Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

 As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 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.

 Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.
 Answering Multi-Part Narrative Questions
 Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

 Attachments
 Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.
- Attachments must match the questions they are associated with–if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.
- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program
Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC
Application score by giving specific guidance on how to respond to many questions and
providing specific information about attachments you must upload
 - 24 CFR part 578

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: CT Coalition to End Homelessness

1B. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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1B-1.	**Inclusive Structure and Participation–Participation in Coordinated Entry.**
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.

	In the chart below for the period from May 1, 2020 to April 30, 2021:
1.	**select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or**
2.	**select Nonexistent if the organization does not exist in your CoC's geographic area:**

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC's Coordinated Entry System
1.	**Affordable Housing Developer(s)**	Yes	Yes	Yes
2.	**Agencies serving survivors of human trafficking**	Yes	Yes	Yes
3.	**CDBG/HOME/ESG Entitlement Jurisdiction**	Yes	Yes	Yes
4.	**CoC-Funded Victim Service Providers**	Yes	Yes	Yes
5.	**CoC-Funded Youth Homeless Organizations**	Yes	Yes	Yes
6.	**Disability Advocates**	Yes	Yes	Yes
7.	**Disability Service Organizations**	Yes	Yes	Yes
8.	**Domestic Violence Advocates**	Yes	Yes	Yes
9.	**EMS/Crisis Response Team(s)**	Yes	Yes	Yes
10.	**Homeless or Formerly Homeless Persons**	Yes	Yes	Yes
11.	**Hospital(s)**	Yes	Yes	Yes
12.	**Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)**	Yes	Yes	Yes
13.	**Law Enforcement**	Yes	Yes	Yes
14.	**Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates**	Yes	Yes	Yes
15.	**LGBT Service Organizations**	Yes	Yes	Yes
16.	**Local Government Staff/Officials**	Yes	Yes	Yes
17.	**Local Jail(s)**	Yes	Yes	Yes
18.	**Mental Health Service Organizations**	Yes	Yes	Yes

19.	**Mental Illness Advocates**	Yes	Yes	Yes
20.	**Non-CoC Funded Youth Homeless Organizations**	Yes	Yes	Yes
21.	**Non-CoC-Funded Victim Service Providers**	Yes	Yes	Yes
22.	**Organizations led by and serving Black, Brown, Indigenous and other People of Color**	Yes	Yes	Yes
23.	**Organizations led by and serving LGBT persons**	Yes	Yes	Yes
24.	**Organizations led by and serving people with disabilities**	Yes	Yes	Yes
25.	**Other homeless subpopulation advocates**	Yes	Yes	Yes
26.	**Public Housing Authorities**	Yes	Yes	Yes
27.	**School Administrators/Homeless Liaisons**	Yes	Yes	Yes
28.	**Street Outreach Team(s)**	Yes	Yes	Yes
29.	**Substance Abuse Advocates**	Yes	Yes	Yes
30.	**Substance Abuse Service Organizations**	Yes	Yes	Yes
31.	**Youth Advocates**	Yes	Yes	Yes
32.	**Youth Service Providers**	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.	CT Housing Finance Agency	Yes	Yes	Yes
34.	US Department of Veterans Affairs	Yes	Yes	Yes

1B-2.	**Open Invitation for New Members.**	
	NOFO Section VII.B.1.a.(2)	

	Describe in the field below how your CoC:
1.	**communicated the invitation process annually to solicit new members to join the CoC;**
2.	**ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;**
3.	**conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and**
4.	**invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).**

(limit 2,000 characters)

1) Public invitations to join the CoC are announced via email blast (to over 400 ppl) & the CoC website at least twice/year for semi-annual mtgs. Anyone can join the CoC at any time & sign up for multiple free email listservs via the CoC website. All CoC Steering Committee (SC), Coordinated Access Networks (CAN) & Reaching Home (RH) (CoC's Board) work groups are open to the public. Mtg materials are posted on the CoC & the RH websites at least monthly. Each CoC meeting announcement goes out to over 400 ppl & RH email newsletter is sent to 2500 ppl. 2)The CoC posts a commitment to Section 508 compliance on its website, has updated the website & content reflecting same, & publishes documents in accessible format ensuring effective communication with ppl w/disabilities. Interpreters (including sign language), TRS phone services & large print materials are available as needed. 3)The Consumer Leadership Involvement Project (CLIP) (est. 2020) has conducted outreach (more in #4 below) to various communities to ensure persons w/ lived experience (PLEs) are encouraged to join the CoC as voting members of the SC & to join the CANs & workgroups, ensuring input into day-to-day activities & policies. CoC Board & SC have PLEs as voting members, w/the SC changing

the bylaws expanding to 6 PLE reps. In 2021, the CoC funded a position for a PLE fellow via CLIP. The CoC has a Youth Advisory Board (YAB) & every CAN has a Youth Engagement Team Initiative (YETI) including young adult PLEs. CT Coalition to End Homelessness, Dept of Housing & Corporation for Supportive Housing conduct outreach to ensure that the YAB, YETIs, CANs & SC have engaged consumers. 4)The CoC & RH listservs include orgs serving culturally specific groups (i.e., BIPOC, LGBTQ+, & persons w/disabilities) w/PLE to address equity. As a part of the CoC's participation in the HUD Race Equity Demo, the CoC has reached out to culturally specific orgs to address equity & be more representative of the homeless population.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	

	Describe in the field below how your CoC:
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,000 characters)

1)The CoC solicited & considered input from a broad array 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, Coordinated Access Network (CAN) Workgroup, Resources, Data/Accountability, Prevention, Sustainability, Health/Housing & Veterans Workgroups). The SC, which includes 8 state/federal agencies, 12 (CAN) representatives for 6 different regions, 5 advocacy organizations & 2 (expanding to 6) people w/lived expertise in homelessness (PLE), holds open public monthly meetings. Most committees meet monthly. Participants include ppl/organizations with extensive knowledge of homelessness from the housing, health, education, employment, DV, food insecurity, advocacy, philanthropy, faith, business, government & non-profit sectors & PLE, including youth. The CoC communicates critical information & seeks stakeholder & public input on policies, evaluation methodologies & other decisions via an email listserv, website postings & semi-annual meetings. The broad array of stakeholders described above provide feedback on policy proposals, CoC performance, resource allocation & other important topics which is considered for policy & procedure development, resource allocation, etc. 2) All CoC meetings are public. Since the pandemic's onset, SC meetings convene via Zoom. Announcements of public forums & comment opportunities are disseminated through the Reaching Home (2500+ recipients) & CoC (400+ recipients) email listservs. 3) The CoC considers input to address new approaches/improvements as follows: committees (including all listed above) convene stakeholders, synthesizing & presenting their feedback to the SC (for example, CAN reps gather input from other regional stakeholders, summarize & report back); 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.

1B-4.	Public Notification for Proposals from Organizations Not Previously Funded.	
	NOFO Section VII.B.1.a.(4)	

	Describe in the field below how your CoC notified the public:
1.	that your CoC's local competition was open and accepting project applications;
2.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
3.	about how project applicants must submit their project applications;
4.	about how your CoC would determine which project applications it would submit to HUD for funding; and
5.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

(limit 2,000 characters)

1)The CoC notified the public about the request for applications by distributing the application for new projects via its website, listserv (400+ persons) & websites/listservs of other statewide organizations. Anyone can join the CoC's email list via the web. The application was also posted on Facebook. The notice reached hundreds of organizations. 2) Application instructions (publicly posted and linked to emails) 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. 3) Written instructions and a live, publicly accessible, webinar (recorded and posted to CoC website: https://www.ctbos.org) provided a deadline, steps for application submission, detailed instructions/information, and opportunity for question/answer to ensure accessibility of the process to all organizations, including those not previously funded. 4) The CoC notified the public about how applications were chosen for submission to HUD in the publicly posted application instructions and scoring rubric, and explained in a public webinar, which was also posted to the CoC website. 5) The CoC has implemented a plan to ensure accessible communication, posting a statement on the website regarding commitment to Section 508 electronic format accessibility. The website has been remediated and documents posted/published have been reviewed to meet accessibility requirements. The new project application instructions, along with submission instructions were reviewed for accessibility prior to distribution. The webinar included visual and audio guidance on applicant eligibility, instructions on application completion and submission. Interpreters (including sign language), TRS phone services & large print materials are available as needed

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.B.1.b.	

	In the chart below:	
1.	select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
2.	select Nonexistent if the organization does not exist within your CoC's geographic area.	

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	**Coordinates with Planning or Operations of Projects**
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBT persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.	U.S. Department of Veterans Affairs	Yes

1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

	Describe in the field below how your CoC:
1.	consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.

(limit 2,000 characters)

1)ESG recipients include the CT Department of Housing (DOH) & the jurisdictions of Waterbury, Hartford & New Haven. At Steering Committee (SC) meetings, 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 BOS SC mtgs and COVID-19 Office Hours, the CoC provides feedback on resources needed and weighs in on the allocation of ESG-CV funds and DOH reports out on the status of the ESG-CV spending. At the April 2021 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 Coordinating Committee. 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 2021 HIC/PIT homeless counts for inclusion in Con Plan updates for all 17 Con Plan jurisdictions & regions covered by the State Con Plan. 4) 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 info is communicated & addressed in Con Plan updates.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section VII.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported gender:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	Yes
6.	Other. (limit 150 characters)	
	Newly created staff position at CT Coalition to End Homelessness to ensure compliance	Yes

1C-4.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, Local Liaisons & State Coordinators.	
	NOFO Section VII.B.1.d.	

	Describe in the field below:
1.	how your CoC collaborates with youth education providers;
2.	your CoC's formal partnerships with youth education providers;
3.	how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);
4.	your CoC's formal partnerships with SEAs and LEAs;
5.	how your CoC collaborates with school districts; and
6.	your CoC's formal partnerships with school districts.

(limit 2,000 characters)

1) 211, each Coordinated Access Network (CAN) & all CoC ES, TH, PH family & youth providers refer to youth education programs including: Bridge Family Center, YWCA Greater Hartford, Marshall House & the Right Place 2) The CoC 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 & flexibility on enrollment requirements. MOUs &/or contracts with the following providers: TVCCA Early Childhood Head Start, Madonna Place, and ACES Early Childhood 3) The CoC collaborates with LEAs & SEAs: 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 (BOE) 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 & attend school meetings with teachers & counselors.4) CoC formal partnership is w/CT DOE (SEA); DOE staff is on Board of Reaching Home (CTBOS board) & the CT BOS Steering Committee & provides training to CoC members on educational resources & the rights of & services for homeless students. 5) CoC collaborates with school districts: BOE staff 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 & attend school mtgs with teachers & counselors. Liaisons, homeless service providers & school counselors collaborate to resolve barriers to school attendance & access to educational & homeless services for students receive training & resource information.6) the CoC has partnerships w/dozens of school districts to collaborate on the youth homeless count. CoC providers have MOUs w/Meriden Schools to support homeless youth & provide

case management.

1C-4a.	CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.	
	NOFO Section VII.B.1.d.	

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational 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 w/children & youth of those rights & eligibility at intake & as necessary. The policy requires that Coordinated Access Networks 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 projects designate a staff person responsible for: helping participants to understand their educational rights; ensure enrollment in school & early childhood education; ensure that students get access to all services, programs, & extracurricular activities for which they are eligible; & ensure that children & young adults receive the required transportation services. The policy also requires that programs take 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 programs ensure 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 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 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 & youth, describing educational rights & providing contact info for people who can assist in accessing services. The CoC provides annual training on policies & monitors compliance through its CoC & PATH monitoring programs. Lou Tallerita from CT DOE is a SC member & provides guidance on educational services for persons experiencing homelessness.

1C-4b.	CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	Yes	No
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	Yes	No
4.	Early Head Start	Yes	No

5.	**Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)**	No	Yes
6.	**Head Start**	Yes	No
7.	**Healthy Start**	No	Yes
8.	**Public Pre-K**	No	No
9.	**Tribal Home Visiting Program**	No	Yes
	Other (limit 150 characters)		
10.	ACES Regional Early Childhood Council	Yes	No

1C-5.	**Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Annual Training–Best Practices.**	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC coordinates to provide training for:	
1.	**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 indicate the frequency of the training in your response (e.g., monthly, semi-annually); 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 and indicate the frequency of the training in your response (e.g., monthly, semi-annually).**	

(limit 2,000 characters)

1) CT Coalition Against Domestic Violence (CCADV) provides high-quality training to CoC project staff. Through the CCADV Training Institute, CoC project staff receive comprehensive training on increasing victims' safety and planning protocols, enhancing advocacy skills, coordination of services, and others using trauma-informed and victim-centered methodologies. The CoC via CCADV provides training to CoC project staff on trauma informed care and victim-centered services at least annually. These were attended by 126 CoC project staff. Partners from CCADV, CT Coalition to End Homelessness, CT Dept. of Children and Families, CT Children's Medical Center also provided training semi-annually to CoC project staff on COVID-related safety, best practices and planning for survivors using a trauma-informed and victim centered lens. 2) The CoC via CCADV provides training to Coordinated Access Network (CAN) staff on trauma informed care and victim-centered services at least annually. Trainings include: semi-annual safety planning and annual victim centered care, and the semi-annual COVID-related survivors of DV trainings. As stated above, these trainings focused on trauma-informed and victim centered care offering strategies to increase victims' safety, provide planning protocols, enhance advocacy skills and coordinate services. The COVID-related trainings provided a specific focus on increased vulnerability related to COVID-19, how to identify survivors and strategies to plan for safety during the pandemic. Trainings highlighted the availability of Safe Connect, a statewide 24-hour hotline available to survivors and providers specializing in intimate partner violence and the provision of information, options, and services available.

1C-5a.	**Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Using De-identified Aggregate Data.**	
	NOFO Section VII.B.1.e.	

> **Describe in the field below how your 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 survivors.**

(limit 2,000 characters)

The CoC uses data from an HMIS comparable database, Efforts to Outcome (ETO). This system, 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 (to understand their demographic makeup, prior living situations, sources & amounts of employment & non-employment income, & information on disabling conditions). The CoC uses these data to inform service delivery & systemic needs. For example, data has been used to assess receipt of non-cash benefits & to identify locations from which survivors are entering the system. As a result, staff increased efforts to connect clients with benefits and the system is developing different PH prioritization criteria for survivors in shelters and in the community while factoring in risk, needs and access to services. In addition, data from this system is used to evaluate the extent to which CoC funded DV projects are 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 maintain PH. DV providers are trained on entering data into ETO to ensure data quality & compatibility with the by name list without compromising client confidentiality. The CoC uses 2 other data systems to assess survivor 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 coalition data system are also used. For example, data revealed that outside of basic needs at 22.1%, survivors identified housing as their next greatest need at 17.2%. The CoC uses the data from all three systems to assess survivors needs, understand gaps, and plan project and systems improvements.

1C-5b.	**Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Coordinated Assessment–Safety, Planning, and Confidentiality Protocols.**	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:
1.	**prioritize safety;**
2.	**use emergency transfer plan; and**
3.	**ensure confidentiality.**

(limit 2,000 characters)

The CoC's Coordinated Access Network (CAN) protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that 1)prioritize safety for survivors using practices such as same day matching when survivors need to flee quickly. Also, upon DV disclosure, CANs & providers refer households to the confidential, 24-hour DV hotline, which provides lethality screening & connection to DV shelter & other services. Survivors can opt to receive DV-specific or other services. Training on housing/services available is provided for CoC recipients including: legal, pet, financial, safety planning, CoC & ESG, DOH & DSS programs, crisis

intervention & counseling. Households choose the type & location of services they prefer & have full access to CoC resources via the CANs. 2)The CoC adopted an Emergency Transfer (ET) plan requiring all providers & CANs to use consistent procedures prioritizing safety. Survivors identifying imminent threat of violence if remaining in their current dwelling can request an ET to a new unit. All federal & state fund recipients are required to follow the ET plan. 3)In addition to access to the confidential DV hotline, CoC Staff, including CAN staff receive training in confidentiality, & trauma-informed/victim-centered modalities, & services available to survivors. Survivor households are assessed, added anonymously to the CoC's By-name-list (BNL) or, by informed choice, prioritized only for DV-specific projects. CAN Housing Match Committees partner with survivors to consider unique circumstances & determine which types of assistance best enable housing stability & safety while honoring survivor choice. Survivors may be entered into HMIS anonymously. DV providers do not enter personally identifiable information into HMIS but enter records in the comparable database. So data is gathered without compromising confidentiality. CAN protocols maintain confidentiality w/out limiting survivor access to programs.

1C-6.	**Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–Anti-Discrimination Policy and Training.**	
	NOFO Section VII.B.1.f.	

	1.	**Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?**	Yes
	2.	**Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?**	Yes
	3.	**Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?**	Yes

1C-7.	**Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.**	
	NOFO Section VII.B.1.g.	

Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf or the two PHAs your CoC has a working relationship with–if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	**Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry**	**Does the PHA have a General or Limited Homeless Preference?**	**Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?**
Connecticut Department of Housing	44%	Yes-HCV	Yes
Housing Authority of the City of New Haven	11%	Yes-HCV	No

1C-7a.	**Written Policies on Homeless Admission Preferences with PHAs.**	
	NOFO Section VII.B.1.g.	

	Describe in the field below:	
1.	**steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference–if your CoC only has one PHA within its geographic area, you may respond for the one; or**	
2.	**state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.**	

(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 the homeless set-aside for the PHA of New Haven, Elm City Communities (ECC). DOH is represented on the CoC Steering Committee and ECC 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 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 and 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 6 Coordinated Access Networks throughout the CoC 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-7b.	**Moving On Strategy with Affordable Housing Providers.**	
	Not Scored–For Information Only	

	Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:	

1.	**Multifamily assisted housing owners**	No
2.	**PHA**	Yes
3.	**Low Income Tax Credit (LIHTC) developments**	Yes
4.	**Local low-income housing programs**	No
	Other (limit 150 characters)	
5.	Emergency Housing Vouchers	Yes

1C-7c.	Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	Yes

1C-7c.1.	Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

	If you selected yes in question 1C-7c., describe in the field below:	
1.	how your CoC includes the units in its Coordinated Entry process; and	
2.	whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.	

(limit 2,000 characters)

1) The 6 Coordinated Access Networks (CANS) work closely with multiple housing authorities including the CT Department of Housing, City of New Haven, City of Hartford, and City of Waterbury Housing Authorities and have developed homeless set aside preferences in each of the PHAs. In addition, several of the PHAs have denoted that turnover units or newly available EHVs will be used for either the chronically homeless, literally homeless, or formerly homeless currently residing in PSH who ready to "Move-On" from PSH. In turn, anyone who "Moves-On" from PSH allows for the PSH project to accept someone who is chronically/literally homeless. 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. PHAs communicate directly with the By Name List Facilitator in each CAN when they have vacancies. CAN Housing Placements Teams make these options available for persons on the By-name-list and support people through the process to secure these units. In Hartford, Journey Home has a PHA CAN coordinator who works with the two PHAs in Hartford with preferences to ensure that eligible persons experiencing homelessness access the set-aside units. 2) The set-asides are documented in each of the PHA's administrative plans. In addition, CT BOS CoC has an MOU with CT Department of Housing, a PHA, for the use of Emergency Housing Vouchers.

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	Yes

1C-7d.1.	CoC and PHA Joint Application–Experience–Benefits.	
	NOFO Section VII.B.1.g.	

	If you selected yes to question 1C-7d, describe in the field below:
1.	the type of joint project applied for;
2.	whether the application was approved; and
3.	how your CoC and families experiencing homelessness benefited from the coordination.

(limit 2,000 characters)

The CoC works closely with CT Department of Housing (DOH) and collaborates on applications to bring critical housing resources to CT BOS. 1) In 2018, CT Department of Housing, a PHA in the CoC and member of the Steering Committee, applied for 72 units of Family Unification Program (FUP)Funds and in 2020 applied for 214 Mainstream Vouchers. Since the inception of CT DOH, the CoC has applied for RRH or PSH applications through the HUD CoC competition with DOH. In 2019, the CoC applied for both the RRH bonus and the DV bonus with DOH. This round, the CoC is applying for a DV Bonus TH/RRH with CT Department of Housing (DOH), as the applicant with a sub-recipient of Prudence Crandall, a seasoned DV provider, as the service provider 2) DOH was awarded the 72 units of FUP and 214 Mainstream Vouchers. The CoC was awarded both the DOH RRH bonus project and the DV Bonus project in the 2019 HUD CoC competition. 3) There are immense benefits from the coordination between DOH and the CoC on families experiencing homelessness. Because of the strong partnership along with the shared goal of ending homelessness, funding can easily be applied for; programs can get up and running quickly; barriers can be removed; and other partners can be included to ensure families experiencing homelessness receive the highest quality housing and services as they exit their homelessness. For example, CT Department of Child and Family Services (member of the CoC Steering Committee) collaborated on the FUP application and both agencies operate the program. Families benefit from the collaboration between CT Coalition to End Domestic Violence (member of the Steering Committee) and DOH in the vast expansion of DV RRH and critical services for DV survivors.

1C-7e.	**Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.**	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes

1C-7e.1.	**Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.**	
	Not Scored–For Information Only	

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes

If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.	
PHA	

CT Department of ...

1C-7e.1. List of PHAs with MOUs

Name of PHA: CT Department of Housing

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

Select yes or no in the chart below to indicate whether your 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.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1C-9.	Housing First–Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	103
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	103
3.	This number is a calculation of the 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 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1C-9a.	Housing First–Project Evaluation.	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

(limit 2,000 characters)

The CoC requires all projects to use the Housing First approach and has defined what that means by adopting Housing First principles. Those principles are aligned with and go beyond the Housing First commitments included in project applications. The Coordinated Access Networks (CANs) assess

whether projects are adhering to a Housing First approach, including prohibiting certain admission criteria and prioritizing rapid placement and stabilization in permanent housing. Projects may admit only applicants referred via a CAN and may not reject eligible applicants due to criminal history, active or past substance use, lack of income, poor credit, eviction history, reluctance to engage in services or other barriers. CANs and the State Department of Housing monitor referral and housing outcomes to ensure that eligible applicants are admitted and housed promptly. The CoC's monitoring program evaluates project compliance with its Housing First Principles by reviewing leases, policies, participant handbooks, case notes, service plans, etc. to ensure that participation in services is voluntary and that participants are not terminated due to substance use, reluctance to engage in services or treatment, lack of progress on goals, or other impermissible reasons. The monitoring team also interviews case management staff and participants to assess alignment with the Housing First model. Failure to adhere to the CoC's Housing First principles results in a finding. The monitoring team makes specific recommendations to correct the finding and, if subsequent monitoring indicates that a project is unable or unwilling to make the necessary changes, the project risks being reallocated. Through its annual renewal evaluation process, the CoC also monitors housing stabilization outcomes to ensure that participants remain housed and do not exit to homelessness.

1C-9b.	Housing First–Veterans.	
	Not Scored–For Information Only	

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	Yes

1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

	Describe in the field below:
1.	your CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2.	whether your CoC's Street Outreach covers 100 percent of the CoC's geographic area;
3.	how often your CoC conducts street outreach; and
4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

(limit 2,000 characters)

1)Statewide PATH & COVID-19 related funds are used to provide street outreach in each of 6 Coordinated Access Networks (CANs) w/additional resources for larger cities. PATH projects are required to coordinate outreach w/CANs, including development of comprehensive outreach plans. Agencies receive training, TA & are monitored yearly. Teams identify (ID) & engage unsheltered people by using assertive engagement, canvassing regularly in locations such as: streets, woods, underpasses, encampments, etc; coordinate w/ community partners (e.g. police, libraries, soup kitchens, shelters, other agencies/businesses); & maintaining a visible presence in the community. Upon ID of unsheltered persons, teams assess, refer to CANs & stay connected until

housing is obtained. Outreach teams use a client centered approach promoting choice, creating housing plans & linking clients to resources (e.g. harm reduction, physical/behavioral health, employment, benefits, etc). 2)Outreach covers 100% of CoC's area & 3) Outreach is conducted daily; M-F & weekends as needed, including early mornings & late evenings. CANs determine the most strategic schedule for their area (adjusting locations & frequency as needed). 911, 211 & mobile crisis cover after hours calls. 4)Multi-lingual outreach teams & translation services (including sign-language) ensure access for people with LEP, which is monitored. They use motivational interviewing to build trust & engage persons least likely to request assistance. The CoC website publicizes commitment to digital accessibility and the CoC ensures print materials are Section 508 compliant. It provides TRS phone service & auxiliary aids in various formats (e.g. large print, Braille) when needed. 211 provides translated materials, places advertisements for services in media outlets that are geared to all ages & racial/ethnic/linguistic populations, & conducts multi-lingual outreach at places serving high levels of those communities, LGBTQ+ people, &/or those with disabilities.

1C-11.	Criminalization of Homelessness.	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to prevent the criminalization of homelessness in your CoC's geographic area:	

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	Yes
5.	Other:(limit 500 characters)	
	Conducted data match between CT Dept. of Corrections and Homeless HMIS Data	Yes

1C-12.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.l.	

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of "Current."	1,121	1,324

1C-13.	Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization.	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.	

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	**Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)**	Yes	Yes
2.	**Private Insurers**	Yes	Yes
3.	**Nonprofit, Philanthropic**	Yes	Yes
4.	**Other (limit 150 characters)**		
	Access CT	Yes	Yes

1C-13a.	**Mainstream Benefits and Other Assistance–Information and Training.**	
	NOFO Section VII.B.1.m	

	Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:
1.	**systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;**
2.	**communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;**
3.	**working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and**
4.	**providing assistance with the effective use of Medicaid and other benefits.**

(limit 2,000 characters)

1) CT BOS used Office Hours to share information and training on mainstream resources. Over the past 18 months, there have been 7 presentations/trainings from CT Department of Social Services (DSS). DSS covered topics such as: HUSKY Health, SNAP, Local food programs. CoC staff and other providers have trained on: Volunteer Income Tax Assistance Program, Economic Impact Payments, Eviction Prevention and Accessing Behavioral Health Services. Providers share info with consumers through case management meetings, calls, e-mails, texts, flyers, and mailings. 2) All info on mainstream resources is communicated at monthly BOS Office Hours and Steering Committee (SC) mtgs and all info is shared via e-mail and posted to the CT BOS CoC website. There is a DSS staff member on the SC who provides updates at monthly mtgs. 3) CoC providers and Coordinated Access Networks have strong connections with local FQHCs (Community Health Center, Charter Oak, Cornell Scott) and collaborate on care and making sure participants have Medicaid, Medicare or another form of insurance. Community Care Teams in each CAN made up of local hospitals, community service providers, and community health centers work closely with housing providers/participants to provide health care and ensure that participants are insured. Results from 2020 Renewal Evaluation Process indicated that 93% of CoC participants had health insurance. 4) 7 BOS Office Hours in last 18 months provided DSS staff training providers w/the effective use of Medicaid benefits and other benefits. CT Housing Engagement and Support Services (CHESS) is an initiative that combines Medicaid health coverage with housing for persons experiencing homelessness with chronic health issues; the goal of CHESS is to promote health by coordinating targeted healthcare w/housing. Housing subsidies for CHESS enrollees, administered by DOH, will be prioritized for applicants who meet the Medicaid program requirements.

1C-14.	**Centralized or Coordinated Entry System–Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.1.n.	

	Describe in the field below how your CoC's coordinated entry system:
1.	covers 100 percent of your CoC's geographic area;
2.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
3.	prioritizes people most in need of assistance; and
4.	ensures people most in need of assistance receive assistance in a timely manner.

(limit 2,000 characters)

1)The CoC 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, covers 100% of the CoC geographic area using CT's largest human service database w/ 4,100 agencies offering 40K+ programs, & offers resources to resolve housing crises. If unable to divert, 211 connects HHs with local CANs. 2)CANs ensure intake happens at any location (jail, hospital, streets). For clients unable to travel to the usual CAN intake points, outreach workers assist to ensure access. Outreach teams focus on assessing & connecting the most vulnerable unsheltered people to the system, &, along with CAN staff, make concerted efforts to engage those w/the greatest difficulty accessing the system due to geography, physical/mental disability, or personal safety concerns. At sites across the CoC, 211 disseminates multi-lingual marketing info. 211 & CANs are 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 (e.g. 211 advertises widely w/ materials in English & Spanish in churches, mosques, libraries, public transportation, & billboards.) 3) CANs complete standardized assessments ensuring 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, prioritizing based on need in accordance w/criteria established in CAN policies. PSH prioritizes in accordance w/CPD 16-11. 4) The Statewide CAN Mngr. monitors wait-time for CAN appointments, providing weekly data to CANs (e.g. inflow, outflow, chronic and unsheltered status. Outreach teams along with CANs work to ensure that people receive assistance in a timely manner

1C-15.	**Promoting Racial Equity in Homelessness–Assessing Racial Disparities.**	
	NOFO Section VII.B.1.o.	

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes

1C-15a.	**Racial Disparities Assessment Results.**	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the findings from your CoC's most recent racial disparities assessment.

1.	**People of different races or ethnicities are more likely to receive homeless assistance.**	Yes
2.	**People of different races or ethnicities are less likely to receive homeless assistance.**	No
3.	**People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.**	Yes
4.	**People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.**	No
5.	**There are no racial or ethnic disparities in the provision or outcome of homeless assistance.**	No
6.	**The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.**	No

1C-15b.	**Strategies to Address Racial Disparities.**	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	**The CoC's board and decisionmaking bodies are representative of the population served in the CoC.**	Yes
2.	**The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.**	Yes
3.	**The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.**	Yes
4.	**The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.**	Yes
5.	**The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.**	Yes
6.	**The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.**	Yes
7.	**The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.**	Yes
8.	**The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.**	Yes
9.	**The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.**	No
10.	**The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.**	Yes
11.	**The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.**	Yes
	Other:(limit 500 characters)	
12.	The CoC has analyzed a subset of consumer survey responses by race.	Yes

1C-15c.	**Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.**	
	NOFO Section VII.B.1.o.	

Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

(limit 2,000 characters)

The CoC has taken several steps to improve racial equity (RE) in the provision and outcomes of assistance, including: provided trainings on topics such as: addressing racial disparities (over 200 attended), examining RE in program data (including COVID-19 testing and vaccination data), identifying and addressing racialized trauma; analyzed consumer satisfaction survey responses by race; matched CT Dept. of Corrections data with homeless data, shedding light on the intersectionality of race, homelessness and incarceration; amended CoC By-laws to include BIPOC among the Chairs and include 6 persons with lived expertise (PLE) on the Steering Committee; added RE standards to the CoC project monitoring guide; included RE factors in the new project scoring domains; and participated in HUD's RE Demo project. The trainings highlighted a case study from a local agency. They focused on fostering an environment of cultural humility and anti-racism and using a race equity lens to view all system, agency and program level activities, centering the voices of PLE while using data to inform resource placement. The Demo project brought people from the homeless sector together including BIPOC and PLE and: reviewed CE and SPM data, highlighting areas for reduction of disparities; scanned all committees, workgroups, etc. with a focus on engaging PLE and identified opportunities to streamline and strengthen coordination. The focus area identified was to establish a process of effective engagement of PLE who can be meaningfully included in decision making bodies in each Coordinated Access Network to lead the community in system changes to drive racially equitable outcomes. The Consumer Leadership Involvement Project (CLIP), the vehicle for greater PLE involvement was established, secured funding, hired a fellow, and has recruited additional members. Their work is ongoing.

1C-16.	**Persons with Lived Experience–Active CoC Participation.**	
	NOFO Section VII.B.1.p.	

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	22	5
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	22	5
3.	Participate on CoC committees, subcommittees, or workgroups.	22	5
4.	Included in the decisionmaking processes related to addressing homelessness.	22	5
5.	Included in the development or revision of your CoC's local competition rating factors.	10	5

1C-17.	**Promoting Volunteerism and Community Service.**	
	NOFO Section VII.B.1.r.	

	Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement 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.**	Yes
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, data entry).**	Yes
3.	**The CoC works with organizations to create volunteer opportunities for program participants.**	Yes
4.	**The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).**	Yes
5.	**Provider organizations within the CoC have incentives for employment and/or volunteerism.**	Yes
6.	**Other:(limit 500 characters)**	
	CoC created Consumer Leadership Involvement Project to ensure Persons w/Lived Experience are engaged w/the CoC and integrated into leadership positions	Yes

1D. Addressing COVID-19 in the CoC's Geographic Area

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program
Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC
Application score by giving specific guidance on how to respond to many questions and
providing specific information about attachments you must upload
 - 24 CFR part 578

1D-1.	**Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.**	
	NOFO Section VII.B.1.q.	

	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:
1.	**unsheltered situations;**
2.	**congregate emergency shelters; and**
3.	**transitional housing.**

(limit 2,000 characters)

1) Protocols implemented to improve safety for people in unsheltered situations
included the CoC working w/municipalities to ensure encampments were not
moved/removed during the pandemic. Communities installed portable
showers/hand washing stations & toilets that could be accessed by those who
were unsheltered. ESG-CV funds were used to increase outreach capacity
throughout the CoC and fund peer outreach positions embedded w/in outreach
teams focusing on increasing testing, vaccination & accessing housing. CoC
convened mtgs for outreach staff to assess needs & provide resources. CT
Dept of Mental Health and Addiction Services provided funding for PPE. 2)
Protocols implemented for people living in congregate shelters include ES
decompression & making hundreds of motel units available to the most
vulnerable populations, particularly those aged 60+. Access to moteling was
expanded through state contracts based on local community need. Funds were
made available to ES to make structural changes such as creating plexiglass
walls, installing partitions between shelter beds. CDBG-CV funding is
supporting upgrades to shelter HVAC & ventilation systems. Shelters work
closely w/local health departments to determine the max capacity of individuals
& families who could safely be served given CDC safety guidelines for social
distancing & to conduct regular testing for shelter guests/staff; masks are
required in ES and social distancing practices are maintained. CT Dept. of
Public Health increased access to items such as cleaning supplies, Personal
Protective Equipment (gowns, gloves, masks, face shields), hand sanitizer, etc
for shelter staff & guests. 3) Protocols implemented to improve safety for people
in TH include: on-site testing & vaccinations for staff and clients, use of remote
case management, masking education and requirements, symptom screening,

education regarding & increasing access to hand washing & provision of PPE and disinfection products to staff & clients.

1D-2.	Improving Readiness for Future Public Health Emergencies.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC improved readiness for future public health emergencies.

(limit 2,000 characters)

The CoC improved readiness for future public health emergencies by establishing new partnerships with the CT Department of Public Health, municipal public health departments, and CT Division of Emergency Management & Homeland Security. CoC members became part of the Command Structure and meet regularly to identify client and provider needs, and to overcome barriers and promote best practices related to preventing the spread of COVID-19. Public Health officials are now embedded in the six CoC Coordinated Access Networks, and statewide partners are better able to coordinate services as part of the working relationships. Health care systems within the CoC presented at the CoC's COVID-19 Office Hours and worked closely with providers on ensuring that persons experiencing homelessness had access to testing and vaccines. CoC leaders & providers have improved understanding of the State's emergency response system & have built strong working relationships with key leaders in that system. CoC agencies have either developed or revised existing Infection Control Policies that can be adapted in response to the pandemic or used in the future. The CoC has established policies and protocols, and forged critical partnerships that can be used in future public health emergencies to: monitor and disseminate information from public health authorities; deconcentrate shelter; rapidly stand-up non-congregate beds; promptly adjust Coordinated Entry prioritization criteria; expedite housing placement; ensure the continuation of services and stakeholder coordination using videoconferencing technology; secure and disseminate PPE and disinfecting products to and promote mask use and other safety measures among staff and clients; rapidly enroll people experiencing homelessness in newly available public benefits; and partner with health care providers to promote vaccine confidence among and ensure convenient vaccine access to project staff and clients.

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
	NOFO Section VII.B.1.q	

Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:	
1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

(limit 2,000 characters)

The CT Department of Housing (DOH) was responsible for administering $20.7 million in ESG-CV funds. DOH is a CoC Steering Committee member & a DOH staff person serves as CoC Co-Chair. DOH shares info on available resources during BOS COVID-19 Office Hours & works closely w/providers to distribute funding & address needs. DOH w/municipal partners (Hartford, Waterbury, New Haven, Bridgeport) participated in Coordinated Investment Planning HUD TA workshops to promote coordination for allowable funding activities. 1) To coordinate & promote safety measures, $3.2 m State ESG-CV funds supported shelters to fund structural needs (partitions, furniture, etc) & increased staffing. To enhance safety via prompt rehousing & build vaccine confidence, $1.2m funded increased outreach capacity & peer support. 2) $7.8 million of State ESG-CV funds supported access to Rapid Re-Housing rental/financial assistance, services & telehealth technology & CoC providers increased use of shared housing models to increase housing access & affordability. DOH used $1.2m for support services for 150 literally homeless families. ESG-CV funds were used to support rental assistance funding. 3) DOH coordinates distribution of $5.3m in ESG-CV funds to support eviction prevention focusing on households most likely to enter the homeless service system. Funds are used to staff support services & mediation for a subset of households accessing Emergency Relief Assistance. To support prevention efforts at front door of Coord Entry, $1.45m was allocated to support 211 staffing & local CE assessment staffing. 4) Access to PPE was supported through other federal & state funding. In partnership w/DPH & DMHAS ES and CoC programs could make requests for healthcare supplies such as thermometers, pulse oximeters, gowns, masks, face shields, and gloves. 5) Access to sanitary supplies was supported through other federal & state funding. DPH & DMHAS coordinated w/ES to make PPE & cleaning supplies available.

1D-4.	CoC Coordination with Mainstream Health.	
	NOFO Section VII.B.1.q.	

	Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:
1.	decrease the spread of COVID-19; and
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).

(limit 2,000 characters)

1) To decrease spread of COVID-19, in partnership with the CT Department of Public Health, FQHCs served as the primary linkage to offer COVID-19 testing at emergency shelters. FQHCs served as the principal vaccination provider for the homeless population, and vaccine clinics were held onsite at ES and TH locations. Medical providers with the CT Dept. of Public Health conducted "Trusted Messenger Forums" to increase vaccination rates among the homeless population and worked with community leaders and service staff to champion the vaccine roll-out. Toolkits, posters, and vaccine messaging materials were widely disseminated to outreach and shelter providers. Local hospitals worked with DSS, Community Resource Coordinators (CRCs) worked to safely assist individuals needing to quarantine/isolate. Area hospitals established dedicated isolation spaces staffed by medical professionals to ensure that anyone in the community could safely isolate. 2) Shelters were in regular contact with local health departments to ensure that shelter layouts were adjusted, capacity reduced, social distancing/masking maximized. Local public

health authorities worked with their municipalities to increase the use of portable hygiene facilities (mobile showers, sink washing) at warming space locations. CT Department of Public Health (DPH) along with statewide partners ensured that there was abundant access to education materials such as easy to read posters with pictures to guide people in best practices of social distancing, hand washing, and mask wearing. The Coordinated Access Network (CAN) COVID Task Force, made up of providers, CAN staff, DPH staff and medical professionals from local hospitals and FQHCs, met regularly to ensure safety measures were being implemented.

1D-5.	Communicating Information to Homeless Service Providers.	
	NOFO Section VII.B.1.q.	

	Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:
1.	safety measures;
2.	changing local restrictions; and
3.	vaccine implementation.

(limit 2,000 characters)

Throughout the pandemic, multiple modes of communication have been implemented to ensure that homeless service providers were well versed in implementation of safety measures, changing local restrictions, and access to vaccines. 1) To communicate safety measures to homeless service providers, memos from the CT Dept of Housing (DOH) and CT Dept of Mental Health & Addiction Services (DMHAS) providing updates on safety measures were distributed to thousands of recipients via departmental and CoC listservs. CoC held weekly COVID Office Hours to share best safety measure practices with information provided by HUD, CDC, medical professionals; all information/resources posted to website and e-mailed to homeless providers. CT DOH and CT Coalition to End Homelessness (CCEH) convened weekly calls with shelter providers and other CoC providers to provide critical safety measure information and resources. 2) For sharing information on local restrictions, CoC communicated by the following methods: memos from CT DOH and CT DMHAS providing updates on local restrictions were distributed broadly via departmental and CoC listservs; CoC held weekly COVID Office Hours; all information posted to website and e-mailed to homeless providers. CT DOH and CCEH convened weekly calls with providers and Local Coordinated Entry networks held localized coordination meetings weekly. 3) For sharing information on vaccine implementation, CoC communicated by the following methods: memos from CT DOH and CT DMHAS distributed broadly via departmental and CoC listservs; CoC held weekly COVID Office Hours with medical professionals and information on how vaccines would be distributed; all information posted to website and e-mailed to homeless providers. The CT DOH and CCEH convened weekly calls with providers and Local Coordinated Entry networks held localized coordination meetings weekly to ensure all providers knew the vaccination implementation plan and could get access for persons experiencing homelessness.

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.

(limit 2,000 characters)

The Coordinated Access Network (CAN) COVID Task Force made up of leaders in each CAN, met regularly with leaders from CT Department of Housing and CT Department of Public Health to ensure that there were coordinated communication strategies and protocols in place to identify eligible individuals and get persons experiencing homelessness vaccinated. Beginning in January 2021, emergency shelter staff & all individuals (age 75+) experiencing homelessness were able to access vaccines according to State of CT vaccine protocols. Through a phased process, the state expanded vaccine access to younger individuals. By the end of January 2021, in collaboration with the CT Dept. of Public Health, vaccine clinics were established in congregate and non-congregate emergency shelter settings (frontline staff and clients). The state identified early on that persons experiencing homelessness were part of a vulnerable population who needed to be included in statewide planning efforts related to testing and vaccination. Any shelter guest who wanted a vaccine could have access. Healthcare for the Homeless grantees, FQHCs, and FEMA funded mobile vaccine vans were instrumental in messaging eligibility requirements and ensuring vaccine access across the CoC. ESG-CV funds were used to increase outreach staff capacity throughout the CoC and peer outreach positions embedded within outreach teams focusing on educating on eligibility and increasing vaccination rates. HMIS captures vaccination data to assist in identification of individuals and families who may need additional education about the COVID-19 vaccine. Additional questions have been created at program intake to ensure that inquiring about vaccination status becomes routine. In addition, HMIS allows for entry of vaccination data mid-program enrollment.

1D-7.	Addressing Possible Increases in Domestic Violence.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

(limit 2,000 characters)

During the pandemic, Safe Connect, the statewide domestic violence crisis response and the 18 domestic violence organizations saw an increase in calls, email, text and chat, technical assistance, and basic needs (housing, food, financial assistance). The CoC saw the following: 108% increase in calls; 340% increase in victims utilizing the text/ chat options; 169% increase in technical assistance provided to the 18 organizations; 62% of the DV clients reaching out during the pandemic had never received previous services; Shelter utilization averaged 145%. To ensure services and clients' needs were still being met given the barriers presented by Covid-19, Safe Connect and the 18 organizations increased the capacity to use technology and electronic

correspondence. This included increased technical assistance by CCADV to the subgrantees including training and outreach, increased correspondence with current funders to shift the demand of services to meet the needs during the pandemic and securing funding through Covid-19 relief funds which assisted in managing
the increase
and
implementing
social distancing in shelters. Shelter capacity, specifically regarding singles who would have previously been "doubled up" in a shared space, was shifted to the utilization of motels. $1 million dollars of hotel expenses were disbursed to maintain social distancing and safety. With the closing of courts' services, Safe Connect and the organizations were granted the ability through an executive order to provide restraining order application electronically allowing for the continued protections offered by the civil court system while in person access was limited. Temporary leases helped with shelter decompression while also increasing housing options. Recognizing the sudden changes in income, the CoCs
DV RRH program offered rental assistance flexibility by paying 100% of rent for April, May, and June; an average of $200 in savings each month per family.

1D-8.	Adjusting Centralized or Coordinated Entry System.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

(limit 2,000 characters)

Prior to the pandemic, initial assessment and entry into coordinated entry (CE) were conducted using in-person appointments. At the onset of the pandemic, all coordinated entry assessment staff began to conduct assessment appointments remotely. This transition has resulted in improved outcomes and faster access to services. "No-show" rates to CAN appointments were reduced by almost half once the new remote system was up and running. 211 has remained the initial point of entry to CE.   As a result of the pandemic, 211 has begun to connect calls directly to local CE assessment staff as staff are available. The patching of calls has resulted in an increase in connections and seamless transitions for clients. Enhanced features of this system include immediate patching of callers from 211 to navigation staff (calls are routed to the next available local assessment staff); live-time communications between staff who are working in multiple locations; reduction of client wait times; and increased access to the homeless service system. Additionally, the system has proven to be a better use of staff time and has allowed for cross training of staff across specialized client populations such as individual adults, families, and adult youth. Post pandemic, the intent is to continue to offer a hybrid of in-person and telephone/video appointments to ensure geographic access and coverage. Statewide partners have created dedicated websites to post new communications and programmatic updates related to the pandemic, and the CoC has increased the frequency of remote meetings to ensure that policy and

programmatic updates are communicated regularly.

1E. Project Capacity, Review, and Ranking–Local Competition

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

1E-1.	Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.a. and 2.g.	

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	08/25/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	09/08/2020

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Used data from a comparable database to score projects submitted by victim service providers.	Yes
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	No
6.	Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.	Yes

1E-2a.	Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.	

NOFO Section VII.B.2.d.

	Describe in the field below how your CoC reviewed, scored, and selected projects based on:
1.	the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and
2.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,000 characters)

1) The CoC's Review & Ranking process considers each project's success in achieving measurable outcomes for individuals & families with the highest service needs & longest experience of homelessness in a "housing first" model. The CoC funds only low barrier projects serving exclusively the hardest to serve populations as prioritized & referred by a Coordinated Access Network (CAN). PSH serves the most vulnerable households with the greatest needs (100% DedPlus with majority fitting HUD CH criteria), and therefore, has a lower benchmark for employment. Transitional Housing is reserved exclusively for youth and DV survivors and has higher length of stay thresholds. New projects serve 100% ppl exiting homelessness, who are more likely to be actively using substances, have criminal histories, fleeing DV, & be less connected to services & income. These projects are exempt from several evaluation metrics. When ranking and selecting projects, the CoC considers these specific needs/vulnerabilities: chronic homelessness/dedicatedPlus criteria, current or past victimization/abuse/DV, low/no income, and youth, for example. 2) As noted above, the CoC uses different performance targets to evaluate and rank projects for different component types and/or populations served. Criteria also differ for projects new projects (100% recently homeless) and those serving youth and survivors of DV, sexual assault, etc. In addition to above examples, DV projects also have lower benchmarks for non-cash benefits due to the following considerations: ineligibility due to abuser's income, prioritization of safety, custody & other legal issues over benefits, etc. This approach ensures that the evaluation and ranking process is not biased against projects serving vulnerable populations.

1E-3.	Promoting Racial Equity in the Local Review and Ranking Process.	
	NOFO Section VII.B.2.e.	

	Describe in the field below how your CoC:
1.	obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications;
2.	included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process;
3.	rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented).

(limit 2,000 characters)

1) In the CoC, African Americans are overrepresented in the local homeless population; 10% of the pop is African American compared w/30% of the pop of persons experiencing homelessness. Each year, rating factors used to evaluate renewal projects are determined by & voted on by the BOS Steering Committee (SC). SC members come from a broad range of racial & ethnic

backgrounds; there are 8 African Americans on the SC. CoC seeks to ensure that persons who are over-represented in the homeless pop can provide input and have leadership positions in the CoC. CoC By-laws have diversity criteria for co-chairs to ensure that CoC leadership is inclusive; 1 of the 4 SC chairs is African American. The 6 Coordinated Access Networks (CANs) are encouraged to ensure that at least 1 of the 2 reps is a person of color. Of the persons w/lived experience on the SC, 3 of the 6 are persons of color. 2) Ranking, selection & review processes are determined by & voted on by the SC each year. The CoC seeks to ensure that persons who are over-represented in the homeless pop can provide input & have leadership positions in the CoC. CoC By-laws have diversity criteria for co-chairs to ensure that CoC leadership is inclusive; 1 of the 4 chairs is a person of color. The 6 CANs are encouraged to ensure that at least 1 of the 2 reps is a person of color. Of the persons with lived experience on the SC, 3 of them are persons of color. The BOS Scoring Committee reviews new project applications & provides recs to the SC; 2 of the 5 scoring committee members are persons of color. 3) The CoC evaluates how projects promote racial equity: CT BOS Renewal Evaluation Standards for projects include Rate of Return to Homelessness Among Latinx, Black, Asian, Native, Multiple Race Groups as compared to White/Non- Latinx group. The CoC analyzes consumer survey results by race and ethnicity. CoC agencies are required to report on identified strategies to reduce racial disparities in the homeless services provided.

1E-4.	**Reallocation–Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.**	
	NOFO Section VII.B.2.f.	

	Describe in the field below:
1.	**your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;**
2.	**whether your CoC identified any projects through this process during your local competition this year;**
3.	**whether your CoC reallocated any low performing or less needed projects during its local competition this year;**
4.	**why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and**
5.	**how your CoC communicated the reallocation process to project applicants.**

(limit 2,000 characters)

1)The CoC's reallocation process reallocates lower performing projects to create new higher performing projects. The CoC uses HIC, PIT, By-name list, project performance, system performance, cost effectiveness & spending data to determine how to best use resources. Projects may opt to voluntarily reallocate funds or be required to reallocate in part or in full. The Steering Committee considers available data & makes reallocation recommendations. All reallocation recommendations and decisions are made by non-conflicted parties. Projects slated for mandatory full or partial reallocation may submit an appeal. A Grievance Committee reviews appeals and makes appeal decisions. Reallocated funds are awarded competitively through an RFP. 2) The CoC identified three projects to reallocate because they were less needed or low performing; two were voluntary reallocations and one was an involuntary reallocation. 3) During this competition, the CoC fully reallocated one project that was low performing and partially reallocated a project that was less

needed. 4) N/A 5) The CoC has a written reallocation process which is posted to the CoC's website and discussed at Steering Committee meetings when applicable. At the 3/19/21 meeting, the CoC's Reallocation Policy and Process was reviewed and voluntary reallocation projects were discussed. At the October SC meeting, the one involuntary reallocation was discussed and non-conflicted members voted on 10/8/21 in favor to reallocate. The reallocated agency was given written notice initially about the reallocation on 3/15/21 which stated the reasons for reallocation, including poor performance and three years in corrective action. The CoC Chairs had three meetings and numerous written correspondence with the agency subsequently and a final reallocation notice was sent on 10/13/21. Agencies voluntarily reallocating were in touch with the CoC Chairs and were provided instruction on the reallocation and transition processes.

1E-4a.	**Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.**	
	NOFO Section VII.B.2.f.	

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No

1E-5.	**Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.**	
	NOFO Section VII.B.2.g.	

1.	**Did your CoC reject or reduce any project application(s)?**	Yes
2.	**If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.**	10/13/2021

1E-5a.	**Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.g.	

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/28/2021

1E-6.	**Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website–which included: **1. the CoC Application;** **2. Priority Listings; and** **3. all projects accepted, ranked where required, or rejected.**	11/12/2021

2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

2A-1.	**HMIS Vendor.**	
	Not Scored–For Information Only	

Enter the name of the HMIS Vendor your CoC is currently using.	CaseWorthy

2A-2.	**HMIS Implementation Coverage Area.**	
	Not Scored–For Information Only	

Select from dropdown menu your CoC's HMIS coverage area.	Single CoC

2A-3.	**HIC Data Submission in HDX.**	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/13/2021

2A-4.	**HMIS Implementation–Comparable Database for DV.**	
	NOFO Section VII.B.3.b.	

Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:	
1.	**have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and**
2.	**submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead.**

(limit 2,000 characters)

1) The CoC has a comparable database (CDB) using Efforts to Outcomes (ETO) with a 100% participation rate among Victim Service Provider CoC/ESG beds. The CDB is administered by the CT Coalition Against Domestic Violence (CCADV). Though the existing CDB is generally compliant with HUD requirements, the system demands a high level of administrator & user resources. CCADV has decided to acquire a new product rather than continuing to invest in the existing system. As such, CCADV is testing alternative products that will improve efficiency, tighten compliance with 2020 HMIS Data Standards, and ensure a better user and administrator experience. These improvements are anticipated to strengthen data & reporting quality. The CoC is supporting these efforts by helping CCADV to secure funding, for example, through movement of funds within an existing grant, adding eligible expenses to the HMIS BLI in 2021 new DV Bonus applications, and planning for how best to meet CDB financing needs through future CoC Competitions and/or alternative sources. This strategy will support roll-out of an upgraded CDB, including data transfer, report testing, and user training. The HMIS Lead continues to provide TA, as needed, to ensure CDB adherence to 2020 HMIS data standards, including data element collection and reporting. 2) The CoC has an existing CDB that is used to provide de-identified aggregated system performance measures data to the CoC and HMIS lead for each applicable project. CCADV, the CoC and the HMIS Lead, anticipate that the efforts described above to launch an upgraded CDB will improve efficiency, tighten compliance with 2020 HMIS Data Standards, and ensure a better user and administrator experience when reporting system performance data from the CDB to the HMIS lead and CoC. The HMIS Lead continues to provide TA as needed to ensure CDB adherence to 2020 HMIS data standards, continued submission of aggregate SPMs for each project, and improvements to SPM data quality.

2A-5.	Bed Coverage Rate–Using HIC, HMIS Data–CoC Merger Bonus Points.	
	NOFO Section VII.B.3.c. and VII.B.7.	

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	1,595	285	1,310	100.00%
2. Safe Haven (SH) beds	15	0	15	100.00%
3. Transitional Housing (TH) beds	343	68	275	100.00%
4. Rapid Re-Housing (RRH) beds	1,322	190	1,062	93.82%
5. Permanent Supportive Housing	5,431	66	4,330	80.71%
6. Other Permanent Housing (OPH)	0	0	0	

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section VII.B.3.c.	

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

1.	steps your 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 your 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 CoC funded PSH projects enter in HMIS. The CoC has 901 HUD-VASH beds which do not enter into HMIS & significantly impact the coverage rate, making up 64 percent of PSH projects not entering into HMIS. Of the remaining non-HMIS PSH projects, several are Department of Mental Health and Addiction Services (DMHAS) funded. DMHAS has significantly lessened the gap on their non-HMIS projects within the past 2 years (HMIS participation increased by 5 percent) and will continue to provide TA to the remaining projects to merge the data from their system to HMIS. Coordination with the VA has been ongoing & will continue over the next 12 months. The CT Coalition to End Homelessness (CCEH), CoC'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. 2) To increase bed coverage to at least 85 percent, the CoC will implement these steps by reaching out to other VA systems wherein VASH programs participate in HMIS and facilitate a meeting with that system and our local VA to discuss any questions or hesitations and follow up with action steps as needed (e.g. share documents, best practices, engage HMIS leads, etc.). CCEH will use HUD's tool kit to facilitate HUD-VASH matching process to continue work on integrating data from the 2 systems. CCEH is prepared to assist with data entry. 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 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-5b.	Bed Coverage Rate in Comparable Databases.
	NOFO Section VII.B.3.c.

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%

2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.
	NOFO Section VII.B.3.c.

	If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

N/A

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes

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

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program
Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC
Application score by giving specific guidance on how to respond to many questions and
providing specific information about attachments you must upload
 - 24 CFR part 578

2B-1.	Sheltered and Unsheltered PIT Count–Commitment for Calendar Year 2022	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes

2B-2.	Unsheltered Youth PIT Count–Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes

2C. System Performance

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program
Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC
Application score by giving specific guidance on how to respond to many questions and
providing specific information about attachments you must upload
 - 24 CFR part 578

2C-1.	**Reduction in the Number of First Time Homeless–Risk Factors.**	
	NOFO Section VII.B.5.b.	

	Describe in the field below:
1.	how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;
2.	how your CoC addresses individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.

(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 FY21 indicate, for example, that of the first-time homeless, 37% are living w/mental health issues, 27% are living w/domestic violence & 41% have no income. 2) The CoC has made a concerted effort, using state, federal, local & private resources to reduce first time homelessness. The CoC 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: identify alternative housing arrangements, connect clients to conflict resolution & mediation, & locate & secure housing through financial assistance & advocacy. In the past year, 42% of people who had a Coordinated Access Network (CAN) appointment were diverted. 211 connects callers to behavioral health services, utility & short -term rent and eviction prevention assistance, COVID-19 specific resources. 70% of callers were provided w/resources resulting in fewer people requiring a meeting w/the CAN for ES or housing. CT Dept. of Housing (DOH) CDBG diversion program provides $1,926,800 for staff in 6 CANs to expand diversion services. DOH has a security deposit guarantee program, w/an annual budget of $650,000. CT Coalition to End Homelessness provides extensive diversion training, including training for CAN staff on diversion. UniteCT, a new DOH program has $370 million in eviction prevention funds from ERAP & has distributed $240 million to avoid eviction & potential homelessness. CCEH's Be Homeful program raises funds for family diversion & provides financial assistance and other services to keep families out of shelter. 3) DOH is responsible for this strategy.

2C-2.	Length of Time Homeless–Strategy to Reduce.	
	NOFO Section VII.B.5.c.	

	Describe in the field below:	
1.	your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;	
2.	how your 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 your CoC's strategy to reduce the length of time individuals and families remain homeless.	

(limit 2,000 characters)

1) The CoC monitors Length of Time Homeless (LOTH) by reviewing Systems Performance Measure outcomes quarterly at Steering Committee meetings; Average LOTH for persons in ES, SH, and TH is 91 days. The CoC uses these strategies to reduce LOTH: dedicates 100% of PSH beds to 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 48 RRH units and 72 PSH units from 2019 to 2021; applying for 58 new PSH units and 43 RRH units). The CoC also added 120 units for homeless persons this year and is applying for another 78 units for homeless people in the next LIHTC round. ESG-CV funds were used to fund 150 Rental Assistance Program vouchers for families. The Housing Solutions 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 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) Reaching Home Coordinating Committee is responsible for overseeing CoC strategy

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing.	
	NOFO Section VII.B.5.d.	

	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:	
1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and	
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.	

(limit 2,000 characters)

1)The CoC 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 works with local PHAs to implement existing homeless preferences & request new units, including 120 new homeless set-aside LIHTC units this year & 80+ turnover units allocated to the Coordinated Access Network (CAN) in 2020/21. In addition: 150 new mainstream vouchers for families exiting shelter & 380 new Emergency Housing Vouchers (ARP funded) were added this year; the CoC was awarded 33 new PSH, 48 new RRH & 60 DV specific RRH units in 2020 (2019 CoC awards); also in 2020, DOH awarded 214 new Mainstream HCVs (43 homeless dedicated). Homeless Prevention & Response funds are being used to bring 5 additional supportive housing projects online in the near future, to be filled via the CAN. 2)The CoC 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 CoC funded projects on this metric & provide TA to projects unable to meet standards; increasing units available through move-on initiatives w/ local PHAs, EHV vouchers & LIHTC projects; providing trainings to staff on topics related to housing retention (e.g., Critical Time Intervention, Housing First, motivational interviewing, housing stabilization etc.)

2C-4.	Returns to Homelessness–CoC's Strategy to Reduce Rate.	
	NOFO Section VII.B.5.e.	

	Describe in the field below:
1.	how your CoC identifies individuals and families who return to homelessness;
2.	your 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 your 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; in the CoC, 8% return to homelessness. An analysis of HMIS data indicate that common factors among those returning include: 43% w/no income; 63% live w/mental illness; 24% are DV survivors; and 43% have no income. 2)CoC reviews SPMs quarterly at Steering Committee (SC) mgs to adjust strategies & resource allocation to reduce returns. FY 2021, rate of return to homelessness for the first 6 months for TH is 6% & for ES is 10%. 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 monitoring of effectiveness of efforts to reduce return rates. When CANs identify returning households, reasons are assessed & add'l 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 & person-centered planning to engage tenants in housing stabilization services, including regular home visits, intensive case management & linkages to 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). 3) CoC Steering Committee is in charge for overseeing the CoC strategy.

2C-5.	Increasing Employment Cash Income-Strategy.	
	NOFO Section VII.B.5.f.	

	Describe in the field below:	
1.	your CoC's strategy to increase employment income;	
2.	how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and	
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase 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, the CoC evaluates projects on increasing employment income & requires corrective action as necessary. The CoC Steering Committee (SC) reviews rates of increased employment income quarterly & strategizes on improving outcomes. With support from the Melville Charitable Trust & Boston University, Secure Jobs CT increases income among homeless families by connecting to education, training & supports to secure/maintain employment - clients obtaining jobs increased avg monthly earned income by $1538. The CT Coalition to End Homelessness provides workshops on motivating clients to seek employment & info on employment opportunities. 2) CoC efforts to work with mainstream employment organizations to increase cash income include: CT Dept of Labor added to SC; Reaching Home Sustainability Workgroup uses input from mainstream employment organizations to identify new employment partnerships & funding opportunities for employment programs. Via a HRSA & HHS grant, in partnership with Boston University, an effort in New Haven engages mainstream & CoC providers to improve employment outcomes by addressing barriers to employment on the individual, organizational & structural level, holding regular gatherings to promote familiarity w/mainstream employment resources, mutual learning, & "job clubs" run by peers; 60% of participants secured paid employment, 11% joined a volunteer program and 7% enrolled in education/training. As part of this program, The American Job Center sends postings to 180+ gathering attendees. Workforce Development Boards meet with shelter staff & clients, provide tours of & connect clients to support at job centers. CoC Case managers & employment specialists connect tenants to American Job Centers, provide transportation, help with on-line training & follow-up. 3) CoC Chairs are responsible for overseeing this strategy

2C-5a.	Increasing Employment Cash Income–Workforce Development–Education–Training.	

NOFO Section VII.B.5.f.

	Describe in the field below how your 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, internships, and employment opportunities for program participants.

(limit 2,000 characters)

1) Specialists conduct outreach to private employers, connect consumers w/staffing agencies, provide resources on job fairs & other employment resources. The Consumer Leadership Involvement Project is a CoC funded project working in collaboration w/the Corporation for Supportive Housing to create paid leadership opportunities for persons w/lived experience in the CoC. Coordinated Access Networks (CANs) & numerous CoC providers have employment specialists on staff. Persons coming through the coordinated entry system for ES/housing complete an assessment, including employment & are able to get a referral to an employment specialist. CoC providers have MOUs w/Journey Home & refer program participants to their Aerospace Employment Program. Through a HRSA, Demo Project grant, Liberty Community Services engages providers to improve employment outcomes through regular "gatherings" to promote familiarity w/ employment resources, mutual learning, & "job clubs" run by peers; 60% of participants in "job clubs" secured employment. 2) The CoC strengthened ties w/CT Dept of Labor (DOL) by including a DOL staff member on the Steering Committee to enhance collaboration & employment opportunities. ES, TH, & PH programs connect w/American Job Centers in each of the CANs; specialized staff train consumers on job readiness, job training & employment opportunities. Case managers provide transportation, help w/on-line training & follow-up. Providers have MOUs w/Goodwin College which offers job training/certification courses. W/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 $500 to $2000. CT Coalition to End Homelessness & Capital Workforce Partners provide cross-training to exchange info on the coordinated entry system & workforce programs & opportunities in the CoC.

2C-5b.	Increasing Non-employment Cash Income.	
	NOFO Section VII.B.5.f.	

	Describe in the field below:
1.	your CoC's strategy to increase non-employment cash income;
2.	your CoC's strategy to increase access to non-employment cash sources; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.

(limit 2,000 characters)

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

3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

3A-1.	**New PH-PSH/PH-RRH Project–Leveraging Housing Resources.**	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes

3A-1a.	**New PH-PSH/PH-RRH Project–Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.6.a.	

	Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).	

1.	**Private organizations**	No
2.	**State or local government**	Yes
3.	**Public Housing Agencies, including use of a set aside or limited preference**	No
4.	**Faith-based organizations**	No
5.	**Federal programs other than the CoC or ESG Programs**	No

3A-2.	**New PSH/RRH Project–Leveraging Healthcare Resources.**	
	NOFO Section VII.B.6.b.	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes

3A-2a.	Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.b.	

1.	Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?	Yes
2.	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	Yes

3A-3.	Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

If you selected yes to question 3A-1. or 3A-2., use the list feature icon to enter information on each project you intend for HUD to evaluate to determine if they meet the bonus points criteria.

Project Name	Project Type	Rank Number	Leverage Type
DMHAS BOS 210 PSH...	PSH	90	Healthcare
St. Mary's Place	PSH	89	Housing

3A-3. List of Projects.

1. What is the name of the new project?   DMHAS BOS 210 PSH 2021

2. Select the new project type: PSH

3. Enter the rank number of the project on your CoC's Priority Listing: 90

4. Select the type of leverage: Healthcare

3A-3. List of Projects.

1. What is the name of the new project?   St. Mary's Place

2. Select the new project type: PSH

3. Enter the rank number of the project on your CoC's Priority Listing: 89

4. Select the type of leverage: Housing

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC
Application score by giving specific guidance on how to respond to many questions and
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 - 24 CFR part 578

3B-1.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section VII.B.1.r.	

Is your CoC requesting funding for any new project application requesting $200,000 or more in funding for housing rehabilitation or new construction?	No

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section VII.B.1.s.	

	If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:
1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,000 characters)

Not Applicable

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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3C-1.	**Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.**	
	NOFO Section VII.C.	

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No

3C-2.	**Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.C.	

	If you answered yes to question 3C-1, describe in the field below:
1.	**how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and**
2.	**how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.**

(limit 2,000 characters)

Not Applicable

4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program
Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC
Application score by giving specific guidance on how to respond to many questions and
providing specific information about attachments you must upload
 - 24 CFR part 578

4A-1.	New DV Bonus Project Applications.	
	NOFO Section II.B.11.e.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes

4A-1a.	DV Bonus Project Types.	
	NOFO Section II.B.11.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2021 Priority Listing.

	Project Type	
1.	SSO Coordinated Entry	No
2.	PH-RRH or Joint TH/RRH Component	Yes

**You must click "Save" after selecting Yes for element 1 SSO Coordinated
Entry to view questions 4A-3 and 4A-3a.**

4A-2.	Number of Domestic Violence Survivors in Your CoC's Geographic Area.	
	NOFO Section II.B.11.	

1.	**Enter the number of survivors that need housing or services:**	40,000
2.	**Enter the number of survivors your CoC is currently serving:**	5,056
3.	**Unmet Need:**	34,944

4A-2a.	Calculating Local Need for New DV Projects.	
	NOFO Section II.B.11.	

Describe in the field below:	

1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects); or
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

(limit 2,000 characters)

1)To calculate the number of DV survivors needing housing or services, the CoC reviewed multiple data elements, including DV Hotline calls, requests for Info & Referral and other DV utilization and service data collected by CT Coalition Against Domestic Violence's (CCADV) (the agency that coordinates DV services in CT). During the past year, DV providers responded to over 40K unduplicated survivors who needed services, including housing. (Data element #1). In the past year 5,056 survivors were assisted w/identifying housing resources in the CoC. The DV database tracks housing support assistance which provided the number for element #2. 2) Data used to calculate the number who need any type of housing or services (element 1) and the number the CoC is currently serving (element 2) came from the CT Coalition Against Domestic Violence's comparable database. All DV providers in the State of CT use this database to track services provided and persons served. 3) The State of CT continues to struggle with increases in DV prevalence and acuity. In the last year, there were over 30,000 individuals who received information and referrals services for DV. While there have been substantial additional housing and services resources deployed in the State over the past few years (from HUD CoC DV Bonus Funds as well as additional rental assistance through the American Rescue Plan), the number of homeless DV survivors increased from the 2020 to the 2021 PIT count. Barriers to meeting needs are numerous. During the past 18 months of the COVID pandemic, schools were closed, families were locked down together and the rate of DV incidents increased, while the ability for survivors to access services decreased. Many survivors lost jobs and child care resources were reduced with schools and day care centers closing due to COVID restrictions. Most significantly, there is a severe shortage of available affordable housing units in the CoC.

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information.	
	NOFO Section II.B.11.	

Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects–only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.	

Applicant Name
CT Department of ...

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

	Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2021 Priority Listing:	

1.	Applicant Name	CT Department of Housing
2.	Rate of Housing Placement of DV Survivors–Percentage	83.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	94.00%

4A-4a.	Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

	Describe in the field below:	
1.	how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and	
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).	

(limit 1,000 characters)

1)The rate of housing placement was calculated by taking the # of DV survivor referrals that were placed in PH-RRH or other PH (numerator) divided the total # of referrals (denominator) to the DV program during the most recent funding cycle. The portion that did not enter were for a variety of reasons including self-resolution, relocation, & other placements. Rate of housing retention was calculated by taking the # of participants who retained PH or exited to PH destinations divided by the total # who were in the project during the reporting period using the most recently completed APR data. The project used is the applicant's (same for all 3 new DV Bonus projects) 2) For housing placement, data were pulled from the comparable database & other administrative data from the Program Coordinated Entry tracking sheet. For retention, data source is the most recently completed APR, which used comparable database data.

4A-4b.	Providing Housing to DV Survivor–Project Applicant Experience.	
	NOFO Section II.B.11.	

	Describe in the field below how the project applicant:	
1.	ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;	
2.	prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;	

3.	connected survivors to supportive services; and
4.	moved clients from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.

(limit 2,000 characters)

1&2) The CT Department of Housing (DOH) is the project applicant. CT Coalition Against DV (CCADV) & Prudence Crandall (PC) are project subrecipients. DOH manages the Coordinated Access Networks (CANs) & oversees Rapid Rehousing (RRH) projects statewide, including the DV Bonus RRH project. DOH, CCADV & PC 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 & improves efficiency to ensure that survivors rapidly move into housing & obtain emergency transfers as needed. 3) Subrecipients have & will continue to coordinate provision of all housing & services in DV RRH/TH-RRH projects. Housing placement & other services are provided by DV, human trafficking, & housing providers from across the CoC. This includes assessing 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, including threats to safety, complex legal issues, inadequate income, economic abuse, & the impacts of trauma. Case managers use trauma-informed, motivation building, & person-centered planning to help survivors build hope & self-esteem, identify why rapidly accessing safe permanent housing is important to them, assess options & overcome housing barriers. 4) The housing & services detailed here assist clients in gaining the skills, safety & stability needed to transfer to sustainable housing at subsidy's end. Providers use the evidence-based practice of Critical Time Intervention to support housing stability and monitor housing placement data, taking corrective action as necessary to ensure that survivors are assisted to sustain housing after the subsidy ends.

4A-4c.	**Ensuring DV Survivor Safety–Project Applicant Experience.**
	NOFO Section II.B.11.

	Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:
1.	training staff on safety planning;
2.	adjusting intake space to better ensure a private conversation;
3.	conducting separate interviews/intake with each member of a couple;
4.	working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
5.	maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and
6.	keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.

(limit 5,000 characters)

DOH worked during its latest funding cycle with its subrecips CT Coalition Against DV (CCADV) & CCADV member agency Prudence Crandall (PC) to

ensure survivor safety by requiring all staff to complete a 20-hour certification & ensuring adherence to CCADV standards via annual on-site evaluations, and by: 1) Ensuring quarterly cross-system safety planning training, including how to: assess each survivor's unique long & short-term safety needs, maintain safety of self & children in ongoing relationships & if choosing to leave an abuser & more safely managing health, finances, employment, housing location, etc.; Safety planning was conducted from initial contact through housing search/placement & ongoing check-ins. CCADV partners with municipal, state & tribal police, on a nationally recognized lethality risk assessment & protocols to assess & reduce lethality risk. CCADV member agencies adhere to standards that include protocols for ensuring safety. 2) Ensuring staff adhere to CCADV membership standards for confidentiality; conducting intake & other discussions in private settings to ensure confidentiality, provide choice, & maximize survivor comfort; 3) Ensuring staff conduct intake/interviews separately w/each member of a couple by coaching staff on how normalize the approach, reduce the likelihood of conflict, & increase the likelihood that the couple completes the intake; 4&5) Assisting survivors to identify safety risks, understand housing options, & determine which options are safest for them - includes understanding scattered site &/or rental assistance options & considerations such as proximity to abuser, supportive friends/family & building security features (e.g., security staff, lighting, window bars, cameras & alarms); 6)Ensuring the confidentiality of all types of addresses via review of paperwork to ensure removal of addresses & ensuring adherence to CCADV standards for confidentiality.

4A-4c.1.	Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

(limit 2,000 characters)

CT DOH, CCADV & Prudence Crandall evaluated safety of DV survivors in projects by administering a survey to all participants asking if they feel safe or safer since being in the program with 90 and 100% respectively responding yes. DV Advocates are statutorily required to get 20 hours of training to become a certified domestic violence counselor. Certification is maintained by getting 6 additional hours each year of training. Training includes the dynamics of domestic violence, including its effects on adults, youth, children and other victims, crisis intervention strategies and techniques, and safety planning. Sites are reviewed annually for compliance with standards.
CCADV member organizations must follow standards designed to ensure that member organizations provide high quality services to their clients and to promote the adoption of best practices in administration and operations. One such standard is that each member organization will ensure they follow all federal and state statutes relative to meeting the needs of all victims of domestic violence including safety planning. Safety planning is being used with all clients, including dependent children of any age, at the time of initial contact and throughout all continued contacts.

4A-4d.	Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.	
	NOFO Section II.B.11.	

	Describe in the field below examples of the project applicant's experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:
1.	prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	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;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	emphasizing program participants' strengths, e.g., 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;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

The CT Department of Housing (DOH) has extensive experience utilizing trauma-informed, victim-centered approaches in the programs it currently manages, including over $2.8M in CoC funded DV RRH. Both sub-recipients—CCADV and Prudence Crandall—have extensive experience helping staff to assess needs and preferences of survivors and their families, honor survivors' expertise by providing information and options and respecting survivors' decisions, support survivors to recognize how trauma has impacted their lives and reduce that impact over time, build on survivors' strengths, respect their boundaries and partner with survivors to develop a plan to quickly access safe permanent housing. CCADV ensures all providers use trauma-informed, motivation building, and person-centered planning techniques to help survivors overcome housing barriers and quickly stabilize in housing. CCADV provides high-quality training to the 18 DV orgs in CT. 1) DOH ensures that the statewide Coordinated Access Network (CAN) system recognizes the prevalence of trauma and fully integrates knowledge about trauma into policies, procedures and practices. This includes ensuring prioritization of survivor choice and emphasis on helping survivors to understand their options and make informed personal choices. DOH currently oversees a trauma-informed, victim-centered model, recognized nationally as a best practice, for safely including survivors on a statewide By-Name List. This model prioritizes participant choice and rapid placement in housing consistent with participants' preferences. Safety is always discussed first; if clients are not in imminent danger, providers assess housing needs and discuss options so a survivor can make informed choices. Providers work with survivors to arrive at a housing option that is safe, manageable, affordable, and sustainable, while also supporting survivors to identify and work toward other goals like employment, education, trauma healing, and other aspirations. 2) Both CCADV and Prudence Crandall (PC) have extensive experience supporting survivors to explore their options, analyze the pros and cons of each and make informed personal decisions in an environment of informed choice. The organizations teach staff how to honor survivor expertise, interact as equals and minimize power differentials. The organizations ensure that survivors can choose if, how, when, where, and with whom to share information and that the information they choose to disclose is

documented in a manner that protects confidentiality and limits the number of times they are asked to tell their stories. 3) CCADV uses ongoing training, staff support, and monitoring/oversight of participating providers to ensure utilization of trauma informed, victim-centered approaches. Through the CCADV Training Institute, housing advocates and case managers can receive training on increasing victim safety, enhancing advocacy skills, coordination of services, and others. Staff at each participating DV provider has been trained on use of a self-assessment and planning tool that evaluates which current practices are trauma-informed, identifies and prioritizes key areas for change. PC participates in these trainings and employs these strategies in their work. 4) CCADV provides training to participating providers to help staff implement strength-based coaching; providing assessment and service planning tools that explore participants strengths and prompt for working towards personal goals and aspirations. PC participates in these trainings and employs these strategies in their work. 5) CCADV ensures culturally competent services by providing training to participating providers at least annually on equal access, cultural competence and nondiscrimination; and by making available a range of targeted services for persons in underrepresented communities through their network of participating providers. PC participates in these trainings and employs these strategies in their work. 6) CCADV has developed statewide resources to promote connections and parenting supports among and for program participants (e.g., parenting classes, childcare, groups, mentorships, peer-to-peer support, and opportunities to address spiritual needs), with projects and partnerships that offer support like Coaching Boys into Men, Safe Families Safe Homes, and others. PC connects clients to these resources and provides support for parents in case management, parent groups and other support groups. 7) Each CCADV member program has a specialized Child Advocate, a role specifically designed to address the needs of children. PC has a child advocate on staff. Child Advocates work with parents to help them understand the effects of the domestic violence and how it impacts the child, restore a healthy parent- child relationship and safety plan when the offending parent is involved. Member programs connect clients with Head Start and other childcare/educational opportunities.

4A-4e.	Meeting Service Needs of DV Survivors–Project Applicant Experience.	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and
2.	provide examples of how the project applicant provided the supportive services to domestic violence survivors.

(limit 5,000 characters)

The CT Dept. of Housing (DOH) is the applicant. During its latest funding cycle, DOH partnered with its subrecipients (i.e., CT Coalition Against DV (CCADV - i.e., the statewide DV membership organization and Prudence Crandall (PC - a CCADV member agency) to provide DV survivors experiencing homelessness w/the services described below. 1) DOH, CCADV, & PC have already established an effective partnership via two successful CoC-wide DV Bonus RRH projects. These projects are quickly moving survivors into PH & addressing their safety needs. CCADV contracts w/its member agencies,

including PC, & w/other non-profits to provide services directly to participants. CCADV provided training, TA, & monitoring to ensure alignment w/best practices, adherence to CCADVs membership standards, & coordination among partner organizations. CCADV oversees approximately 24 contracted agencies that provided RRH participants w/ advocacy, case management, & housing coordination services. 2) Four non-profit homeless services agencies promptly located housing, conducted HQS inspections, determined rent reasonableness, and ensured prompt processing of all documents necessary to execute leases and initiate rental assistance. Housing Coordination agencies remained available to assist with landlord mediation& other housing related issues, as necessary post placement. Agencies, including PC, that specialize in provision of domestic violence and/or human trafficking services, provided ongoing case management, safety planning, advocacy, and housing stabilization services. This partnership has provided more than 200 participants with housing & services tailored to survivors' needs & choices. Through these existing RRH projects DOH, CCADV and PC have provided strengths-based, client-centered, and trauma-informed services to empower survivors to plan for safety, overcome the impacts of abuse, increase income, & determine their own futures. During its latest funding cycle, DOH, in partnership with CCADV and PC has assisted 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, health, outreach, harm reduction & substance abuse treatment services).

4A-4f.	**Trauma-Informed, Victim-Centered Approaches–New Project Implementation.**	
	NOFO Section II.B.11.	

	Provide examples in the field below of how the new project will:
1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establish and maintain 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;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	place emphasis on program participants' strengths, e.g., 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;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

Connecticut Coalition Against Domestic Violence (CCADV) provides contractual oversight, training, & technical assistance to 18 DV organizations serving 40,000 victims and their children annually. Staff have been trained in Critical Time Intervention, motivational interviewing, victim-defined trauma-informed advocacy, and confidentiality. DOH is lead state agency for housing in CT, managing over $200 million a year, including HUD funds from CDBG, CDBGDR, Section 811, HOME, Section 8 HCV, VASH, ESG & HOPWA & administers ES, RRH, PSH, Coordinated Access, HIV/AIDS housing & rental

assistance program w/over 1,000 units for homeless individuals. Prudence Crandall (PC) has been working with DV survivors since 1973; the agency connects people w/stable, safe, affordable housing after a shelter, TH or PSH. 1) Participants will choose their own level of engagement & determine their own goals with info, advocacy, and support from a case manager. Staff offer support to resolve issues w/landlords, educate about tenant rights, as they become more self-sufficient & stable. Housing locators will work collaboratively w/participants to assess needs & barriers, set realistic expectations regarding location & affordability, conduct the search for housing, develop housing stability plans and provide services that will help ensure success in the program. Case management uses housing first and will include crisis intervention; safety planning; goal setting and action plans for securing safe, permanent housing and financial, educational, employment, legal advocacy, as well as addressing other barriers to success. The supportive services provided by case managers will be individualized approaches to housing stabilization, rebuilding self-esteem, and establishing financial independence by supporting participants' goals to increase income and self-sufficiency. 2) Staff is trained in trauma-informed care and respect their clients as individuals and build a relationship of mutual respect. There is flexibility of choice with housing and services and focus is on client-choice. 3) All services are confidential, low barrier, without preconditions, voluntary, trauma-informed, strengths-based and person-centered with a focus on empowering participants by connecting them with the right level and type of intervention as rapidly and safely as possible. Staff will train participants on the effects and approached to managing trauma. 4) Staff will assess for program participant strengths, goals and aspirations, & support participants to achieve their goals. For instance, staff are trained in budgeting & credit repair counseling to open up opportunities, SOAR training to secure social security benefits, and regularly work w/employment programs within their catchment area, to support goal achievement. Staff will focus on strengths to support the achievement of personal goals. 5) CCADV cultivates an inclusive work and service environment that embraces, celebrates and respects the differences of all individuals. CCADV requires all member organizations offer opportunities for program participants to shape programs through surveys at least annually and is taking steps to improve services to survivors who are Black, Indigenous, and People of Color. Project staff will be trained in managing complex circumstances like survivors being controlled by their abuser through the court process, abrupt changes in income through nonpayment of child support/alimony, prison release, or still living w/an abuser while searching for housing. This project was intentionally designed to ensure survivors of color and underserved populations will have equitable access to housing resources. CCADV subcontracts with 18 member sites across the state, plus CT Institute for Refugees and Immigrants (CIRI), a statewide agency with expertise in supporting survivors of human trafficking. 28% of staff reported being a survivor of domestic violence themselves and 25% reported being homeless at some point in their lives. 47% of staff are nonwhite and 25% speak more than one language. CT Safe Connect will increase access to underserved communities through bilingual, multicultural advocates and technology. CT Safe Connect platform auto-translates many spoken languages & live translation for 10 languages. 6) Staff will use trauma-informed tools to ensure safety & help survivors navigate systems with a safety lens to link victims to community-based resources whenever possible to gain support from peer-to-peer groups, parenting initiatives, faith communities and other desired community connections. 7) This project will incorporate Child Advocates in working with parents to help them understand the effects of the domestic violence & how it

impacts the child, restore a healthy parent- child relationship and safety plan when the offending parent is involved. Member programs will also connect clients with Head Start, pre-K and other childcare/educational opportunities.

4B. Attachments Screen For All Application Questions

We prefer that you use PDF files, though other file types are supported. Please only use zip files if necessary.

 Attachments must match the questions they are associated with.

 Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process.

 We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CE Assessment Tool	11/11/2021
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	11/12/2021
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	11/12/2021
1E-1. Local Competition Announcement	Yes	Local Competition...	11/12/2021
1E-2. Project Review and Selection Process	Yes	Project Review an...	11/12/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	Public Posting - ...	11/11/2021
1E-5a. Public Posting–Projects Accepted	Yes	Public Posting - ...	11/13/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes	Web Posting - CoC...	11/13/2021
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	11/08/2021
3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	11/08/2021
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Local Competition Announcement

Attachment Details

Document Description: Project Review and Selection Process

Attachment Details

Document Description: Public Posting - Projects Reduced and Rejected

Attachment Details

Document Description: Public Posting - Projects Accepted

Attachment Details

Document Description: Web Posting - CoC Approval of App

Attachment Details

Document Description: Housing Leveraging Commitment

Attachment Details

Document Description: Healthcare Formal Agreement

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	11/10/2021
1B. Inclusive Structure	11/11/2021
1C. Coordination	11/11/2021
1C. Coordination continued	11/11/2021
1D. Addressing COVID-19	11/10/2021
1E. Project Review/Ranking	11/12/2021
2A. HMIS Implementation	11/11/2021
2B. Point-in-Time (PIT) Count	09/13/2021
2C. System Performance	11/13/2021
3A. Housing/Healthcare Bonus Points	11/12/2021
3B. Rehabilitation/New Construction Costs	09/13/2021

3C. Serving Homeless Under Other Federal Statutes	09/13/2021
4A. DV Bonus Application	11/13/2021
4B. Attachments Screen	11/13/2021
Submission Summary	No Input Required

CE Assessment Tool

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	Nickname	Last Name
_____	_____	_____

In what language do you feel best able to express yourself? _____

Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ No

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

A. History of Housing and Homelessness

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

   ☐ Shelters
   ☐ Transitional Housing
   ☐ Safe Haven
   ☐ **Outdoors**
   ☐ **Other (specify):**
   _____
   ☐ **Refused**

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

2. How long has it been since you lived in permanent stable housing? _____ ☐ 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 OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.　**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 victim of a crime, or the alleged perpetrator of a crime or because the police told you that you 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 SCORE 1 FOR EMERGENCY SERVICE USE.　**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? ☐ **Y**   ☐ N   ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.** **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, an inheritance, working under the table, a regular job, or anything like that? ☐ Y   ☐ **N**   ☐ Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR **MONEY MANAGEMENT.** **SCORE:**

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? ☐ Y   ☐ **N**   ☐ Refused

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

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? ☐ Y   ☐ **N**   ☐ Refused

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

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

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

D. Wellness

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

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

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

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

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

   a) A mental health issue or concern? ☐ **Y** ☐ N ☐ Refused

   b) A past head injury? ☐ **Y** ☐ 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

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

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

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

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

Scoring Summary

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

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: _____ time: ___ : ____ or
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

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 ___/___/_____	__ __ : __ __	_____

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- 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

<table>
<tr><td rowspan="5">PARENT 1</td><td>First Name</td><td>Nickname</td><td colspan="2">Last Name</td></tr>
<tr><td>_____</td><td>_____</td><td colspan="2">_____</td></tr>
<tr><td colspan="4">In what language do you feel best able to express yourself? _____</td></tr>
<tr><td>Date of Birth</td><td>Age</td><td>Social Security Number</td><td>Consent to participate</td></tr>
<tr><td>DD/MM/YYYY ___/___/_____</td><td>_____</td><td>_____</td><td>☐ Yes   ☐ No</td></tr>
<tr><td rowspan="6">PARENT 2</td><td colspan="4">☐ No second parent currently part of the household</td></tr>
<tr><td>First Name</td><td>Nickname</td><td colspan="2">Last Name</td></tr>
<tr><td>_____</td><td>_____</td><td colspan="2">_____</td></tr>
<tr><td colspan="4">In what language do you feel best able to express yourself? _____</td></tr>
<tr><td>Date of Birth</td><td>Age</td><td>Social Security Number</td><td>Consent to participate</td></tr>
<tr><td>DD/MM/YYYY ___/___/_____</td><td>_____</td><td>_____</td><td>☐ Yes   ☐ No</td></tr>
</table>

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

Children

1. How many children under the age of 18 are currently with you?   _____   ☐ Refused

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 FEMALE:* Is any member of the family currently pregnant?   ☐ **Y**   ☐ N   ☐ Refused

4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

	SCORE:
IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**. IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.	

A. History of Housing and Homelessness

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

    ☐ Shelters
    ☐ Transitional Housing
    ☐ Safe Haven
    ☐ **Outdoors**
    ☐ **Other (specify):**
    _____
    ☐ **Refused**

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

6. How long has it been since you and your family lived in permanent stable housing?   _____   ☐ Refused

7. In the last three years, how many times have you and your family been homeless?   _____   ☐ Refused

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

B. Risks

8. In the past six months, how many times have you or anyone in your family...

   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 SCORE 1 FOR EMERGENCY SERVICE USE. **SCORE:**

9. Have you or anyone in your family been attacked or beaten up since they've become homeless? ☐ **Y** ☐ N ☐ Refused

10. Have you or anyone in your family threatened to or tried to harm themself 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:**

11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ **Y** ☐ N ☐ Refused

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

12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? ☐ **Y** ☐ 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

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

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?   ☐ Y   ☐ **N**   ☐ Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR MONEY MANAGEMENT.   SCORE:

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?   ☐ Y   ☐ **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?   ☐ Y   ☐ **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 HEALTH.   SCORE:

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

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

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

   a) A mental health issue or concern? ☐ **Y** ☐ N ☐ Refused

   b) A past head injury? ☐ **Y** ☐ 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

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

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 use? ☐ **Y** ☐ N ☐ N/A or Refused

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

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

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:

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.**	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?　☐ Y　☐ **N**　☐ N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR **NEEDS OF CHILDREN.**	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?　☐ Y　☐ **N**　☐ Refused

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

　　a) 3 or more hours per day for children aged 13 or older?　☐ **Y**　☐ N　☐ Refused

　　b) 2 or more hours per day for children aged 12 or younger?　☐ **Y**　☐ 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 41, SCORE 1 FOR **PARENTAL ENGAGEMENT.**	SCORE:

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

9

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 Re-Housing
D. WELLNESS	/6	9+ an assessment for Permanent Supportive Housing/Housing First
E. FAMILY UNIT	/4	
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: _____ time: ___ : ____ or
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

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 participate
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ No

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

SCORE:

A. History of Housing and Homelessness

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

☐ Shelters   ☐ **Couch surfing**   ☐ **Other (specify):**
☐ Transitional Housing   ☐ **Outdoors**
☐ Safe Haven   ☐ **Refused**   _____

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

2. How long has it been since you lived in permanent stable housing?   _____ ☐ 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 OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.	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 victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?   ____ ☐ Refused

   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?   ____ ☐ Refused

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

8. Were you ever incarcerated when younger than age 18? ☐ **Y** ☐ 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 "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION. | SCORE:

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? ☐ Y ☐ **N** ☐ Refused

IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR MONEY MANAGEMENT. | SCORE:

13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? ☐ Y ☐ **N** ☐ Refused

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? ☐ Y ☐ **N** ☐ Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE. | 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 RELATIONSHIPS.   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.   SCORE: ____

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.   SCORE: ____

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 USE.**	

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? ☐ **Y** ☐ N ☐ Refused

    b) A past head injury? ☐ **Y** ☐ 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 make it hard for you to live independently because you'd need help? ☐ **Y** ☐ N ☐ Refused

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

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

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

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

Scoring Summary

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

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: _____ time: ___ : ____ 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

PHA Homeless Preference

THE PLAN
for Administration of the U. S. Department of Housing and Urban Development (HUD)
SECTION 8 Housing Choice Voucher Program - Effective July 2020

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   State of CT, Dept. of Housing Administrative Plan

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.

MOVING TO WORK ANNUAL PLAN 2021

Submitted: August

ECC/HANH
P.O. Box 1912New Haven, CT 06519
360 Orange Street
New Haven, CT 06510
(203) 498-8800
TDD (203) 497-8434
www.elmcitycommunities.org

2 Bedroom	$275
3 Bedroom	$475
4+ Bedroom	$550

Incentive Fees

Expected cost of new addition to this initiative is estimated at $35,000 per year and includes a new mobility-counseling contract.

During FY20, a committee was formed to review and implement the newly added change. The team worked on creating policies and procedures that would help the Housing Choice voucher team administer the program. During FY21 ECC expects to launch and administer the program with the newly implemented activities. Metrics for FY21 will include the data.

Initiative 1.7 – Tenant-Based Vouchers for Supportive Housing for the Homeless

This initiative was approved in FY10 and implemented in FY11. Under ECC/HANH's MTW Agreement with HUD, ECC/HANH is authorized to develop its own Leased Housing Program through exceptions to the standard HCV program, for the purposes of creating a successful program with stable landlords, high-quality properties, and mixed-income neighborhoods.

ECC/HANH has designated use of housing choice voucher resources for the purpose of ending homelessness. ECC/HANH works in conjunction with City and Regional entities, Continuum of Care, shelters, transitional and permanent housing providers to prioritize and identify chronically homeless, homeless families and other homeless populations. ECC/HANH entered in a Memoranda of Understanding with organizations that provide housing for homeless with supportive services.

Current allocation of vouchers for this purpose is outlined in the table below.

There continues to be a need for vouchers for the homeless population and we are forming additional partnerships with homeless advocates. ECC/HANH does not anticipate any changes to the metrics, and does not require different authorizations from what was initially proposed. This initiative meets the statutory objective of increasing housing choice.

Use of Tenant Based Vouchers to End Homelessness				
Efforts to End Homelessness	**Original**	**Reallocated**	**Added**	**Total**
Tenant Based DHMAS Supportive-Housing First	10	0	0	10
DMHAS Mental Health Transformation Grant-FUSE	10	0	0	10
Family Options- Homeless	15	0	0	15
Permanent Enrichment	10	0	0	10
Foreclosure Protection	**17**	**17**	**0**	**0**
DCF Family	20	0	0	20
(Formerly Foreclosure PBV)	40	0	0	40
Supportive Housing/Homelessness Prevention	51	0	0	51
20 vouchers for city initiative targeting homeless former offenders	20	0	0	20

10 vouchers for re-entry applicants through City Fresh Start	10	0	0	10
	203	17	0	186

Initiative 1.9 – Increase the Allowed Percentage of Project Based Voucher ("PBV") Units from 75 Percent to 100 Percent in a Mixed Financed Development

This initiative was approved in FY12 and implemented in FY13. ECC/HANH has completed a Project Needs Assessment ("PNA") of its entire portfolio. The PNA shows that over the next 20 years ECC/HANH's needs would exceed available funds by a ratio of more than 3:1. In order to address this funding gap and to help assure the long-term viability of its portfolio, the Agency used the PNA to determine an asset management strategy for each of its developments. Part of this strategy included converting existing public housing to Project Based Assistance under Section 8(o) (13). ECC/HANH would dispose of properties under Section 18 of the Housing Act of 1937 or Rental Assistance Demonstration (RAD) prior to conversion to Project Based Vouchers.

ECC/HANH conducted analysis of the feasibility of converting Annual Contribution Contract ("ACC") units to Project Based Units using criteria similar to that set forth under Section 22. ECC/HANH will increase its flexibility to allocate the number of units in a project from 75 percent as previously approved by HUD to 100 percent for the purpose of converting ACC units to PBV units under this initiative. The purpose is to provide cash flow to enable ECC/HANH to borrow private funds for the purpose of rehabilitating aging developments in ECC/HANH's portfolio. ECC/HANH also seeks to waive the requirement of one-year tenancy which will allow participants greater flexibility in housing options.

The mobility issue is addressed by allowing the tenants the option to vacate the development during rehabilitation with an option to return upon the completion of such rehabilitation and/or the convenience of using a Tenant Based Voucher to relocate permanently. ECC/HANH will provide all of the assistance and counseling as required under Section 18 or the Uniform Relocation Act, if applicable.

ECC/HANH will limit the amount of project based units in non-mixed finance projects to no more than 50% of the units in the project; provided, however, that the agency may project base up to 75 percent of the units in such project if the project will provide replacement units for public housing units lost as a result of demolition or disposition, if the project is undertaken in an area where significant investments are being made, if the project will help to reduce de-concentration of very low income families, or if the project is located in areas that provide increased access to transportation or employment opportunities.

HUD development of the Rental Assistance Demonstration Program has made this initiative unnecessary for projects approved for RAD conversion. However, ECC/HANH continues to have 985 units that are not currently approved for RAD conversion for which this authorization remains vital.

ECC/HANH does not anticipate any changes to the initiative or metrics, and does not require different authorizations from what was initially proposed. This initiative meets the statutory objectives of cost effectiveness and increasing housing choice.

Initiative 1.11 – Increase the percentage of Housing Choice Voucher (NON-RAD) budget authority for the Agency that is permitted to project-base from 20% up to 25%

This initiative was approved in FY13 and implemented in FY14. This authorization will allow for the continued redevelopment efforts of the underperforming developments as well as increase housing choices for our residents. It allows the Authority to use its vouchers to pool monies together in order to leverage funds for redevelopment efforts.
This initiative was contemplated prior to the advent of the RAD program. The percentage of MTW project based did not include the full conversion of ACC sites to PBVs. The advent of RAD increases the proportion of the portfolio that will be project-based. ECC/HANH's current percentage of non-RAD project based MTW vouchers is 11% (522 vouchers).

With the RAD portfolio award, ECC/HANH expects that percentage to increase to 32% of the portfolio during FY19. This is the result of the addition of 1431 RAD vouchers in addition to the above cited 522 vouchers. ECC/HANH does not anticipate any changes to the initiative or metrics, and does not require different authorizations from what was initially proposed. This initiative meets the statutory objective of increasing housing choice.

PHA Moving On Preference

THE PLAN
for Administration of the U. S. Department of Housing and Urban Development (HUD)

SECTION 8 Housing Choice Voucher Program -
Effective July 2020

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.==

**Move-on preference for those exiting CoC supportive housing programs or other 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 *State of CT, Dept. of Housing Administrative Plan*

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.

Local Competition Announcement

www.ctbos.org/hud-coc-application/

Renewal Project Applications

The due date for submission of renewal project applications is 9/16/2021.

Renewal Resources:

› Webinar slides: CT BOS Renewal Application Submission-PDF

› Webinar recording: https://youtu.be/Yaz6cAcC70A

› Webinar slides: Indirect Cost Admin Training-PDF

› Webinar recording: https://youtu.be/YwjZYf7vMyc

HUD COC Application

2021 HUD CoC Competition Documents

The Connecticut Balance of State Continuum of Care (CT BOS) is seeking applications for new projects for inclusion in the CoC's 2021 application for HUD CoC funds. BOS is seeking Permanent Supportive Housing projects and Joint Transitional Housing/Rapid Rehousing projects for existing BOS TH projects. **The deadline for submission of applications is 6/2/21.**

Details are available here:

> New Project Scoring Rubric 2021 - PDF *(2021.05.26)*

> New Project Instructions 2021 *(2021.05.04)*

> > Includes Background, Instructions, Requirements & Priorities, and Appendix, including dictionary of terms

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Zengine

This year, responses to the RFP will be submitted through Zengine, the CT BOS database. We will provide submission instructions during the Bidders' Conference.

Selection & Funding Processes

The total funds available for new projects in 2021 will be determined based on the final bonus amounts, as determined by HUD, combined with any amount of funding that the CT BOS Steering Committee 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. 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

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HOMELESSNESS

CT BOS CoC - 2021 Request For PSH And Joint TH/RRH Proposals

25 May 2021

Tweet

The Connecticut Balance of State Continuum of Care (CT BOS) is seeking applications for new projects for inclusion in the CoC's 2021 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.

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.

Applications are due no later than 6/2/21 by 5pm. Information on the RFP and upcoming Bidders' Conference can be found at: CT BOS New Project RFP Information

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Supportive Housing

Resources	Who We Are	What We Care About	What We Do	What You Can Do
Our Publications	About Us	Ending Homelessness	Lyceum	Take Action

2021 CT BOS Renewal Evaluation Documents

> CT BOS Renewal Evaluation Scoring Standards 2021 – PDF *(2020.09.08)*

> CT BOS Renewal Evaluation Process 2021 – PDF

> Important resources for use throughout process

> Schedule and due dates

> Introduction to Renewal Evaluations 2021

> Webinar Slides – PDF

> Webinar Recording

Connecticut Balance of State (BOS) CoC
2021 Criteria (Adopted by Steering Committee 8/21/20)

Note: Performance for YHDP RRH, TH, and Diversion/Rapid Exit to be analyzed but not scored in 2021. YHDP Youth Navigators not evaluated in 2021.

Evaluation Criteria	2021 Benchmark / Standard	2021 Scores			2nd 2021 Standard	2021 Scores (2nd Standard)			3rd 2021 Standard	2021 Scores (3rd Standard)		
PERFORMANCE		PSH	RRH	TH		PSH	RRH	TH		PSH	RRH	TH
Efficient Use of Resources												
Spending on last year's HUD grant (excludes SRO's and new projects) [1]	**Projects over $2M must spend at least 95% & leave less than $75K unspent. Projects under $100K must spend at least 90%. All other projects must spend at least 95% & leave less than $50K unspent.**	10	10	10								
Eligibility												
At least one Adult Participant per household with previous residence that indicates qualified literal homelessness or Category 2 for YHDP Div/RE only	**100%**	10	10	10								
PSH Only: At least one participant per household has a disability [2]	**100%**	10	0	0								
Participant Income/Resources												
Non-Youth Programs only: Percentage of adult participants who increased EARNED INCOME from entry to exit/follow-up (leavers and stayers) [3 & 4]	**25% PSH 25% RRH 40% TH**	5	5	5	**20% PSH 20% RRH 30% TH**	3	3	3	**15% PSH 15% RRH 20% TH**	1	1	1
Youth Programs only: Percentage of adult participants who increased EARNED INCOME from entry to exit/follow-up (leavers and stayers) [4]	**20% PSH 20% RRH 20% TH**	5	5	5	**15% PSH 15% RRH 15% TH**	3	3	3	**10% PSH 10% RRH 10% TH**	1	1	1
Percentage of adult participants who increased OTHER INCOME (NON-EARNED) from entry to exit/follow-up (leavers and stayers) [4 & 5]	**45% PSH 25% RRH 35% TH**	10	10	10	**35% PSH 15% RRH 25% TH**	6	6	6	**25% PSH 10% RRH 20% TH**	3	3	3
All adult participants with NON-CASH benefits excluding health insurance (leavers and stayers) [4 & 5]	**95%**	10	10	10	**85%**	6	6	6	**75%**	1	1	1
All participants with Health Insurance (leavers and stayers) [4 & 5]	**95%**	10	10	10	**85%**	6	6	6	**75%**	3	3	3
Length of Stay (LOS)												
PSH & RRH Only: Average length of time from matched to housed [6]	**PSH: 85% RRH: 50% housed within 30 days**	5	5	5								
Non-YHDP TH Only (Non-DV): LOS for participants is 1 year or less	**90%**	0	0	10	**80%**	0	0	6				
Non-YHDP TH Only (DV Projects): LOS is 2 years or less	**100%**	0	0	10	**90%**	0	0	6				
YHDP TH Only: LOS for participants is 60 days or less	**TBD**	N/A	N/A	N/A								

Connecticut Balance of State (BOS) CoC
2021 Criteria (Adopted by Steering Committee 8/21/20)

Evaluation Criteria	2021 Benchmark / Standard	2021 Scores				2021 Scores				2021 Scores		
Housing Stability		PSH	RRH	TH		PSH	RRH	TH		PSH	RRH	TH
PSH Only: Percentage of participants who remain in PSH or exited to permanent housing [7]	95%	15	0	0	90-94%	10	0	0	85-89%	5	0	0
RRH and TH Only: Percentage of leavers who exited to Permanent Housing [7]	95%	0	15	10	85%	0	10	6				
Percentage of leavers who exited to homeless shelter, DV shelter, streets or unknown [7]	Less than or equal to 5%	5	5	10	6-10%	2	2	6				
CONSUMER SURVEYS		PSH	RRH	TH		PSH	RRH	TH		PSH	RRH	TH
Consumer Surveys - Response Rate [8]	35%	5	5	5	25%	3	3	3				
Consumer Surveys - Results [8]	50 Points	5	5	5								
COMPLIANCE		PSH	RRH	TH		PSH	RRH	TH		PSH	RRH	TH
HMIS Universal Data Elements: Minimum of 13 data elements have an error rate of less than 5% [9]	Less than or equal to 5% for at least 13 data elements	5	5	5								
Total Points Available		105	95	105								
DATA TO BE COLLECTED FOR DESCRIPTIVE OR TRACKING PURPOSES OR SETTING BENCHMARK FOR 2022 - NOT SCORED		PSH	RRH	TH		PSH	RRH	TH		PSH	RRH	TH
Occupancy (based on quarterly unit utilization) [11] HUD SAGE 2020 APR data collection change: PSH and RRH projects point-in-time occupancy are now based on participants housed not participants served.	90%	No Longer Corrective Action Threshold Not Scored										
Percentage of participants accepted into the program from the by-name list between October 1, 2019 and September 30, 2020 [10]	100%	Not Scored	Not Scored	Not Scored								
Non-Youth Programs only: Percentage of adult participants who have EARNED INCOME at exit/follow-up (leavers and stayers) [3 & 4]	25% PSH 35% RRH 40% TH	Not Scored	Not Scored	Not Scored								
Youth Programs only: Percentage of adult participants who have EARNED INCOME at exit/follow-up (leavers and stayers) [4]	25% PSH 25% RRH 30% TH	Not Scored	Not Scored	Not Scored								
Non-YHDP RRH Only: LOS for participants is 6 months or less	40%	Not Scored	Not Scored	Not Scored								
YHDP RRH Only: LOS for participants is 9 months or less	TBD	N/A	N/A	N/A								
COST EFFECTIVENESS		PSH	RRH	TH		PSH	RRH	TH		PSH	RRH	TH
Supportive Service Cost per household served for all and cost per PH exit for TH and RRH	None	Not Scored	Not Scored	Not Scored								

[1] Excludes new, SRO projects and projects in transition

[2] Excludes SRO projects.

[3] Excludes Youth Programs.

[4] Excludes Participants who are not yet required to have an annual assessment

[5] Excludes Participants who are ineligible for benefits

[6] New Participants who entered during applicable FFY only.

[7] Excludes deceased participants, programs with only 1 exit with a bad outcome and exits from housing to seek safety.

[8] Projects that do not submit surveys get 0 points for response rate and N/A for results. Projects that submit surveys late will get a score for response rate and results. Both projects that do not submit surveys and those that submit late get a lateness penalty. Excludes YHDP Div/RE programs.

[9] DV projects standard is 12 of 15 tracked data elements (Social Security data element is excluded)

[10] Excludes DV, YHDP Div/RE, and YDHP TH programs.

[11] Excludes new, YHDP Div/RE, and projects granted a one-year exception waiver.

Scoring Criteria Posted

HUD COC Application

Home / HUD COC Application

2021 HUD CoC Competition Documents

The Connecticut Balance of State Continuum of Care (CT BOS) is seeking applications for new projects for inclusion in the CoC's 2021 application for HUD CoC funds. BOS is seeking Permanent Supportive Housing projects and Joint Transitional Housing/Rapid Rehousing projects for existing BOS TH projects. **The deadline for submission of applications is 6/2/21.**

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Zengine

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CT BOS will convene a committee to review and score applications that are submitted in response to this RFP. 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

Connecticut Balance of State Continuum of Care

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

INSTRUCTIONS

2021 REQUEST FOR PSH & JOINT TH/RRH PROPOSALS FUNDED THROUGH PH BONUS AND REALLOCATION

Please Note: CT BOS will release a separate RFP for new Domestic Violence Bonus funds, once more information becomes available from HUD.

BACKGROUND

The Connecticut Balance of State Continuum of Care (CT BOS)[1] is seeking applications for new projects for inclusion in the CoC's 2021 application for HUD CoC funds. In light of the COVID-19 crisis, CT BOS has simplified this application to reduce its burden on applicant organizations. The deadline for submission of applications is **June 2, 2021**.

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 2018 and 2019 in addition to the usual bonus funding awarded through this process, HUD made up to $50 million available nationally each year to fund Domestic Violence Bonus projects (DV Bonus)[2]. Through the 2019 CoC competition, CT BOS received approximately $3.3 million in new project funds including $1.3 million for a DV Bonus project. Due to the pandemic, in 2020, HUD renewed all CoC renewal projects non-competitively and did not fund any new projects.

HUD has indicated that they will resume the national CoC competition in 2021. HUD has not provided information to determine the amount or type of new project funds for which CoCs will be eligible to apply through 2021 competition. The total funds available for new projects in 2021 will be determined based on the final bonus amounts, as determined by HUD, combined with any amount of funding that the CT BOS Steering Committee[3] determines shall be reallocated from existing renewal projects. CT BOS is anticipating the availability of significant new project funds.

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 is will be posted to https://www.ctbos.org/hud-coc-application/ as soon as it is available. 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.

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.

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[1] For more information about CT BOS please see "An Introduction to the CT BOS Continuum of Care" available here.
[2] DV Bonus projects must be dedicated to serve survivors of domestic violence, dating violence, stalking, and human

Please note:

- This document contains important background and instructions. All applicants are required to read and follow these instructions.

- This document does not include the actual application form. All applications must be submitted in Zengine, CT BOS's web-based application system. Instructions for accessing the application in Zengine are included below

- These instructions and the 2021 CT BOS New Project Application available in Zengine are 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 listserv. **To ensure that you receive the latest information please subscribe to the CT BOS mailing list by visiting: http://www.ctbos.org**

ctbos.org/wp-content/uploads/2021/05/New-Project-Scoring-2021v4a.pdf

Public Services   1 / 4   —   100%   +

Program Name: _____   Evaluator: _____

2021 Balance of State Continuum of Care
Scoring Sheet for NEW Permanent Housing & Joing TH/RRH Project Applications

Applicant Organization Name: _____

Proposed Project Name: _____

Project Location (town(s)): _____

Relevant CAN: _____

Type of Project (select one):   ☐ PSH w/new units   ☐ PSH new services only   ☐ Joint TH/RRH

Reviewer's Name: _____

<u>SCORES</u>

Scoring Factor #1 - Organizational Experience and Capactiy	_____	of 20
Scoring Factor #2 - Unmet Need (only for PSH Family & Youth projects)	_____	of 10
Scoring Factor #3 - Timeliness	_____	of 10
Scoring Factor #4 – Suportive Services and Housing First	_____	of 30
Scoring Factor #5 - Application/Budget Quality	_____	of 20
FINAL TOTAL SCORE:	_____	of _____

Type here to search

8:33 AM
Sunny
5/26/2021

Scoring rubric posted in advance showing point values for objective criteria used to review & rank

Program Name: _____   Evaluator: _____

Scoring Factor # 1 – Organizational Experience and Capacity - 20 points	
See Applicant Profile	**Score**

o Do the applicant,subrecipient and key partner organization(s) appear to have the experience to successfully operate a HUD funded permanent housing program for homeless persons? Specifically, do the relevant organization(s) demonstrate significant and long-standing experience:
  ▪ operating successful Housing First programs?
  ▪ linking participants to mainstream services including health insurance, employment and mainstream affordable housing?
  ▪ increasing participant income through employment and access to public benefits?
  ▪ helping participants to stabilize in housing?
  ▪ assessing interest in/assisting with moving on from PSH (if applicable)?
  ▪ locating units and administering rental assistance (if applicable)?
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?
o Does the organization have the capacity to effectively use federal funds, and ensure timely project start up and full expenditure of new project funds? Specifically, has the organization demonstrated sufficient capacity related to:
  ▪ Resolving monitoring/audit findings?
  ▪ Fully spending grant funds?
  ▪ Avoiding/resolving outstanding arrears?
  ▪ Regularly drawing down funds?
  ▪ Timely submission of reports?
o Has the agency demonstrated efforts to ensure they are meeting the unique needs of marginalized communities, for example:
  ▪ Ensuring diversity among staff and board
  ▪ Creating opportunities for participants to shape programs
  ▪ Hiring program participants
  ▪ Developing partnerships with other local organizations that focus on marginalized communities
  ▪ Analyzing program access and outcomes by race/ethnicity
  ▪ Planning steps to address any disperate access or outcomes
  ▪ Any other unique qualifications that agency has to serve marginalized communities	

Questions/Comments	

Scoring rubric posted in advance showing point values for objective criteria used to review & rank

Scoring Factor #2 – Unmet Need – only for PSH for families/youth w/new units - 10 Points	
See Application Section #2 *Note – only for PSH for family and youth* **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? o Supported the existence of the unmet need with data?	**Score**
Questions/Comments	

Scoring Factor #3 - Timeliness – 10 points	
See Section #2 Project Description o Extent to which the applicant demonstrated an adequate plan for rapid project start-up	**Score**
Questions/Comments	

Scoring Factor #4 – Supportive Services – Total of 30 points	
Housing First Approach (10 points) **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? For TH/RRH, must address this for both entry to TH and RRH. • Does the applicant clearly demonstrate that rapid placement and stabilization in permanent housing are primary goals of the project? • Does the applicant clearly demonstrate an understanding of the services required for housing stabilization (i.e., helping tenants understand their rights and responsibilities, advocating with landlords/property management to address threats to housing stability) • Does the applicant clearly describe a project design that is adequate to accomplish those goals?	**Score out of 10**

Scoring rubric posted in advance showing point values for objective criteria used to review & rank

Program Name: _____   Evaluator: _____

Scoring Factor #4 – Supportive Services (cont.) – Total of 30 points	
Assistance with obtaining and remaining in permanent housing (10 points)	Score out of 10
Questions to consider: • Is there a clear description of how eligible participants obtain and maintain housing? • Does the applicant have a plan to assess needs of participants and address thoseeds including but not limited to: health, behavioral health, education, employment, life skills and child care services, if applicable • Does the applicant have a plan to assita pparticpants with housing stabilization and eviction prevention? • Does the project use the critical time intervention model to inform service delivery (recommended – information available at www.criticaltime.org)? • How will appropriate units be identified and rent reasonableness be determined?	
Assistance with obtaining mainstream benefits, increasing employment and promoting independence (10 points) • Does the agency coordinate with mainstream employment organizations, other providers and mainstream benefits? • Does the agency assist tenants to access SSI/SSDI and other mainstream benefits? • Does the agency assist tenant to build independent living skills and move on from PSH? • Does the agency explain how the unique needs of the proposed target populations will be addressed in a manner that assists them to increase income and build skills? • Does the project provide a robust description of activies that will assist participants to increase income?	Score out of 10
Questions/Comments	

Scoring Factor #5: Application/Budget Quality - 20 Points	
Evaluate based on the entire application **Application Quality (10 points) - Extent to which the applicant:** ○ consistently followed instructions? included all required attachments?	Score out of 10
See Section #3 **Budget Quality (10 points) - Extent to which the project budget** ○ was completed in accordance with the instructions? ○ met the minimum matching requirement? ○ included only eligible costs? ○ provided sufficient detail and made sense given the project description and target population? ○ Is cost effective and falls within established ranges for minimum and maximum per household costs?	Score out of 10
Questions/Comments	

Project Review and Selection Process

Connecticut Balance of State (BOS) CoC
2021 Criteria (Adopted by Steering Committee 8/21/20)

Note: Performance for YHDP RRH, TH, and Diversion/Rapid Exit to be analyzed but not scored in 2021. YHDP Youth Navigators not evaluated in 2021.

Evaluation Criteria	2021 Benchmark / Standard	2021 Scores			2nd 2021 Standard	2021 Scores (2nd Standard)			3rd 2021 Standard	2021 Scores (3rd Standard)		
PERFORMANCE		PSH	RRH	TH		PSH	RRH	TH		PSH	RRH	TH
Efficient Use of Resources												
Spending on last year's HUD grant (excludes SRO's and new projects) [1]	**Projects over $2M must spend at least 95% & leave less than $75K unspent. Projects under $100K must spend at least 90%. All other projects must spend at least 95% & leave less than $50K unspent.**	10	10	10								
Eligibility												
At least one Adult Participant per household with previous residence that indicates qualified literal homelessness or Category 2 for YHDP Div/RE only	**100%**	10	10	10								
PSH Only: At least one participant per household has a disability [2]	**100%**	10	0	0								
Participant Income/Resources												
Non-Youth Programs only: Percentage of adult participants who increased EARNED INCOME from entry to exit/follow-up (leavers and stayers) [3 & 4]	25% PSH 25% RRH 40% TH	5	5	5	20% PSH 20% RRH 30% TH	3	3	3	15% PSH 15% RRH 20% TH	1	1	1
Youth Programs only: Percentage of adult participants who increased EARNED INCOME from entry to exit/follow-up (leavers and stayers) [4]	20% PSH 20% RRH 20% TH	5	5	5	15% PSH 15% RRH 15% TH	3	3	3	10% PSH 10% RRH 10% TH	1	1	1
Percentage of adult participants who increased OTHER INCOME (NON-EARNED) from entry to exit/follow-up (leavers and stayers) [4 & 5]	45% PSH 25% RRH 35% TH	10	10	10	**35% PSH 15% RRH 25% TH**	6	6	6	**25% PSH 10% RRH 20% TH**	3	3	3
All adult participants with NON-CASH benefits excluding health insurance (leavers and stayers) [4 & 5]	95%	10	10	10	85%	6	6	6	75%	1	1	1
All participants with Health Insurance (leavers and stayers) [4 & 5]	95%	10	10	10	85%	6	6	6	75%	3	3	3
Length of Stay (LOS)												
PSH & RRH Only: Average length of time from matched to housed [6]	PSH: 85% RRH: 50% housed within 30 days	5	5	5								
Non-YHDP TH Only (Non-DV): LOS for participants is 1 year or less	90%	0	0	10	80%	0	0	6				
Non-YHDP TH Only (DV Projects): LOS is 2 years or less	100%	0	0	10	90%	0	0	6				
YHDP TH Only: LOS for participants is 60 days or less	TBD	N/A	N/A	N/A								

Connecticut Balance of State (BOS) CoC
2021 Criteria (Adopted by Steering Committee 8/21/20)

Evaluation Criteria	2021 Benchmark / Standard	2021 Scores				2021 Scores				2021 Scores		
Housing Stability		PSH	RRH	TH		PSH	RRH	TH		PSH	RRH	TH
PSH Only: Percentage of participants who remain in PSH or exited to permanent housing [7]	95%	15	0	0	90-94%	10	0	0	85-89%	5	0	0
RRH and TH Only: Percentage of leavers who exited to Permanent Housing [7]	95%	0	15	10	85%	0	10	6				
Percentage of leavers who exited to homeless shelter, DV shelter, streets or unknown [7]	Less than or equal to 5%	5	5	10	6-10%	2	2	6				
CONSUMER SURVEYS		PSH	RRH	TH		PSH	RRH	TH		PSH	RRH	TH
Consumer Surveys - Response Rate [8]	35%	5	5	5	25%	3	3	3				
Consumer Surveys - Results [8]	50 Points	5	5	5								
COMPLIANCE		PSH	RRH	TH		PSH	RRH	TH		PSH	RRH	TH
HMIS Universal Data Elements: Minimum of 13 data elements have an error rate of less than 5% [9]	Less than or equal to 5% for at least 13 data elements	5	5	5								
Total Points Available		105	95	105								
DATA TO BE COLLECTED FOR DESCRIPTIVE OR TRACKING PURPOSES OR SETTING BENCHMARK FOR 2022 - NOT SCORED		PSH	RRH	TH		PSH	RRH	TH		PSH	RRH	TH
Occupancy (based on quarterly unit utilization) [11] HUD SAGE 2020 APR data collection change: PSH and RRH projects point-in-time occupancy are now based on participants housed not participants served.	90%	No Longer Corrective Action Threshold Not Scored										
Percentage of participants accepted into the program from the by-name list between October 1, 2019 and September 30, 2020 [10]	100%	Not Scored	Not Scored	Not Scored								
Non-Youth Programs only: Percentage of adult participants who have EARNED INCOME at exit/follow-up (leavers and stayers) [3 & 4]	25% PSH 35% RRH 40% TH	Not Scored	Not Scored	Not Scored								
Youth Programs only: Percentage of adult participants who have EARNED INCOME at exit/follow-up (leavers and stayers) [4]	25% PSH 25% RRH 30% TH	Not Scored	Not Scored	Not Scored								
Non-YHDP RRH Only: LOS for participants is 6 months or less	40%	Not Scored	Not Scored	Not Scored								
YHDP RRH Only: LOS for participants is 9 months or less	TBD	N/A	N/A	N/A								
COST EFFECTIVENESS		PSH	RRH	TH		PSH	RRH	TH		PSH	RRH	TH
Supportive Service Cost per household served for all and cost per PH exit for TH and RRH	None	Not Scored	Not Scored	Not Scored								

[1] Excludes new, SRO projects and projects in transition

[2] Excludes SRO projects.

[3] Excludes Youth Programs.

[4] Excludes Participants who are not yet required to have an annual assessment

[5] Excludes Participants who are ineligible for benefits

[6] New Participants who entered during applicable FFY only.

[7] Excludes deceased participants, programs with only 1 exit with a bad outcome and exits from housing to seek safety.

[8] Projects that do not submit surveys get 0 points for response rate and N/A for results. Projects that submit surveys late will get a score for response rate and results. Both projects that do not submit surveys and those that submit late get a lateness penalty. Excludes YHDP Div/RE programs.

[9] DV projects standard is 12 of 15 tracked data elements (Social Security data element is excluded)

[10] Excludes DV, YHDP Div/RE, and YDHP TH programs.

[11] Excludes new, YHDP Div/RE, and projects granted a one-year exception waiver.

Program Name: _____   Evaluator: _____

2021 Balance of State Continuum of Care
<mark>Scoring Sheet for NEW Permanent Housing & Joing TH/RRH Project Applications</mark>

Applicant Organization Name: _____

Proposed Project Name: _____

Project Location (town(s)): _____

Relevant CAN: _____

Type of Project (select one):   ☐ PSH w/new units   ☐ PSH new services only   ☐ Joint TH/RRH

Reviewer's Name: _____

SCORES

Scoring Factor #1 - Organizational Experience and Capactiy	_____	of 20
Scoring Factor #2 - Unmet Need (only for PSH Family & Youth projects)	_____	of 10
Scoring Factor #3 - Timeliness	_____	of 10
Scoring Factor #4 – Suportive Services and Housing First	_____	of 30
Scoring Factor #5 - Application/Budget Quality	_____	of 20
FINAL TOTAL SCORE:	_____ of _____	

Program Name: _____   Evaluator: _____

Scoring Factor # 1 – Organizational Experience and Capacity - 20 points	
See Applicant Profile	**Score**

See Applicant Profile

o Do the applicant, subrecipient and key partner organization(s) appear to have the experience to successfully operate a HUD funded permanent housing program for homeless persons? Specifically, do the relevant organization(s) demonstrate significant and long-standing experience:
- operating successful Housing First programs?
- linking participants to mainstream services including health insurance, employment and mainstream affordable housing?
- increasing participant income through employment and access to public benefits?
- helping participants to stabilize in housing?
- assessing interest in/assisting with moving on from PSH (if applicable)?
- locating units and administering rental assistance (if applicable)?

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?

o Does the organization have the capacity to effectively use federal funds, and ensure timely project start up and full expenditure of new project funds? Specifically, has the organization demonstrated sufficient capacity related to:
- Resolving monitoring/audit findings?
- Fully spending grant funds?
- Avoiding/resolving outstanding arrears?
- Regularly drawing down funds?
- Timely submission of reports?

o Has the agency demonstrated efforts to ensure they are meeting the unique needs of marginalized communities, for example:
- Ensuring diversity among staff and board
- Creating opportunities for participants to shape programs
- Hiring program participants
- Developing partnerships with other local organizations that focus on marginalized communities
- Analyzing program access and outcomes by race/ethnicity
- Planning steps to address any disperate access or outcomes
- Any other unique qualifications that agency has to serve marginalized communities

Questions/Comments

Program Name: _____ Evaluator: _____

Scoring Factor #2 – Unmet Need – only for PSH for families/youth w/new units - 10 Points	
See Application Section #2 *Note – only for PSH for family and youth* **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? o Supported the existence of the unmet need with data?	**Score**
Questions/Comments 	

Scoring Factor #3 - Timeliness – 10 points	
See Section #2 Project Description o Extent to which the applicant demonstrated an adequate plan for rapid project start-up	**Score**
Questions/Comments 	

Scoring Factor #4 – Supportive Services – Total of 30 points	
Housing First Approach (10 points) **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? For TH/RRH, must address this for both entry to TH and RRH. • Does the applicant clearly demonstrate that rapid placement and stabilization in permanent housing are primary goals of the project? • Does the applicant clearly demonstrate an understanding of the services required for housing stabilization (i.e., helping tenants understand their rights and responsibilities, advocating with landlords/property management to address threats to housing stability) • Does the applicant clearly describe a project design that is adequate to accomplish those goals?	**Score out of 10**

Scoring Factor #4 – Supportive Services (cont.) – Total of 30 points

	Score out of 10
Assistance with obtaining and remaining in permanent housing (10 points) **Questions to consider:** • Is there a clear description of how eligible participants obtain and maintain housing? • Does the applicant have a plan to assess needs of participants and address thoseeds including but not limited to: health, behavioral health, education, employment, life skills and child care services, if applicable • Does the applicant have a plan to assita pparticpants with housing stabilization and eviction prevention? • Does the project use the critical time intervention model to inform service delivery (recommended – information available at www.criticaltime.org)? • How will appropriate units be identified and rent reasonableness be determined?	
Assistance with obtaining mainstream benefits, increasing employment and promoting independence (10 points) • Does the agency coordinate with mainstream employment organizations, other providers and mainstream benefits? • Does the agency assist tenants to access SSI/SSDI and other mainstream benefits? • Does the agency assist tenant to build independent living skills and move on from PSH? • Does the agency explain how the unique needs of the proposed target populations will be addressed in a manner that assists them to increase income and build skills? • Does the project provide a robust description of activies that will assist participants to increase income?	Score out of 10
Questions/Comments	

Scoring Factor #5: Application/Budget Quality - 20 Points

	Score out of 10
Evaluate based on the entire application **Application Quality (10 points) - Extent to which the applicant:** o consistently followed instructions? included all required attachments?	

See Section #3
Budget Quality (10 points) - Extent to which the project budget
  o was completed in accordance with the instructions?
  o met the minimum matching requirement?
  o included only eligible costs?
  o provided sufficient detail and made sense given the project description and target population?
  o Is cost effective and falls within established ranges for minimum and maximum per household costs?
	Score out of 10

Questions/Comments	

Copy of 1 scored renewal project application form

Connecticut Balance of State 2021 Individual Program Evaluation Report Period 10/1/2019 to 9/30/2020
Report version: 3/16/2021

Agency Name: Alliance for Living (AFL)		**Component Type:** PSH	
LMHA and/or Service Provider: Alliance for Living (AFL)		**Grant Number:** CT0144	
Program Name: Alliance for Living-Supportive Housing Program		**Number of Units in Application:** 14	
HMIS Program Name (1): AFL HUD SHP Combo (CT0144)		**HMIS ID (1):** 1332	

DV?: No	**First Time Review?:** No	**Youth Program?:** No	
Number of Adults: 15	**Adult Stayers:** 13	**Number of Stayers without required Annual Assessment:** 0	
Number of Participants: 15	**Households:** 14	**Number of Stayers with Annual Assessment:** 13	
Number of Leavers: 2	**Adult Leavers:** 2	**Spending Info Only - Grant Start Date:** 3/1/2019	**Grant End Date:** 2/28/2020
Number of Stayers with Annual Assessment not due yet: 0		**Total Grant:** $ 149,964	**Amount Unspent:** $0

PSH Evaluation Criteria	2021 Benchmark/ Standard PSH	Program Performance	Maximum Points 2021 Points Available	Actual pts Awarded Points
PERFORMANCE				
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%. All other projects must spend at least 95% & leave less than $50K unspent.	100%	10	10
At least one adult participant per household with previous residence that indicates qualified literal homelessness	100%	100%	10	10
PSH Only: At least one participant per household has a disability[2]	100%	100%	10	10
Non-Youth Programs only: Percentage of all adult participants who increased EARNED INCOME from entry to exit/follow-up (leavers and stayers)[3 & 4]	25%	33%	5	5
Percentage of all adult participants who increased OTHER INCOME (NON-EARNED) from entry to exit/follow-up (leavers and stayers)[4 & 5]	45%	67%	10	10
All adult participants with NON-CASH benefits excluding health insurance (leavers and stayers)[4 & 5]	95%	100%	10	10
All participants with Health Insurance (leavers and stayers)[4 & 5]	95%	100%	10	10
PSH & RRH Only: Average length of time from matched to housed[6]	85% housed within 30 days	N/A	N/A	N/A
PSH Only: Percentage of all participants who remain in PSH or exited to permanent housing[7]	95%	100%	15	15
Percentage of all leavers who exited to shelter, DV shelters, streets or unknown[7]	Less than or equal to 5%	0%	5	5
Performance total score			85	85
CONSUMER SURVEYS				
Consumer Surveys - Response Rate [8]	35%	50%	5	5
Consumer Surveys - Results [8]	50 Points	50.0	5	5.0
Consumer Surveys total score			10	10.0
COMPLIANCE				
HMIS Universal Data Elements: Error rate of less than 5% for a minimum of 13 of 16 tracked data elements[9]	Less than or equal to 5% for 13 data elements	16	5	5
Compliance total score			5	5
SCORING SUMMARY				
Total			100	100.0
Total Score, converted to a percentage	formula = (Points Awarded / Points Available for Scoring)			100.0%
Lateness Penalty: 10 points deducted for each document submitted late including Consumer Surveys, APRs, and/or Agency Data Form.				0.0
Grand Total				100.0

Copy of 1 scored renewal project application, p.2

Evaluation Criteria	2021 Benchmark/ Standard PSH	Program Performance	2021 Points Available	Awarded Points
DATA TO BE COLLECTED FOR DESCRIPTIVE OR TRACKING PURPOSES OR SETTING BENCHMARK FOR 2022 - NOT SCORED				
Occupancy based on quarterly unit utilization based on participants housed not served [11]	**90%**	**93%**	**Not Scored**	**Met Standard**
Percentage of participants accepted into the program from the by-name list during the period of October 1, 2019 to September 30, 2020[10]	**100%**	**100%**	**Not Scored**	**Met Standard**
Non-Youth Programs only: Percentage of adult participants who have EARNED INCOME at exit/follow-up (leavers and stayers) [3 & 4]	**25%**	**33%**	**Not Scored**	**Met Standard**
Supportive Services Cost per household served for all projects.	**None**	**Top 3rd Ranked Performing Project**	**Not Scored**	**1**
		Middle 3rd Cost per Household		**0**

Footnotes
[1] Excludes new, SRO projects and projects in transition.
[2] Excludes SRO projects.
[3] Excludes Youth Programs.
[4] Excludes Participants who are not yet required to have an annual assessment
[5] Excludes Participants who are ineligible for benefits
[6] New participants who entered during the applicable FFY only.
[7] Excludes deceased participants or programs with only 1 exit with a bad outcome and exits from housing to seek safety.
[8] Projects that do not submit surveys get 0 points for response rate and N/A for results. Projects that submit surveys late will get a score for response rate and results. Both projects that do not submit surveys and those that submit late get a lateness penalty.
[9] DV projects standard is 12 of 15 tracked data elements (Social Security data element is excluded)
[10] Excludes DV, YHDP Div/RE, and YHDP TH Programs.
[11] Excludes new, YHDP Div/RE, YHDP TH Programs and projects granted a one-year exception waiver.

Orange highlights scores of "0"
Pink highlights missing annual assessments - please complete annual assessments.

Final project scores for ranked renewal projects

CT BOS 2021 Renewal Evaluation Scores by Project - 06/30/2021 - FINAL

	CT#	Agency	Service Provider	Project Name	Type	SCORE
1	CT0144	Alliance for Living (AFL)	Alliance for Living (AFL)	Alliance for Living-Supportive Housing Program	PSH	100.00
2	CT0281	Liberty Community Services, Inc. (LCS)	Liberty Community Services, Inc. (LCS)	Scattered Site II	PSH	99.70
3	CT0331	Connecticut Department of Housing (DOH)	Mercy Housing and Shelter Corp.	CT0331 Mercy RRH	RRH	97.67
4	CT0015	Liberty Community Services, Inc. (LCS)	Liberty Community Services, Inc. (LCS)	Safe Haven	PSH	97.14
5	CT0094	Thames Valley Council for Community Action, Inc. (TVCCA)	Thames Valley Council for Community Action, Inc. (TVCCA)	Homeless Collaborative Network	PSH	96.10
6	CT0296	Liberty Community Services, Inc. (LCS)	Liberty Community Services, Inc. (LCS)	Safe Haven Scattered Site III	PSH	95.70
7	CT0123	St. Vincent DePaul Mission of Waterbury, Inc. (SVDM-W)	St. Vincent DePaul Mission of Waterbury, Inc. (SVDM-W)	Society of Support (SOS)	PSH	95.43
8	CT0093	Thames River Community Service Inc. (TRCS)	Thames River Community Services	Thames River Family Program	TH	95.05
9	CT0186	Friendship Service Center, Inc. (FSC)	Friendship Service Center, Inc. (FSC)	Arch Street Housing	PSH	95.05
10	CT0286A	CT Department of Mental Health and Addiction Services (DMHAS)	Western Connecticut Mental Health Network / Center For Human Development	CT0286 BOS DMHAS 2015 - WCMHN - Torrington	PSH	95.00
11	CT0265D	CT Department of Mental Health and Addiction Services (DMHAS)	BHCare	CT0265 BOS DMHAS 2014 - BHCare (The Valley/Milford/Branford)	PSH	94.80
12	CT0249	Liberty Community Services, Inc. (LCS)	Liberty Community Services, Inc. (LCS)	Housing First	PSH	94.70
13	CT0286C	CT Department of Mental Health and Addiction Services (DMHAS)	BHCare	CT0286 BOS DMHAS 2015 - BHCare	PSH	94.70
14	CT0053	CT Department of Mental Health and Addiction Services (DMHAS)	River Valley Services / The Connection	CT0053 Middletown The Connection	PSH	94.57
15	CT0073	CT Department of Mental Health and Addiction Services (DMHAS)	Community Health Resources	CT0073 Manchester CHR Rental Assistance	PSH	94.57
16	CT0111	Friendship Service Center, Inc. (FSC)	Friendship Service Center, Inc. (FSC)	PEAK	PSH	94.57
17	CT0153	Liberty Community Services, Inc. (LCS)	Liberty Community Services, Inc. (LCS)	Safe Haven Scattered Site	PSH	94.42
18	CT0052	CT Department of Mental Health and Addiction Services (DMHAS)	River Valley Services / St. Vincent DePaul Place, Middletown	CT0052 Middletown Liberty Commons	PSH	94.21
19	CT0286B	CT Department of Mental Health and Addiction Services (DMHAS)	Western Connecticut Mental Health Network / Center For Human Development	CT0286 BOS DMHAS 2015 - WCMHN - Waterbury	PSH	94.20
20	CT0121	Center For Human Development (CHD)	Center For Human Development (CHD)	PILOTS II (CT0121)	PSH	94.00
21	CT0297	CT Department of Mental Health and Addiction Services (DMHAS)	The Connection	CT0297 Pendleton PSH	PSH	93.90
22	CT0265F	CT Department of Mental Health and Addiction Services (DMHAS)	River Valley Services / Mercy Housing and Shelter Corp.	CT0265 BOS DMHAS 2014 - Mercy (Middlesex)	PSH	93.80
23	CT0282	Liberty Community Services, Inc. (LCS)	Liberty Community Services, Inc. (LCS)	Rapid Rehousing II	RRH	93.79
24	CT0220A	Connecticut Department of Housing (DOH)	Columbus House, Inc	CT0220 CT BOS RRH 2018 - Columbus House	RRH	93.68
25	CT0306D	Connecticut Department of Housing (DOH)	Mercy Housing and Shelter Corp.	CT0306 CT BOS DOH PSH 1 - Mercy Housing and Shelter Corp	PSH	93.60
26	CT0265B	CT Department of Mental Health and Addiction Services (DMHAS)	Chrysalis Center, Inc. (CCI)	CT0265 BOS DMHAS 2014 - Chrysalis Center (Meriden)	PSH	93.37
27	CT0139	Chrysalis Center, Inc. (CCI)	Chrysalis Center, Inc. (CCI)	CT0139 Hartford Chrysalis Supportive Housing for Veterans	PSH	93.00
28	CT0265E	CT Department of Mental Health and Addiction Services (DMHAS)	Liberty Community Services, Inc. (LCS)	CT0265 BOS DMHAS 2014 - Liberty Community Services (Greater New Haven)	PSH	92.80
29	CT0074	Windham Regional Community Council (WRCC)	Windham Regional Community Council	Project Home	PSH	92.57
30	CT0064	Chrysalis Center, Inc. (CCI)	Chrysalis Center, Inc. (CCI)	Family Matters CT0064	PSH	91.90
31	CT0261	Community Renewal Team, Inc. (CRT)	Community Renewal Team, Inc. (CRT)	Project Teach	PSH	91.34
32	CT0012	CT Department of Mental Health and Addiction Services (DMHAS)	Connecticut Mental Health Center / New Reach	CT0012 New Haven Lucht Hall	PSH	91.16

CT BOS 2021 Renewal Evaluation Scores by Project - 06/30/2021 - FINAL

	CT#	Agency	Service Provider	Project Name	Type	SCORE
33	CT0019	ImmaCare Inc.	ImmaCare Inc.	CDF Combo 1-4	PSH	91.05
34	CT0159	New London Homeless Hospitality Center, Inc. (NLHHC)	New London Homeless Hospitality Center, Inc. (NLHHC)	Housing for Health	PSH	90.42
35	CT0265H	CT Department of Mental Health and Addiction Services (DMHAS)	Southeastern Mental Health Authority / New London Homeless Hospitality Center and Alliance for Living	CT0265 BOS DMHAS 2014 - New London Homeless Hospitality Center	PSH	90.30
36	CT0306A	Connecticut Department of Housing (DOH)	Liberty Community Services, Inc. (LCS)	CT0306 CT BOS DOH PSH 1 - Liberty Community Services	PSH	90.21
37	CT0162	CT Department of Mental Health and Addiction Services (DMHAS)	Western Connecticut Mental Health Network	CT0162 Waterbury New Hope	PSH	90.11
38	CT0265J	CT Department of Mental Health and Addiction Services (DMHAS)	Windham Regional Community Council	CT0265 BOS DMHAS 2014 - WRCC (Windham County)	PSH	89.90
39	CT0306C	Connecticut Department of Housing (DOH)	Windham Regional Community Council	CT0306 CT BOS DOH PSH 1 - Windham Regional Community Council	PSH	89.89
40	CT0265I	CT Department of Mental Health and Addiction Services (DMHAS)	Western Connecticut Mental Health Network / Center For Human Development	CT0265 BOS DMHAS 2014 - WCHMN - CHD (Torrington/Litchfield)	PSH	89.80
41	CT0171	Columbus House, Inc (CHI)	Columbus House, Inc	CHI Consolidated SHP	PSH	89.71
42	CT0294	Connecticut Department of Housing (DOH)	Mercy Housing and Shelter Corp.	CT0294 CT BOS RRH 2016 - Mercy	RRH	89.68
43	CT0028	Young Women's Christian Association of the Hartford Region (YWCA of HR)	Young Women's Christian Association of the Hartford Region (YWCA of HR)	Soromundi Commons Supportive Housing	PSH	89.52
44	CT0243	Connecticut Department of Housing (DOH)	New Reach	CT0243 New Haven New Reach Rapid Rehousing	RRH	89.47
45	CT0172	CT Department of Mental Health and Addiction Services (DMHAS)	Capitol Region Mental Health Center / My Sisters' Place	CT0172 Hartford Sue Ann Shay Place	PSH	89.44
46	CT0286E	CT Department of Mental Health and Addiction Services (DMHAS)	Chrysalis Center, Inc. (CCI)	CT0286 BOS DMHAS 2015 - Chrysalis Center - Stafford Springs	PSH	88.48
47	CT0286H	CT Department of Mental Health and Addiction Services (DMHAS)	Liberty Community Services, Inc. (LCS)	CT0286 BOS DMHAS 2015 - Liberty Community Services	PSH	88.29
48	CT0291	My Sisters' Place, Inc. (MSP)	My Sisters' Place	Permanent Supportive Housing at MSP	PSH	88.29
49	CT0306B	Connecticut Department of Housing (DOH)	Friendship Service Center, Inc. (FSC)	CT0306 CT BOS DOH PSH 1 - Friendship Service Center	PSH	88.00
50	CT0286F	CT Department of Mental Health and Addiction Services (DMHAS)	Chrysalis Center, Inc. (CCI)	CT0286 BOS DMHAS 2015 - Chrysalis Center - Waterbury	PSH	86.95
51	CT0154	CT Department of Mental Health and Addiction Services (DMHAS)	Mercy Housing and Shelter Corp.	CT0154 Greater Hartford Mercy Rental Assistance	PSH	86.90
52	CT0092	Safe Futures, Inc.	Safe Futures, Inc.	Phoenix House	TH	86.84
53	CT0242	Connecticut Department of Housing (DOH)	Columbus House, Inc	CT0242 Middlesex Columbus House Rapid Rehousing	RRH	86.74
54	CT0137	St. Vincent DePaul Place, Middletown, Inc. (SVDP-M)	St. Vincent DePaul Place, Middletown, Inc. (SVDP-M)	SVD Middletown SHP	PSH	86.70
55	CT0114	Friendship Service Center, Inc. (FSC)	Friendship Service Center, Inc. (FSC)	TLP	TH	86.53
56	CT0294B	Connecticut Department of Housing (DOH)	New London Homeless Hospitality Center, Inc. (NLHHC)	CT0294 CT BOS RRH 2016 - NLHHC	RRH	86.53
57	CT0068	Torrington Community Housing Corporation (TCHC)	Charlotte Hungerford Hospital (CHH)	HOPE I and II	PSH	86.10
58	CT0013	CT Department of Mental Health and Addiction Services (DMHAS)	Connecticut Mental Health Center / Columbus House	CT0013 New Haven Cedar Hill	PSH	85.14
59	CT0129	CT Department of Mental Health and Addiction Services (DMHAS)	Connecticut Mental Health Center	CT0129 New Haven Safe Haven	PSH	85.14
60	CT0204	CT Department of Mental Health and Addiction Services (DMHAS)	Western Connecticut Mental Health Network	CT0204 Waterbury Rental Assistance	PSH	84.95
61	CT0167	Prudence Crandall Center	Prudence Crandall Center	Rosehill Supportive Housing	PSH	84.86
62	CT0176	CT Department of Mental Health and Addiction Services (DMHAS)	Southeastern Mental Health Authority / Reliance Health	CT0176 Norwich New London Rental Assistance Boswell	PSH	84.80
63	CT0087	Safe Futures, Inc.	Safe Futures, Inc.	Flora O'Neil Apartments	PSH	84.70
64	CT0283	Connecticut Department of Housing (DOH)	New Reach	CT0283 New Reach RRH	RRH	84.53
65	CT0077	CT Department of Mental Health and Addiction Services (DMHAS)	United Services	CT0077 Windham United Services Brick Row	PSH	84.40

CT BOS 2021 Renewal Evaluation Scores by Project - 06/30/2021 - FINAL

	CT#	Agency	Service Provider	Project Name	Type	SCORE
66	CT0066	Chrysalis Center, Inc. (CCI)	Chrysalis Center, Inc. (CCI)	CT0066 Greater Hartford Chrysalis Rental Assistance	PSH	84.29
67	CT0212	CT Department of Mental Health and Addiction Services (DMHAS)	Western Connecticut Mental Health Network	CT0212 Brooklyn Hope	PSH	84.11
68	CT0279	Connecticut Department of Housing (DOH)	Community Health Resources	CT0279 Central CAN RRH	RRH	84.00
69	CT0023	CT Department of Mental Health and Addiction Services (DMHAS)	Capitol Region Mental Health Center / My Sisters' Place	CT0023 Hartford Mary Seymour Place	PSH	83.76
70	CT0161	CT Department of Mental Health and Addiction Services (DMHAS)	Community Mental Health Affiliates	CT0161 New Britain CMHA Rental Assistance	PSH	83.24
71	CT0286D	CT Department of Mental Health and Addiction Services (DMHAS)	Chrysalis Center, Inc. (CCI)	CT0286 BOS DMHAS 2015 - Chrysalis Center - New Britain	PSH	83.05
72	CT0135	CT Department of Mental Health and Addiction Services (DMHAS)	Chrysalis Center, Inc. (CCI)	CT0135 Hartford Chrysalis Soromundi Commons	PSH	82.23
73	CT0059	Community Renewal Team, Inc. (CRT)	Community Renewal Team, Inc. (CRT)	CRT PSH Consolidated	PSH	82.19
74	CT0131	CT Department of Mental Health and Addiction Services (DMHAS)	Capitol Region Mental Health Center	CT0131 Hartford Hudson View Commons	PSH	82.03
75	CT0211	CT Department of Mental Health and Addiction Services (DMHAS)	Western Connecticut Mental Health Network	CT0211 Waterbury Step-up	PSH	81.62
76	CT0069	New Opportunities Inc. (NOI)	New Opportunities Inc. (NOI)	Meriden SHP	PSH	81.47
77	CT031SRO	Torrington Y Limited Partnership	Torrington Y Limited Partnership	Y-House	PSH	81.47
78	CT0164	CT Department of Mental Health and Addiction Services (DMHAS)	Connecticut Mental Health Center	CT0164 New Haven Rental Assistance	PSH	81.33
79	CT0151	CT Department of Mental Health and Addiction Services (DMHAS)	Western Connecticut Mental Health Network	CT0151 Waterbury Housing Plus	PSH	81.00
80	CT0011	CT Department of Mental Health and Addiction Services (DMHAS)	Connecticut Mental Health Center / Columbus House	CT0011 New Haven Columbus House Sojourners	PSH	80.57
81	CT0237	CT Department of Mental Health and Addiction Services (DMHAS)	Western Connecticut Mental Health Network	CT0237 Waterbury East Main Street	PSH	80.38
82	CT0072	Housing Authority of City of Torrington (THA)	Center For Human Development	Pilots I	PSH	80.00
83	CT0246	CT Department of Mental Health and Addiction Services (DMHAS)	River Valley Services / Mercy Housing and Shelter Corp.	CT0246 Greater Middletown Mercy Rental Assistance	PSH	80.00
84	CT0200	CT Department of Mental Health and Addiction Services (DMHAS)	Western Connecticut Mental Health Network	CT0200 Torrington Rental Assistance WHO	PSH	79.81
85	CT0141	Housing Authority of City of Torrington (THA)	Center For Human Development	Pilots II	PSH	79.70
86	CT0149	Prudence Crandall Center	Prudence Crandall Center	PSH for People with Disabilities	PSH	79.52
87	CT0265A	CT Department of Mental Health and Addiction Services (DMHAS)	Chrysalis Center, Inc. (CCI)	CT0265 BOS DMHAS 2014 - Chrysalis Center (Hartford Suburbs & tolland CountY0	PSH	78.95
88	CT0054	CT Department of Mental Health and Addiction Services (DMHAS)	River Valley Services / Community Health Center	CT0054 Middletown Rental Assistance	PSH	78.86
89	CT0120	New Opportunities Inc. (NOI)	New Opportunities Inc. (NOI)	Freedom Walk	PSH	78.00
90	CT0070	CT Department of Mental Health and Addiction Services (DMHAS)	Rushford Center	CT0070 Meriden Wallingford Rushford Rental Assistance	PSH	77.90
91	CT0067	Holy Family Home and Shelter,Inc (HFHS)	Holy Family Home and Shelter,Inc (HFHS)	Homes Plus	PSH	77.81
92	CT0330	Connecticut Department of Housing (DOH)	CCADV	CT0330 CT BOS CCADV RRH	RRH	77.29
93	CT0142	CT Department of Mental Health and Addiction Services (DMHAS)	Mental Health Connecticut, Inc (MHCT)	CT0142 Torrington Mental Health CT Rental Assistance	PSH	76.50
94	CT0165	Killingly Housing Authority	Access Agency	Killingly Wrap Around Housing Program	PSH	76.00
95	CT0122	Center For Human Development (CHD)	Center For Human Development (CHD)	PILOTS I (CT0122)	PSH	75.24
96	CT0076	CT Department of Mental Health and Addiction Services (DMHAS)	United Services	CT0076 Windham United Services Rental Assistance	PSH	74.95
97	CT0089	CT Department of Mental Health and Addiction Services (DMHAS)	Southeastern Mental Health Authority / Reliance Health, Sound Community Services, The Connection	CT0089 Norwich New London Rental Assistance	PSH	74.00
98	CT0277	Liberty Community Services, Inc. (LCS)	Liberty Community Services, Inc. (LCS)	Rapid Rehousing I	RRH	73.68
99	CT0168	Prudence Crandall Center	Prudence Crandall Center	Rosehill Transitional Living	TH	72.11

CT BOS 2021 Renewal Evaluation Scores by Project - 06/30/2021 - FINAL

	CT#	Agency	Service Provider	Project Name	Type	SCORE
100	CT0191	Chrysalis Center, Inc. (CCI)	Chrysalis Center, Inc. (CCI)	CT0191 St. Philip House	RRH	72.00
101	CT0294C	Connecticut Department of Housing (DOH)	New Reach	CT0294 CT BOS RRH 2016 - New Reach	RRH	71.79
102	CT0062	CT Department of Mental Health and Addiction Services (DMHAS)	BHCare	CT0062 BHCare Rental Assistance	PSH	71.05
103	CT0265C	CT Department of Mental Health and Addiction Services (DMHAS)	Chrysalis Center, Inc. (CCI)	CT0265 BOS DMHAS 2014 - Chrysalis Center (New Britain/Bristol)	PSH	70.80
104	CT0278	Connecticut Department of Housing (DOH)	Youth Continuum	CT0278 Youth Continuum Supportive Housing Project	PSH	69.81
105	CT0240	Chrysalis Center, Inc. (CCI)	Chrysalis Center, Inc. (CCI)	CT0240 Walking Into Wall Street	PSH	67.33
106	CT0185	CT Department of Mental Health and Addiction Services (DMHAS)	Capitol Region Mental Health Center / Community Health Resources	CT0185 Manchester Rental Assistance	PSH	65.63
107	CT0280	Youth Continuum, Inc. (YC)	Youth Continuum, Inc. (YC)	Youth Continuum-Youth Rapid Rehousing	RRH	65.26
108	CT0022	CT Department of Mental Health and Addiction Services (DMHAS)	Capitol Region Mental Health Center	CT0022 Greater Hartford Rental Assistance Consolidated	PSH	62.62
109	CT0272	Community Renewal Team, Inc. (CRT)	Community Renewal Team, Inc. (CRT)	H-PASS RRH 2019-2020	RRH	56.78
110	CT0150	CREDO Housing Development Corp. Inc. (CREDO)	CREDO Housing Development Corp. Inc. (CREDO)	1569 Thomaston Avenue	PSH	52.63
111	CT025SRO	Northwestern Connecticut Young Men's Christian Association (NWCT YMCA)	Northwestern Connecticut Young Men's Christian Association (NWCT YMCA)	Winstead Residence	PSH	33.00
112	CT0294D	Connecticut Department of Housing (DOH)	Access Agency	CT0294 CT BOS RRH 2016 - Access Agency	RRH	22.22

Average Score		84.0
Median Score		86.3

Final project scores for ranked renewal projects, p.5

CT BOS 2021 Renewal Evaluation Scores by Project - 06/30/2021 - FINAL

CoC Projects not reviewed in 2021 (Projects without a full operating grant year)

	CT#	Agency	Service Provider	Project Name	Type	SCORE
132	CT0220B	Connecticut Department of Housing (DOH)	New London Homeless Hospitality Center, Inc. (NLHHC)	CT0220 CT BOS RRH 2018 - New London Homeless Hospitality Center	RRH	Not Scored
133	CT0220C	Connecticut Department of Housing (DOH)	Windham Regional Community Council	CT0220 CT BOS RRH 2018 - WRCC	RRH	Not Scored
134	CT0220D	Connecticut Department of Housing (DOH)	Columbus House, Inc	CT0220 CT BOS RRH 2018 - Columbus House - MMW	RRH	Not Scored

*Project Planning Application, YHDP Renewal Apps, YHDP Replacement Apps are not included in the ranking but will be submitted to HUD.

Final Project Scores for Ranked New Projects

New: Reallocation & Bonus	Applicant / Service Provider	Project Name	Final Application Score
	Youth Continuum	CT0280 (change to PSH)	N/A
	CT DOH	CT0295 CT BOS DOH CAN SSO Expansion 2021	N/A
	St. Vincent DePaul	SVD Middletown SHP Expansion 2021	N/A
CT DMHAS Project (One Application) BOS 210	The Connection	St. Mary Place	84.3
	Southpark Inn	Transformations	91.5
	Liberty	CT0153 Liberty Consolidated Scattered Site Housing	90.8
	CHD	BOS 2022	85.8
	Chrysalis	Columbus / Courtlandt	60.9
	New Reach	New Reach - New Units and Services	90.2
	Columbus House	Village	89.8
	Columbus House	Meriden Commons & Peterson Properties	86.9
	WRCC	CT0265	84.8
	Chrysalis	CT0240 Walking Into Wall Street Expansion	59.1

PUBLIC POSTING - PROJECTS REJECTED/REDUCED

Search mail

2 of many   <   >

Funding for CT0150

CT BOS CoC <ctboscoc@gmail.com>   Wed, Oct 13, 11:53 AM   ☆   ↩   ⋮

to Robert, Alice, sonya.jelks, Steve, John, Suzanne, Lauren, Housing ▾

Bob,

We are writing to notify you that the Connecticut Balance of State (CT BOS) Steering Committee has voted to discontinue funding to CREDO for the following project: CT0150. This discontinuation will take effect upon conclusion of the operating year that ends on 1/31/22. All CT0150 funding will be fully reallocated, and the project is not eligible to apply for renewal via the 2021 CoC Competition. Please see the attached letter for additional information.

Please confirm receipt of this letter promptly and submit to ctboscoc@gmail.com by 11/3/21 information about your plans to ensure that tenants continue to receive rental assistance and are linked to any services they may need to secure alternative housing and remain stably housed. If you have any questions, please contact us at ctboscoc@gmail.com.

Best Regards,
Alice Minervino, Co-Chair
Sonya Jelks, Co-Chair
Steve DiLella, Co-Chair
John Merz, Co-Chair

October 13, 2021

Mr. Robert Dorr
CREDO Housing Development Corporation
1569 Thomaston Ave
Waterbury, CT 06704

Dear Bob,

We are writing to notify you that the Connecticut Balance of State (CT BOS) Steering Committee has voted to discontinue funding to CREDO for the following project: CT0150. This discontinuation will take effect upon conclusion of the operating year that ends on 1/31/22. All CT0150 funding will be fully reallocated, and the project is not eligible to apply for renewal via the 2021 CoC Competition. As you know, we initially notified you on 3/15/21 of a scheduled vote to discontinue funding. At that time, we explained the rationale, including these unresolved issues:

- Project performed poorly on CT BOS renewal evaluations and was in Corrective Action for 3 years in a row (i.e., 2019, 2020, 2021); and
- Project's Renewal Evaluation Corrective Action Plans are consistently inadequate to address performance issues.

Since March, over the past seven months, the CT BOS Co-Chairs have provided you with a written list of specific actions necessary. In addition, the chairs met with you 3 times and provided multiple opportunities to correct the issues.

CT BOS has been committed to helping to find an acceptable resolution. To that end, DOH offered CREDO Rental Assistance Program subsidies (RAPs) to be used in the project in lieu of CoC funds; however, you recently notified Steve DiLella that CREDO's Board of Directors has rejected that offer. DOH remains committed to providing RAPs to the existing tenants to enable them to move out of the building with a housing voucher.

Please confirm receipt of this letter promptly and submit to ctboscoc@gmail.com by 11/3/21 information about your plans to ensure that tenants continue to receive rental assistance and are linked to any services they may need to secure alternative housing and remain stably housed. If you have any questions, please contact us at ctboscoc@gmail.com.

Best Regards,

Alice Minervino, Co-Chair

Sonya Jelks, Co-Chair

Steve DiLella, Co-Chair

John Merz, Co-Chair

mail.google.com/mail/u/1/#search/steve/GTvVlcSGKnVVdFKpwmRnjMsZvhJN

Search mail

12 of many   <   >

CT BOS - Partial Reallocation of 0039 ⟩

CT BOS CoC <ctboscoc@gmail.com>   2:13 PM (1 hour ago)
to Steve ▾

Dear Steve,

We are writing to confirm that $300,000 is being voluntarily reallocated from CT BOS RRH Bonus 2019 - CT0039, per our agreement, so that the funds can be used to support a new expansion project.

Thank you for your efforts to end homelessness in CT.

Sincerely,
CT BOS Team

↩ Reply   ➡ Forward

ogle.com/mail/u/1/#search/to%3A+paul/DmwnWsCQfZLnSCsDnPWRW

out - eliza... | CT BOS - 0280 Transition Project - ct... | Search results for 'i+paid+but+cannot... | Renew your Microsoft 365 subscription | +

🔍 to: paul   ✕   ⚙

6 of many   <   >

CT BOS - 0280 Transition Project ⟩

CT BOS CoC <ctboscoc@gmail.com>   2:49 PM (1 hour ago) ☆ ↩ ⋮

to Paul ▾

Dear Paul,

We are writing to confirm, per our agreement, that you are submitting a Transition Project application (CT 0280) from RRH to PSH in this 2021 HUD CoC competition. This means that the original project funding is reallocated in its entirety.

Thank you for your efforts to end homelessness in CT.

Sincerely,
CT BOS Team

↩ Reply   ➡ Forward

Help

Fri Oct 29 4:02 PM   Liz Isaacs

mail.google.com/mail/u/1/#search/claudia/NZVHFspLPSZlttnPgpvMNCWNgkj

ostumes out - eliza...   Reallocation of 0068 - ctboscoc@gm...   Search results for 'i+paid+but+cannot...   Renew your Microsoft 365 subscription   +

Search mail

5 of many   <   >

Reallocation of 0068 ⤳

CT BOS CoC <ctboscoc@gmail.com>   Mon, Oct 25, 7:04 PM (4 days ago)
to Claudia ▾

Dear Claudia,

We are writing to confirm that CT0068 is being fully reallocated in the 2021 CoC competition and once the operating year of the grant awarded in 2020 is complete, the project will no longer receive CoC funds.

Thank you for your efforts to end homelessness in CT.

Sincerely,

CT BOS Team

↩ Reply   ➡ Forward

M Gmail

Bonus Project Application Response

1 message

CT BOS CoC <ctboscoc@gmail.com>   Mon, Oct 25, 2021 at 5:46 PM
To: Sharon Castelli <scastelli@chrysaliscenterct.org>
Cc: sonya.jelks@csh.org, Steve DiLella <Steve.DiLella@ct.gov>, "John Merz (JMerz@aids-ct.org)" <JMerz@aids-ct.org>,
Alice Minervino <alice.minervino@ct.gov>

Hi Sharon,

Dear Sharon,

Thank you for submitting your **Legion Court PSH new project application** to the CT BOS CoC
for a new project for submission in the FY2021 HUD CoC NOFA. We are writing to inform you that
your application will not be included in the 2021 HUD bonus project application.

This project did not meet HUD requirements for New PSH project applications.

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.

Sincerely,
Steve DiLella, Sonya Jelks, John Merz, and Alice Minervino
CT BOS Co-Chairs

M Gmail   **CT BOS CoC <ctboscoc@gmail.com>**

Bonus Project App Response

1 message

CT BOS CoC <ctboscoc@gmail.com>   Mon, Oct 25, 2021 at 5:35 PM
To: cdituri@columbushouse.org
Cc: Steve DiLella <Steve.DiLella@ct.gov>, sonya.jelks@csh.org, "John Merz (JMerz@aids-ct.org)" <JMerz@aids-ct.org>,
Alice Minervino <alice.minervino@ct.gov>

Dear Catherine,

Thank you for submitting your **Tyler and Mather's Street PSH new project application** to the CT
BOS CoC for a new project for submission in the FY2021 HUD CoC NOFA. We are writing to
inform you that your application will not be included in the 2021 HUD bonus project application.

This application exceeded the CT BOS threshold of $7,500 per household for supportive service
funding.

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.

Sincerely,
Steve DiLella, Sonya Jelks, John Merz, and Alice Minervino
CT BOS Co-Chairs

M Gmail   **CT BOS CoC <ctboscoc@gmail.com>**

Bonus Project Application Response
1 message

CT BOS CoC <ctboscoc@gmail.com>   Wed, Oct 13, 2021 at 11:50 AM
To: Sharon Castelli <scastelli@chrysaliscenterct.org>
Cc: Steve DiLella <Steve.DiLella@ct.gov>, sonya.jelks@csh.org, "John Merz (JMerz@aids-ct.org)" <JMerz@aids-ct.org>,
Alice Minervino <alice.minervino@ct.gov>

Dear Sharon,

Thank you for submitting your **OxyRocky PSH new project application** to the CT BOS CoC for a
new project for submission in the FY2021 HUD CoC NOFA. We are writing to inform you that your
application will not be included in the 2021 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 additional feedback on your application in a separate email.

Sincerely,
Steve DiLella, Sonya Jelks, John Merz, and Alice Minervino
CT BOS Co-Chairs

M Gmail

CT BOS CoC <ctboscoc@gmail.com>

Bonus Project Application Response

1 message

CT BOS CoC <ctboscoc@gmail.com>
To: tabitha.wolchesky@soundct.org
Cc: Steve DiLella <Steve.DiLella@ct.gov>, sonya.jelks@csh.org, "John Merz (JMerz@aids-ct.org)" <JMerz@aids-ct.org>,
Alice Minervino <alice.minervino@ct.gov>

Wed, Oct 13, 2021 at 11:48 AM

Dear Tabitha,

Thank you for submitting your **Sound Community Services, Inc. PSH new project application** to the CT BOS CoC for a new project for submission in the FY2021 HUD CoC NOFA. We are writing to inform you that your application will not be included in the 2021 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 additional feedback on your application in a separate email.

Sincerely,
Steve DiLella, Sonya Jelks, John Merz, and Alice Minervino
CT BOS Co-Chairs

M Gmail   **CT BOS CoC <ctboscoc@gmail.com>**

CT BOS Noank CSS New Project Bonus App Response
1 message

CT BOS CoC <ctboscoc@gmail.com>   Wed, Oct 13, 2021 at 11:43 AM
To: Regina Moller <rmoller@noankcss.org>
Cc: Steve DiLella <Steve.DiLella@ct.gov>, sonya.jelks@csh.org, "John Merz (JMerz@aids-ct.org)" <JMerz@aids-ct.org>,
Alice Minervino <alice.minervino@ct.gov>

Hi Regina,

Thank you for submitting your **Noank Community Support Services TH/RRH new project
application** to the CT BOS CoC for a new project for submission in the FY2021 HUD CoC NOFA.
We are writing to inform you that your application will not be included in the 2021 HUD bonus
project application.

This year, CT BOS received more new 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 additional feedback on your application in a separate email.

Sincerely,
Steve DiLella, Sonya Jelks, John Merz, and Alice Minervino
CT BOS Co-Chairs

M Gmail   **CT BOS CoC <ctboscoc@gmail.com>**

Re: CT BOS Mercy New Project Bonus App Response
1 message

CT BOS CoC <ctboscoc@gmail.com>   Wed, Oct 13, 2021 at 11:54 AM
To: Lisa Pawlik <lpawlik@mercyhousingct.org>
Cc: Steve DiLella <Steve.DiLella@ct.gov>, sonya.jelks@csh.org, "John Merz (JMerz@aids-ct.org)" <JMerz@aids-ct.org>,
Alice Minervino <alice.minervino@ct.gov>

Please note - the preceding email was meant to read "new project for submission in the **FY2021** HUD CoC
NOFA" in the first sentence. Apologies for any inconvenience.

Sincerely,
CT BOS Team

On Wed, Oct 13, 2021 at 11:23 AM CT BOS CoC <ctboscoc@gmail.com> wrote:
> Dear Lisa,
>
> Thank you for submitting your **Mercy Housing & Shelter Corp. 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 2021 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 additional feedback on your application in a separate email.
>
> Sincerely,
> Steve DiLella, Sonya Jelks, John Merz, and Alice Minervino
> CT BOS Co-Chairs

M Gmail

CT BOS CoC <ctboscoc@gmail.com>

Fwd: CT BOS - River Valley Services Bonus New Project Application
1 message

CT BOS CoC <ctboscoc@gmail.com>
Mon, Oct 11, 2021 at 9:56 AM
To: "shannon housinginnovations.us" <shannon@housinginnovations.us>

---------- Forwarded message ---------
From: **CT BOS CoC** <ctboscoc@gmail.com>
Date: Mon, Sep 9, 2019 at 2:50 PM
Subject: CT BOS - River Valley Services Bonus New Project Application
To: Hanne, Manssour <manssour.hanne@ct.gov>
Cc: shannon housinginnovations.us <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.

Sincerely,
Steve DiLella, John Merz, and Alice Minervino
CT BOS Co-Chairs

PUBLIC POSTING - PROJECTS ACCEPTED

HUD COC Application

Home   COVID-19 Resources   About   Meetings & Trainings   Resources   Policies   Youth   COC Application   Renewal Eval   Contact

2021 HUD CoC Competition

Project Listing – Ranked and Accepted 2021-PDF (2021.10.28): This document lists the projects that were accepted and ranked. Some projects were not required to be ranked, as noted on the spreadsheet, but they are included to indicate that they have been accepted and will be submitted with the CoC Priority Listing for this year's CoC Competition.

Draft Raking and Bonus Policy Discussion: Draft Ranking Policy 2021

YHDP Replacement Projects

Webinar recording: https://youtu.be/ZRwUZul529w

Webinar slides: YHDP Replacment App Webinar 2021-PDF (2021.09.07)

DV Bonus New Project Applications

The Connecticut Balance of State Continuum of Care (CT BOS) is seeking applications for new DV Bonus projects for inclusion in the CoC's 2021 application for HUD CoC funds. BOS is seeking Rapid Rehousing projects and Joint Transitional Housing/Rapid Rehousing projects for existing BOS TH projects. **The deadline for submission of New DV Bonus project applications is 9/17/2021**.

Details are available here:

CT BOS CoC - 2021 HUD NOFO
Accepted Project & Ranking List

Dear Colleagues,

Please find posted on the CT BOS Website: Project Listing - Ranked and Accepted, a list of all projects which have been accepted and ranked for submission with this year's Continuum of Care Competition. For the purposes of transparency and to meet HUD requirements, we are including the ranking for which each project is being recommended. New projects and/or projects that do not have a year's worth of program data are not evaluated and therefore, do not have a score.

Thanks to all who have assisted and continue to assist in making this year's application for funding a successful one and, as always, for the important work you do in helping to make homelessness rare, brief and no more than one time in Connecticut!

Sincerely,

CT BOS Team

See what's happening on our website!

Contact the CT Balance of State

ctboscoc@gmail.com

Sent

Now Available - 2021 CT BOS Continuum of Care Priority Listing

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Email Performance

See how your emails are doing with your audience. Compare your results to the industry average.

Sent	Open Rate	Click Rate
388	37%	22.5%

Opens	135	Clicks	82
Sent	388	Did Not Open	230
Bounces	23	Unsubscribed	0
Successful Deliveries	365	Spam Reports	0
Desktop Open Percentage	69.9%	Mobile Open Percentage	30.1%

Recommendations

Here are some things we think would help this campaign even more.

Social Share

Try sharing your email in a social post to get your message out there to a broader audience. It is a free post that says "I'm here!"

Create a Facebook Lead Ad

People want to connect with you! Start gathering their contact information from Facebook and Instagram.

Advertise on Google

Reach customers searching for products or services like yours on Google and only pay for actual clicks.

Click-Through Distribution

When a contact clicks a link in your email, we'll show you the stats here.

Link	Unique Clicks	Distribution
https://www.ctbos.org/wp-content/uploads/2021/10/Final-Ranking-Report-NOFO-2021.pdf	82	97.6%
http://www.ctbos.org/	2	2.4%
Total Click-throughs	84	100%

Send History

History of this email being sent including how many people it was sent to.

Date	Sent Count	Status
Thu, Oct 28, 2021 5:43 pm EDT	388	Your email has been successfully sent.

Template Name: Blank_PT2005

Have Feedback?

CT Balance of State (CT BoS) CT-505 2021 NOFO Projects Ranked & Accepted Report

#Rank	Applicant Name	Project Name	FY 2020 Grant Number
1	Alliance for Living	Alliance for Living - Supportive Housing Program - Renewal Application FY 2021	CT0144L1E052012
2	Liberty Community Services, Inc.	Safe Haven	CT0015L1E052013
3	Liberty Community Services, Inc.	Liberty Consolidated Scattered Site Housing	CT0153L1E052010
4	Thames Valley Council for Community Action, Inc.	Homeless Collaborative Network	CT0094L1E052013
5	St. Vincent DePaul Mission of Waterbury, Inc.	Society of Support (SOS)	CT0123L1E052013
6	Thames River Community Service Inc.	Thames River Family Program	CT0093L1E052013
7	Friendship Service Center, Inc.	Arch Street Housing	CT0186L1E052010
8	CT Department of Mental Health and Addiction Services	CT0073 Manchester CHR Rental Assistance	CT0073L1E052013
9	CT Department of Mental Health and Addiction Services	CT0053 Middletown The Connection	CT0053L1E052013
10	Friendship Service Center, Inc.	PEAK	CT0111L1E052013
11	CT Department of Mental Health and Addiction Services	CT0052 Middletown Liberty Commons	CT0052L1E052013
12	Center for Human Development Inc.	PILOTS II (CT0121)	CT0121L1E052013
13	CT Department of Mental Health and Addiction Services	CT0297 Pendleton PSH	CT0297L1E052004
14	Chrysalis Center, Inc.	CT0139 Hartford Chrysalis Supportive Housing for Veterans	CT0139L1E052012
15	Windham Regional Community Council	Project Home C	CT0074L1E052013
16	Chrysalis Center, Inc.	CT0064 Family Matters	CT0064L1E052013
17	Community Renewal Team, Inc.	Project Teach HUD FY2021	CT0261L1E052006
18	CT Department of Mental Health and Addiction Services	CT0012 New Haven Lucht Hall	CT0012L1E052013
19	ImmaCare Inc.	CDF Combo 1-4 FY2021	CT0019L1E052013
20	New London Homeless Hospitality Center, Inc.	NLHHC Housing For Health FY21	CT0159L1E052010
21	Connecticut Department of Housing	CT0306 CT BOS DOH PSH 1	CT0306L1E052003
22	CT Department of Mental Health and Addiction Services	CT0162 Waterbury New Hope	CT0162L1E052006
23	CT Department of Mental Health and Addiction Services	CT0286 BOS DMHAS 2015	CT0286L1E052005
24	Columbus House, Inc	CT0171 CHI Consolidated SHP FY 2021	CT0171L1E052008
25	Young Women's Christian Association of the Hartford Region	CT0028 Soromundi Commons Supportive Housing	CT0028L1E052013
26	Connecticut Department of Housing	CT0243 New Haven New Reach Rapid Rehousing	CT0243L1E052007
27	CT Department of Mental Health and Addiction Services	CT0172 Hartford Sue Ann Shay Place	CT0172L1E052008
28	CT Department of Mental Health and Addiction Services	CT0265 BOS DMHAS 2014	CT0265L1E052006
29	My Sisters' Place, Inc.	CT0291 Permanent Supportive Housing at MSP	CT0291L1E052004
30	CT Department of Mental Health and Addiction Services	CT0154 Greater Hartford Mercy Rental Assistance	CT0154L1E052010
31	Safe Futures, Inc.	Phoenix House Transitional Housing Program	CT0092L1E052013
32	Connecticut Department of Housing	CT0242 Middlesex Columbus House Rapid Rehousing	CT0242L1E052007
33	St. Vincent DePaul Place, Middletown, Inc.	SVD Middletown SHP	CT0137L1E052012
34	Friendship Service Center, Inc.	TLP	CT0114L1E052013
35	CT Department of Mental Health and Addiction Services	CT0129 New Haven Safe Haven	CT0129L1E052012
36	CT Department of Mental Health and Addiction Services	CT0013 New Haven Cedar Hill	CT0013L1E052013
37	CT Department of Mental Health and Addiction Services	CT0204 Waterbury Rental Assistance	CT0204L1E052009
38	CT Department of Mental Health and Addiction Services	CT0176 Norwich New London Rental Assistance Boswell	CT0176L1E052009
39	Safe Futures, Inc.	Flora O'Neil Apartments	CT0087L1E052013

38	CT Department of Mental Health and Addiction Services	CT0178 Norwich New London Rental Assistance Boswell	CT0178L1E052009
39	Safe Futures, Inc.	Flora O'Neil Apartments	CT0087L1E052013
40	CT Department of Mental Health and Addiction Services	CT0077 Windham United Services Brick Row	CT0077L1E052013
41	Chrysalis Center, Inc.	CT0066 Greater Hartford Chrysalis Rental Assistance	CT0066L1E052013
42	CT Department of Mental Health and Addiction Services	CT0212 Brooklyn Hope	CT0212L1E052009
43	Connecticut Department of Housing	CT0279 Central CAN RRH	CT0279L1E052005
44	CT Department of Mental Health and Addiction Services	CT0023 Hartford Mary Seymour Place	CT0023L1E052013
45	Liberty Community Services, Inc.	Liberty Consolidated Rapid Rehousing	CT0282L1E052005
46	CT Department of Mental Health and Addiction Services	CT0161 New Britain CMHA Rental Assistance	CT0161L1E052009
47	CT Department of Mental Health and Addiction Services	CT0135 Hartford Chrysalis Soromundi Commons	CT0135L1E052012
48	Prudence Crandall Center, Inc.	Permanent Supportive Housing for people with disabilities Rosehill	CT0167L1E052011
49	Community Renewal Team, Inc.	CRT PSH Consolidated HUD FY2021	CT0059L1E052013
50	CT Department of Mental Health and Addiction Services	CT0131 Hartford Hudson View Commons	CT0131L1E052012
51	CT Department of Mental Health and Addiction Services	CT0211 Waterbury Step-up	CT0211L1E052008
52	New Opportunities Inc.	Meriden SHP	CT0069L1E052013
53	CT Department of Mental Health and Addiction Services	CT0164 New Haven Rental Assistance	CT0164L1E052011
54	CT Department of Mental Health and Addiction Services	CT0151 Waterbury Housing Plus	CT0151L1E052012
55	CT Department of Mental Health and Addiction Services	CT0011 New Haven Columbus House Sojourners	CT0011L1E052013
56	CT Department of Mental Health and Addiction Services	CT0237 Waterbury East Main Street	CT0237L1E052008
57	CT Department of Mental Health and Addiction Services	CT0246 Greater Middletown Mercy Rental Assistance	CT0246L1E052007
58	CT Department of Mental Health and Addiction Services	CT0200 Torrington Rental Assistance WHO	CT0200L1E052009
59	CT Department of Mental Health and Addiction Services	CT0141 Torrington CHD Pilots	CT0141L1E052012
60	CT Department of Mental Health and Addiction Services	CT0054 Middletown Rental Assistance	CT0054L1E052013
61	New Opportunities Inc.	Freedom Walk	CT0120L1E052013

62	CT Department of Mental Health and Addiction Services	CT0070 Meriden Wallingford Rushford Rental Assistance	CT0070L1E052013
63	Holy Family Home and Shelter,Inc	Homes Plus	CT0067L1E052013
64	Connecticut Department of Housing	CT0330 CT BOS CCADV RRH	CT0330D1E052002
65	CT Department of Mental Health and Addiction Services	CT0142 Torrington Mental Health CT Rental Assistance	CT0142L1E052012
66	Killingly Housing Authority	Killingly Consolidated Wrap Around Housing Programs	CT0165L1E052011
67	Center for Human Development Inc.	PILOTS I (CT0122)	CT0122L1E052013
68	CT Department of Mental Health and Addiction Services	CT0076 Windham United Services Rental Assistance	CT0076L1E052013
69	CT Department of Mental Health and Addiction Services	CT0089 Norwich New London Rental Assistance	CT0089L1E052013

70	Prudence Crandall Center, Inc.	rosehill transitional living program	CT0168L1E052011
71	Chrysalis Center, Inc.	CT0191 St. Philip House	CT0191L1E052010
72	CT Department of Mental Health and Addiction Services	CT0062 BHCare Rental Assistance	CT0062L1E052013
73	Connecticut Department of Housing	CT0278 Youth Continuum Supportive Housing Project	CT0278L1E052005
74	Connecticut Department of Housing	CT0294 DOH CT BOS RRH	CT0294L1E052004
75	Chrysalis Center, Inc.	CT0240 Walking Into Wall Street	CT0240L1E052008
76	CT Department of Mental Health and Addiction Services	CT0185 Manchester Rental Assistance	CT0185L1E052010
77	Youth Continuum, Inc.	CT0280 Youth Continuum-Youth Scattered Site PSH	CT0280L1E052005
78	CT Department of Mental Health and Addiction Services	CT0022 Greater Hartford Rental Assistance Consolidated	CT0022L1E052013
79	Community Renewal Team, Inc.	H-PASS PSH HUD FY 2021	CT0272L1E052005
80	CT Department of Mental Health and Addiction Services	CT0061 CHR PSH	CT0061L1E052013
81	CT Department of Mental Health and Addiction Services	CT0340 BOS DMHAS 2019	CT0340L1E052001
82	Connecticut Department of Housing	CT0339 CT BOS RRH Bonus 2019	CT0339L1E052001
83	Connecticut Department of Housing	CT0338 DOH CCADV BOS RRH Project 2019	CT0338D1E052001
84	Connecticut Coalition to End Homelessness	CT HMIS-BOS 2021 (CT0063)	CT0063L1E052013
85	Connecticut Coalition to End Homelessness	GREATER HARTFORD HMIS 2021 (CT0293)	CT0293L1E052004
86	Connecticut Department of Housing	CT0295 DOH CT BOS CAN SSO	CT0295L1E052004
87	Connecticut Department of Housing	CT0295 CT BOS DOH CAN SSO Expansion 2021	New Project
88	St. Vincent DePaul	SVD Middletown SHP Expansion 2021	New Project
89	The Connection	St. Mary's Place	New Project
90	CT Department of Mental Health and Addiction Services	DMHAS BOS 210	New Project
91	Chrysalis Center, Inc.	CT0240 Walking Into Wall Street Expansion	New Project
92	Prudence Crandall Center, Inc.	Prudence Crandall Center's Enhanced Housing Options	New Project - DV BONUS
93	Connecticut Department of Housing	CT0330 CT BOS CCADV RRH Expansion 2021	New Project - DV BONUS
94	Connecticut Department of Housing	CT0338 CT BOS CCADV RRH Expansion 2021	New Project - DV BONUS

Planning Grant
Included, but not Ranked

CT Department of Mental Health and Addiction Services	BOS Planning Grant	New Project

YHDP Projects
Included, but not Ranked

Noank Community Support Services, Inc.	CT0307 TH YHDP	CT0307Y1E052002
Noank Community Support Services, Inc.	CT0308 YHDP Youth Navigator Eastern	CT0308Y1E052002
Columbus House, Inc	YHDP CAN 8 Application - Youth Navigator	CT0309Y1E052002
Journey Home, Inc.	YHDP Youth Navigator Central & Greater Hartford	CT0310Y1E052002
Columbus House, Inc	YHDP CAN 8 Application - Crisis Housing	CT0312Y1E052002
Connecticut Coalition to End Homelessness	YHDP Youth Diversion and Rapid Exit 1	CT0313Y1E052002
Youth Continuum, Inc.	Youth Continuum Youth Navigators	CT0314Y1E052002
Youth Continuum, Inc.	Youth Continuum Crisis Housing	CT0315Y1E052002
The ACCESS Agency, Inc.	YHDP Youth Navigator NE	CT0316Y1E052002
Connecticut Department of Housing	CT0317 DOH YHDP Rapid Rehousing	CT0317Y1E052002
Supportive Housing Works	CT0318 Waterbury Litchfield CAN Youth Navigator	CT0318Y1E052002
The Salvation Army, a New York Corporation	YHDP Crisis Housing Greater Hartford	CT0319Y1E052002
Connecticut Coalition to End Homelessness	YHDP Youth Diversion and Rapid Exit	CT0320Y1E052002

HUD COC Application – Connecticut Balance of State

BOS CT CoC

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2021 HUD CoC Competition Documents

CT BOS Consolidated App 11.12.21 (2021.11.12): This document is the Esnaps HUD CoC Competition FY 2021 CoC Application.

CT BOS CT-505 2021 Project Priority Listing (2021.11.12): This document is the Esnaps HUD CoC Competition FY 2021 Project Priority Listing.

Project Listing – Ranked and Accepted 2021-PDF (2021.10.28): This document lists the projects that were accepted and ranked. Some projects were not required to be ranked, as noted on the spreadsheet, but they are included to indicate that they have been accepted and will be submitted with the CoC Priority Listing for this year's CoC Competition.

Draft Raking and Bonus Policy Discussion: Draft Ranking Policy 2021

YHDP Replacement Projects

Webinar recording: https://youtu.be/ZRwUZul529w

Webinar slides: YHDP Replacment App Webinar 2021-PDF (2021.09.07)

Housing Leveraging Commitment

STATE OF CONNECTICUT
DEPARTMENT OF HOUSING

October 25, 2021

Ms. Lisa DeMatteis-Lepore
Chief Executive Officer
The Connection
100 Roscommon Drive
Middletown, CT 06457

Dear Ms. DeMatteis-Lepore:

This letter of commitment confirms that the Connecticut Department of Housing (DOH) is providing Section 811 Project-based Rental Assistance for 5 units in the St. Mary's Place project located at 10 Huntington Street, New London, CT. This commitment includes rental assistance funded by Section 811 for 100% of the units proposed to receive CoC program funding via the new project application submitted by the CT Department of Mental Health in the 2021 CoC Program Competition (i.e., project name: St. Mary's Place)

This commitment is also codified in a DOH contract that has already been awarded to The Connection and which would cover the operating costs for twenty years for the proposed project cited above.

If awarded by HUD, the project will serve five households who meet DedicatedPLUS eligibility criteria as defined by HUD and who will be referred and prioritized by the applicable Coordinated Access Network in accordance with the written standards adopted by the CT Balance of State Continuum of Care.

Sincerely,

Steve DiLella
CT Department of Housing

Cc: Alice Minervino, CT Department of Mental Health and Addiction Services
        Teresa Ferraro, The Connection

Healthcare Formal Agreement

NED LAMONT
GOVERNOR

NANCY NAVARRETTA, MA, LPC, NCC
ACTING COMMISSIONER

October 26, 2021

To Whom It May Concern:

This letter of commitment confirms a formal agreement between the Connecticut Department of Mental Health and Addiction Services (DMHAS) and the Connecticut Balance of State Continuum of Care (CT BOS). DMHAS will provide behavioral health care services to program participants of the proposed PSH new project with the project name DMHAS BOS 210 PSH 2021, which has been submitted as part of the CT BOS 2021 Consolidated CoC Application. The behavioral health care services provided by DMHAS will include mental health and substance abuse services. The services will be tailored to the needs of the project participants and provided by Local Mental Health Authorities (LMHAs), which operate under the auspices of DMHAS.

DMHAS will document, at a minimum, $510,000 annually in behavioral health care services provided to participants of the above named project by Local LMHAs. This amount is equivalent to 25 percent of the total funding being requested for the project.

These behavioral health care services will be provided beginning on the grant start date of the project if awarded through the 2021 CoC Competition and for the full project operating year. DMHAS will continue to provide these services for the full operating year for each subsequent renewal.

If awarded by HUD, DMHAS BOS 210 PSH 2021 will serve 210 households who meet DedicatedPLUS eligibility criteria as defined by HUD and who will be referred and prioritized by the applicable Coordinated Access Network in accordance with the written standards adopted by the CT Balance of State Continuum of Care. Participant eligibility for the project is based on HUD CoC Program fair housing requirements and is not restricted by DMHAS.

Sincerely,

Alice Minervino
Behavioral Health Program Manager
Housing & Homeless Services
Department of Mental Health & Addiction Services
CT BOS Co-Chair

CC: Steve DiLella, CT BOS Co-Chair
       Sonya Jelks, CT BOS Co-Chair
       John Merz, CT BOS Co-Chair