIPATION REQUIREMENTS Written: 07/2015

Revised:

POLICY 211: CT HMIS RETRAINING Approved: 07/2015

Policy:

Agencies with CT HMIS users who are in need of retraining will adhere to the guidelines outlined in the procedure of this policy.

Procedure:

Identification of users who are in need of retraining is based on the following criteria:

- User has not logged into the system in the first 45 days from their initial training
- User has generated three or more helpdesk tickets about the same or similar issue that is unrelated to system performance in a 60 day period
- User has used four or more hours of help desk support in a month for issues unrelated to system performance
- The CoC may also request a re-train of an agency with consistently low UDE and/or ESG performance

When a retraining is necessary, the user(s) will be notified that they must register and attend the appropriate training for their project type within 45 days. The user(s) agency HDC and Executive Director on record with the CT HMIS System Administrator will also be notified of the request and reason for the retraining.

Noncompliance with registration and completion of a training session within the 45 day timeframe will result in the user(s) CT HMIS access being made inactive.

SECTION 2: PARTICIPATION REQUIREMENTS Written: 05/2016

Revised:

POLICY 212: CT HMIS TRAINING NO SHOW POLICY Approved: 06/2016

Policy:

CT HMIS trainings are currently provided at no cost to CT HMIS users or potential users. Agencies with new staff, or with existing CT HMIS users who are in need of retraining will adhere to the guidelines outlined in the procedure of this policy.

Procedure:

Definition of "No Show": A no show occurs when an individual who has registered for an inperson CT HMIS training does not attend and fails to notify the system administrator within 1 full business day in advance of their absence. Training confirmation will be sent from the CT HMIS system administrator, and will include the contact information for whom to contact if the individual cannot attend the training for any reason. If there is an extenuating circumstance that prevents someone from attending training, the fee may be waived if the individual's supervisor alerts the system administrator.

If an individual is a no show for training, their organization will be charged a no-show fee according to the following schedule:

• First occurrence per organization: \$50

• Subsequent occurrences: \$150 per incident

Monthly, the CT HMIS system administrator will provide the CT HMIS Lead Organization with a list of individuals who were no shows — and the CT HMIS Lead Organization will issue the invoices to the appropriate organizations. Funds collected will generally be used to enhance the CT HMIS training environment and will be allocated by the CT HMIS Data Quality Management sub-Committee of the CT HMIS Steering Committee. If an agency has an outstanding fee for CT HMIS training no-shows for over 60 days, the agency will not be able to register new individuals for CT HMIS trainings until all fees are paid.

SECTION 3: DATA QUALITY

SECTION 3: DATA QUALITY Written: 10/2005

Revised: 07/2013

POLICY 301: MINIMUM REQUIRED DATA ELEMENTS Approved:

Policy:

The CT HMIS Steering Committee will identify minimum required data elements that are required for every Participating Agency to complete.

The CT HMIS includes data elements that U.S. Department of Housing and Urban Development (HUD) has identified are required, as documented in the Federal Register. For programs that do not have HUD reporting requirements, HUD states that the standards are optional but recommended for CoC's to obtain consistent information. In addition to the HUD required data elements, there are program-specific data elements that are recommended and may be added to funder reports in the future.

Procedure:

The CT HMIS System Administrator will maintain a current data dictionary, located on the CT HMIS website:

Link to file page

http://www.cthmis.com/files/file_detail/1919/

Link is also available off of the main conversion page http://www.cthmis.com/information/info detail/category/ct hmis conversion/

The CT HMIS Steering Committee may include additional data elements to facilitate reporting for other programs funded in addition to HUD, by organizations including various state agencies such as DSS, DOH, DHMAS, UNITED WAY, and the CT HMIS itself.

SECTION 3: DATA QUALITY Written: 10/2005

Revised: 05/2014

POLICY 302: Data Quality Management Plan

Approved:

Policy:

The CT HMIS has a multi-faceted data quality management strategy.

The CT-HMIS Steering Committee Bylaws require a Data Quality Management Subcommittee which is charged with implementing and monitoring the Data Quality Management (DQM) Plan, making recommendations and reporting on a periodic basis. The DQM plan will include policies and procedures, indicators and targets, monitoring components and periodic review of the plan itself, on a schedule determined by the sub-committee and approved by the Steering Committee.

Participating Agencies are required to enter data into the system in a timely, complete, and accurate manner. This policy outlines the procedures for adherence to the CT HMIS Data Quality standards including the following elements; Timeliness, Completeness, Accuracy/Consistency, Monitoring, and Incentives/Enforcement.

Participating Agencies are required designate an HMIS Data Coordinator (HDC) who is trained on the software and how to run and review program level reports (including data quality). This person is local contact for agency staff and is usually the most knowledgeable person. The HDC is responsible for adherence to the following Data Quality Standards.

Procedure:

The Data Quality Management Plan is based on establishment of and adherence to Data Quality Standards, including the following:

• Timeliness:

Data entry should be current within the scheduled number of days from intake, exit, service provision, or any other client interaction which necessitates any form of data entry. The timeliness schedule is determined by type of program and client contact.

To ensure data is accessible for agency, community level, and funder reporting as well as to improve data accuracy. Reducing the time period between data collection and data entry will increase the accuracy and completeness of client data. The schedule of timeliness standards will be available on the projects website.

• Completeness:

A current HUD standard of completeness rate, typically 95%, for all CT HMIS participating organizations and HUD funded homeless projects is established and expected.

To ensure that CT HMIS can accurately describe the clients and services provided to clients who are accessing services, a complete and accurate client record is critical for program level reporting, for the use of data in any community level reporting, as well as for HUD required processes such as NOFA and AHAR.

Accuracy/Consistency:

HDCs are responsible for monitoring the data entry accuracy and consistency of CT HMIS approved data collection tools at their agency level. The CT HMIS Steering Committee and Continuum of Care entities are responsible for approving the data entry collection tools.

HDCs also monitor the use of the system by approved users, ensuring that users meet the requirements set by their agency, and are appropriately trained in the CT HMIS system and policies before starting access.

All CT HMIS users must attend training before they are allowed to enter any data into the CT HMIS system. Training includes methods to navigate the system and how to understand the intent of each question asked, to ensure that the data being collected is based on a clear understanding of the question and response options.

Each Participating Agency must adhere to their own internal policies for conducting logic checks to validate the accuracy of the data in its program-level system and regularly compare data elements to available paper records and updating/correcting missing or inaccurate data. Users must be authorized and trained in order to use the CT HMIS system.

Monitoring:

The CT HMIS lead organization is responsible for the generation of a monthly statewide report that measures data quality for the previous month. This report focuses on the past month's total active clients, as well as the data quality for those clients. This statewide data quality report is posted on the project website (www.cthmis.com). Agency HDC's are expected to review and make corrections to the data as needed.

In addition to the data quality report, Continuum and Agency dashboards that highlight both data quality and data completeness are completed on a monthly basis. Data Elements that do not adhere to the CT HMIS Data Quality Standards are highlighted, and the agencies or continuums determine action plans to address concerns. The CoC's are expected to have a data evaluation plan in place.

• Incentives/Enforcement:

The Data Quality Management Committee is charged with the creation, implementation, and maintenance of a Data Quality Management Plan that will recognize and provide positive incentives to outstanding performers, as well as develop corrective action and remediation plans as needed.

RECOGNITION:

Participating Agencies that meet the data quality benchmarks will be periodically recognized by the CT HMIS Steering Committee, and their respective Continuum of Care. CT HMIS participating agencies that do not adhere to the minimum data entry standards set forth herein will be notified of their deficiencies and provided with specific information regarding the nature of the deficiencies and methods by which to correct them.

REMEDIATION ENFORCEMENT:

CT HMIS Data Quality Management Plan will establish a schedule for working with Participating Agencies that are determined to need to correct identified data quality issues. In the corrective action time period, training will be offered to agencies as needed for them to remain compliant with the minimum data entry standards. When there is any progressive discipline for any CT HMIS participating organization, the programs HDC and Director, as well as the CoC leadership and the CT HMIS Steering Committee will all be alerted. CT HMIS participating agencies continuing to perform below the established Data Quality Standards may have their CT HMIS access restricted or suspended, as determined by the CT HMIS Steering Committee, until such time as agencies demonstrate that compliance with minimum data entry standards can be reached.

Continuous Improvement:

- Statewide HDC webinars are facilitated each month by the CT HMIS Statewide
 Administrator; this call focuses on changes to the system and common problems that are reported via the CT HMIS Help Desk and data quality reports.
- The Statewide Lead Agency reviews data on a quarterly basis and will report anomalies as they are discovered to the CT HMIS Steering Committee. The CT HMIS Steering Committee with review and may make the decision follow the recommendations of the Data Quality Management Committee regarding anomalies. The CT HMIS Data Quality Management Committee will conduct continuous quality improvement activities and periodic review of the plan and its implementation, with the oversight of the CT HMIS Steering Committee.

SECTION 4: USER, LOCATION, PHYSICAL AND DATA ACCESS

SECTION 4: USER, LOCATION, PHYSICAL and DATA ACCESS

Written: 10/2005 Revised: 07/2013

POLICY 401: ACCESS LEVELS FOR LICENSED END USERS

Approved:

.....

Policy:

Licensed User Levels are designated by the CT HMIS System Administrator. Licensed User accounts will be created and deleted by the CT HMIS System Administrator with approval by the Participating Agency's Executive Director and/or designee.

Procedure:

CT HMIS Licensed End Users designation is based on the access level a user needs to perform their job responsibilities. The determination of an individual's access level should be need-based.

The Participating Agency will designate a representative to facilitate registering Licensed End Users with CT HMIS. This will either be the HMIS Data Coordinator (HDC) or Agency Security Coordinator.

A Participating Agency must require each member of its staff (including employees, volunteers, affiliates, contractors and associates) to sign a Licensed End User Agreement upon successful completion of CT HMIS training, and to comply with the Licensed End User Agreement requirements.

SECTION 4: USER, LOCATION, PHYSICAL and DATA ACCESS

Written: 10/2005 Revised: 07/2013

POLICY 403: ACCESS TO CONSUMER PAPER RECORDS

Approved:

Policy:

Agencies shall follow their existing policies and procedures and applicable local, state and federal regulations for access to consumer records on paper.

Procedure:

Each agency must secure any paper or other hard copy containing Personal Protect Information (PPI) that is either generated by or for HMIS, including, but not limited to reports, data entry forms and signed consent forms.

All paper or other hard copy generated by or for HMIS that contains PPI must be directly supervised when the hard copy is in a public area. When agency staff are not present, the information must be secured in areas that are not publicly accessible. Written information specifically pertaining to user access (e.g., username and password) must not be stored or displayed in any publicly accessible location. Users are prohibited from storing client-level data on any personally owned media or devices.

SECTION 4: USER, LOCATION, PHYSICAL and DATA ACCESS Written: 08/2015

Revised:

POLICY 404: CASE NOTE DELETION IN CT HMIS Approved: 11/2015

Policy:

To protect the integrity of the case notes recorded in the system Participating Agencies do not have the ability to delete case notes after they have been saved. The guidelines outlined in the procedure of this policy are to be adhered to when it is necessary for a case note to be deleted from the system.

Procedure:

Participating Agencies are required designate an HMIS Data Coordinator (HDC) who is trained on the software and will be the only designee at a Participating Agency who may request the deletion of a case note.

When a case note has been identified by a Participating Agency – the agency staff must work with the HDC to initiate the request for the deletion of the case note. The procedure for requesting a deletion would be handled by the HDC through the CT HMIS Help Desk. Information to be included in the deletion request is the HMIS ID of the client record the case note is associate with, the date the case note was created, and the reason for the deletion request.