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 2022 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
 2. The FY 2022 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 2022 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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
    - FY 2022 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

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

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

1A-3. CoC Designation: CA

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

1B. Coordination and Engagement–Inclusive Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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  - Section 3 Resources;
  - PHA Crosswalk; and
  - Frequently Asked Questions

1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.p., and VII.B.1.r.	

	In the chart below for the period from May 1, 2021 to April 30, 2022:
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 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.	Disability Advocates	Yes	Yes	Yes
5.	Disability Service Organizations	Yes	Yes	Yes
6.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
7.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
8.	Hospital(s)	Yes	Yes	Yes
9.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	No	No
10.	Law Enforcement	Yes	No	Yes
11.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
12.	LGBTQ+ Service Organizations	Yes	Yes	Yes
13.	Local Government Staff/Officials	Yes	Yes	Yes
14.	Local Jail(s)	Yes	No	Yes
15.	Mental Health Service Organizations	Yes	Yes	Yes
16.	Mental Illness Advocates	Yes	Yes	Yes

17.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
18.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
19.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
20.	Other homeless subpopulation advocates	Yes	Yes	Yes
21.	Public Housing Authorities	Yes	Yes	Yes
22.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
23.	State Domestic Violence Coalition	Yes	Yes	Yes
24.	State Sexual Assault Coalition	No	No	No
25.	Street Outreach Team(s)	Yes	Yes	Yes
26.	Substance Abuse Advocates	Yes	Yes	Yes
27.	Substance Abuse Service Organizations	Yes	Yes	Yes
28.	Victim Service Providers	Yes	Yes	Yes
29.	Domestic Violence Advocates	Yes	Yes	Yes
30.	Other Victim Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.	CT Department of Labor	Yes	Yes	Yes
35.	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 a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;
	2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
	3.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 characters)

1) Public invitations to join the CoC are announced via email blast (to over 400 people) and on the CoC website (www.ctbos.org) at least twice/year. But anyone can join the CoC at any time and sign up for multiple free email listservs via the CoC website. All CoC Steering Committee (SC) meetings Coordinated Access Network (CAN) meetings and work groups are open to the public. Meeting materials are posted on the CoC website at least monthly. Each CoC meeting announcement goes out to over 225 people. 2)The CoC posts a commitment to Section 508 compliance on its website, has updated the website and content reflecting same, and publishes documents in accessible format ensuring effective communication with people with disabilities. Interpreters (including sign language), TRS phone services & large print materials are available as needed. 3) The CoC listserv includes organizations serving culturally specific groups (i.e., Black, Latino, Indigenous, other People of Color, persons with disabilities) as well as numerous People with Lived Experience of Homelessness (PWLEH) to address equity. The listserv is continually growing as new organizations are engaged in the process. As a part of the CoC's participation in the HUD Race Equity Demo, the CoC has reached out to culturally specific organizations to address equity and be more representative of the homeless population. Latino and black-led organizations have been a focus of outreach as the data shows those groups overrepresented in the homeless population in CT.

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 2,500 characters)

1) The CoC solicited & considered input from a broad array of stakeholders through the CT Reaching Home Coordinating Committee -RHCC, the 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 includes 8 state/federal agencies, 12 (CAN) representatives for 6 different CoC regions, 5 advocacy organizations & 8 community representatives who are people with lived experience of homelessness (PWLEH) – including two designated seats for YHDP YAB members. The SC holds open public monthly meetings. Most committees meet monthly. Participants include people/organizations with extensive knowledge of homelessness from the housing, health, mental health, substance use treatment, education, employment, DV, food insecurity, advocacy, philanthropy, faith, business, government & non-profit sectors & PWLEH. The CoC communicates critical information via monthly meetings, the email listserv & the CoC website& seeks stakeholder and public input on policies, evaluation criteria and methodologies, priorities for new funding and other key decisions. The broad array of stakeholders described above provide feedback on policy proposals, program standards, resource allocation & other important topics. 2) All CoC meetings are public. SC meetings convene via Zoom. Announcements of public forums & comment opportunities are disseminated through the Reaching Home (2500+ recipients) & CoC (400+ recipients) email listservs. All SC meeting agendas, policy and planning documents and minutes are also posted on the CoC website. 3) The CoC considers input to address new approaches/improvements as follows: committees (including all listed above) convene stakeholders, synthesizing their feedback to the SC (for example, CAN reps gather input from other regional stakeholders & report back); CoC staff compile feedback and present to the SC; SC holds at least one meeting to obtain input prior to each vote on any policy decision. An example of changes that came from input from PWLEH on the CoC's CLIP (Consumer Leadership Involvement Project) Committee are recommended revisions to the CoC's by-laws to make them more consumer-friendly. CLIP also recommended revising the CoC's consumer satisfaction survey and is currently working on a revision that will be used in the CoC's renewal evaluation.

| 1B-4. | Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding. | |
| | NOFO Section VII.B.1.a.(4) | |

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

(limit 2,500 characters)

1) CTBOS 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 RFP notice reached hundreds of organizations. Application instructions (publicly posted on the web 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". Technical assistance was provided to ensure the process was accessible to all applicants. 2) Written instructions and a live, publicly accessible, webinar (recorded and posted to CoC website) 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. Applications for new projects are submitted through an online database specially built for this process. Use of this system is free to any applicant and simply requires a web browser. Assistance and Technical assistance to use this system was provided to all applicants and was reviewed in the RFP webinar. 3) The CoC notified the public about how applications were chosen for submission to HUD in the publicly posted application instructions and scoring rubric posted to the website, and explained in a public webinar, which was also posted to the CTBOS site. 4) 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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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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 Nonexistentif 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 the 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)	No
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ 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.		

	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 2,500 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 and outcomes and seeks input on the planning and allocation of ESG funds. Steve DiLella, SC Co-Chair & DOH representative to the SC brings feedback, including funding priorities, from the SC to DOH and uses this information in planning and 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 2022 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 and New Haven, ESG entitlement communities, CAN SC representatives work with ESG recipients on planning, allocation, performance standards and monitoring for ESG projects. 2) All ESG projects enter data in the CT HMIS. The CoC reviews ESG performance through quarterly SPMs review and analysis.   CCEH, a CT BOS SC member, monitors performance of ESG recipients under contract with CT DOH. CAN staff along with CoC funded agencies provided feedback and suggestions to ESG recipients on subrecipient performance. Performance outcome data for ESG funded RRH and ES projects are publicly available at ctcandata.org. 3) The CoC provided 2022 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 average length of stay, income changes, exit destination, returns, and number of households served is available for each CAN and all HMIS participating projects at ctcandata.org. DOH ensures local information is addressed in state Con Plan updates. CANs work with the other jurisdictions to ensure local info is communicated and 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 sexual orientation and gender identity:

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)	
	CCEH has a staff position focused on keeping families together	Yes

1C-4.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, School Districts.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate the entities your CoC collaborates with:

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section VII.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

(limit 2,500 characters)

The CT Department of Education (DOE) has been a voting member of the CT BOS Steering Committee (SC) for more than a decade and is represented by Lou Tallarita. This is reflected in the CoC Governance Charter/Bylaws. This structure ensures that the entire CoC is regularly made aware of changes and new resources at DOE. The DOE SC Representative also serves as a point person to address any issues with LEAs, Homeless Liaisons and school districts. When additional COVID funds were made available to DOE to serve homeless children and youth, the DOE SC Rep reported on this at a SC meeting and solicited input from CoC members on needs in their communities. The CoC has also established policies to ensure that homeless children, youth and families are informed of their rights under the McKinney Vento Education Act and programs are in compliance with ESSA (Every Student Succeeds Act). CoC programs are monitored on compliance with those policies. The DOE Rep gave input into those policies and has provided training on these topics to the CoC membership. CT BOS also has an MOU with the CT Office of Early Childhood (OEC) to ensure Head Start and Birth to Three programs provide homeless children with prioritized access and flexibility on enrollment requirements. Community-based School Readiness Councils and LEAs also include their local McKinney-Vento liaisons as members and liaisons sit on the Youth Engagement Team Initiatives (YETI) in each of the 6 Coordinated Access Networks (CANs) in the CoC. Board of Education (BOE) staff regularly attend YETI mtgs.

	1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
		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 2,500 characters)

The CoC has adopted and regularly updated written policies that summarize educational rights and eligibility for educational services and require all projects to inform families with children and youth of those rights & eligibility at intake and as necessary. These policies are informed by and in compliance with the McKinney-Vento Education Act and the Every Student Succeeds Act (ESSA). The policy requires that all projects serving families and youth have a dedicated educational liaison to coordinate with the local school district and to advocate for educational services for participants in their programs. The policies also require that Coordinated Access Networks (CANs) help to ensure that all families and youth who qualify are informed about their educational rights and service eligibility and that they receive those services. The policy requires that each project designate a staff person responsible for: helping participants to understand their educational rights; ensuring enrollment in school and early childhood education; ensuring that students get access to all services, programs, and extracurricular activities for which they are eligible; and ensuring that children & young adults receive the required transportation services. The policy also requires that each program take additional actions, such as, ensuring that the designated staff person is involved in the development of service plans where there are significant unmet educational needs. The policy requires that each program ensures that all children and 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 and assisted to enroll, and families must be encouraged and assisted to enroll children in early childhood education programs. The CoC provides a sample educational rights and services policy that all projects are required to adopt. Project sites are required to hang posters in English & Spanish targeted to parents and youth, describing educational rights and providing local contact information for people who can assist in accessing services and supports. The CoC provides annual training on these policies and monitors compliance through its monitoring programs.

1C-4c.	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	Yes
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	Yes	Yes
4.	Early Head Start	Yes	Yes
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes	Yes
6.	Head Start	Yes	Yes
7.	Healthy Start	No	Yes
8.	Public Pre-K	No	Yes

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–Collaborating with Victim Service Providers.	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC regularly collaborates with organizations who help provide housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking to:
1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

1) The CoC updates CoC-wide policies on an ongoing basis through monthly Steering Committee (SC) meetings. Policy changes may be generated by HUD rules changes, emerging needs in the community, and feedback from providers and persons with lived experience. All Steering Committee meetings are open to the public and participants include the state DV collaborative, the CT Coalition against Domestic Violence (CCADV), numerous victim services provider organizations and the state sexual assault coalition, the CT Alliance to End Sexual Violence. CCADV is a voting member of the SC and is actively involved in recommending and commenting on policy changes. For example, CoC allowed for a different payment standard for DV RRH programs that was more gradual and less of a burden on victims, allowing for a slower increase in the victim's share of rent with the intent of preventing them from either returning to an abuser or relying on an abuser for financial support. For the safety of both victims and providers, the CoC allowed DV programs to not use signatures on forms that typically are required (housing stabilization plans, program agreement forms). This protects both the victim and the provider so names are not on papers that may be seen by an outside provider or the abuser. Any proposed CoC-wide policy changes are reviewed and discussed in the monthly SC meeting and disseminated via email and the CoC website. At least a month for comment is allowed before voting on any policy changes. This allows for deep involvement of stakeholders serving survivors who may not be at SC meetings. 2) The CoC collaborates with organizations serving survivors of DV, dating violence, sexual assault and stalking to ensure that CoC services are trauma-informed and meet the needs of survivors through discussions at CoC meetings, cross-trainings on trauma-informed care and ongoing CoC-sponsored technical assistance (TA) and case conferencing provided by experts in trauma-informed care and the needs of survivors. TA and case conferencing is provided on a monthly basis to learning collaboratives of providers and focuses on trauma-informed interventions to meet survivors' needs. The DV Coalition and the CT Coalition to End Homelessness offer trainings on trauma-informed care for housing service providers and cross-training opportunities so both systems understand their mutual work.

1C-5a.	Annual Training on Safety and Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC coordinates to provide training for:	
1.	project staff that addresses 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 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 2,500 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 best practices in 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. At the annual CCEH Training Institute, CCADV presented a training for the homeless/housing system, "Understanding the Basics of Domestic Violence and Safety Planning". 95 were in attendance. 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 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 coordinated services. 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. At the annual CCEH Training Institute, CCADV presented a training for the homeless/housing system, "Understanding the Basics of Domestic Violence and Safety Planning". 95 were in attendance, including numerous coordinated entry staff.

1C-5b.	Using De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

	Describe in the field below:	
1.	the de-identified aggregate data source(s) your CoC uses for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and	
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.	

(limit 2,500 characters)

1) The CoC's de-identified aggregate data source for data on survivors is an HMIS comparable system managed by the CT Coalition Against Domestic Violence (CCADV) using Efforts to Outcomes (ETO) software. 2) The CoC uses the de-identified data from ETO (which allows for collection of data while ensuring VAWA compliance), to identify special needs related to DV, dating violence, sexual assault, and stalking to understand their demographic makeup, prior living situations, sources and amounts of employment and non-employment income, and disabling conditions. Data from ETO is exported for CoC DV program evaluations with respect to performance on the SPMs (exits to PH, increase in earned and other cash income) for each project. This enables comparisons across populations and the development of similar but also unique evaluation standards based on the needs of survivors. For example, victims may require a longer length of stay in RRH because of the sudden change in household income, ineligibility for public benefits due to abusers' income and the trauma that results from the violence. Data has been used to assess receipt for non-cash benefits and 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. Data from this system is used to evaluate the extent to which CoC funded DV projects are achieving outcomes & meeting the needs of survivors, e.g., increasing earned and other income, enrolling 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 and 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 survivors into HMIS. Survivors sign a consent to be entered into HMIS or can be entered anonymously & 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-5c.	Communicating Emergency Transfer Plan to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
		NOFO Section VII.B.1.e.	

		Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:
	1.	the emergency transfer plan policies and procedures; and
	2.	the process for individuals and families to request an emergency transfer.

(limit 2,500 characters)

1)The CTBOS CoC has adopted the Model Emergency Transfer Plan (HUD-5381). The CoC Emergency Transfer Plan requires all providers and Coordinated Access Networks (CANs) to use consistent procedures prioritizing safety & facilitating access to a new unit as needed. All projects regardless of funding source are required to follow the Emergency Transfer Plan, which has been incorporated into CoC Policies & Procedures. The CoC has also adopted a policy that requires the CANs and all CoC, ESG and locally funded homeless services projects to inform all individuals and families seeking or receiving homelessness assistance, regardless of known survivor status, of their rights under the emergency transfer plan. The CoC is making a brief, user friendly notice that clearly explains the Emergency Transfer Plan policies and procedures. All homeless services projects are required to briefly explain the transfer policy and provide the notice upon application for assistance, at project intake, and at annual recertification. 2) The CoC has also adopted a policy that requires CANs and all CoC-funded homeless services projects to inform all individuals and families seeking or receiving homelessness assistance, regardless of known survivor status, of the emergency transfer process. The CoC is making a brief, user friendly notice that clearly explains the emergency transfer process. CoC-funded programs and CANs are required to briefly explain the transfer process and provide the notice upon application for assistance, at project intake, and at annual recertification.

** **

1C-5d.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have access to all of the housing and services available within the CoC's geographic area.

(limit 2,500 characters)

To ensure access to all housing & services for DV survivors, the CoC uses 3 primary strategies: 211, its 6 regional Coordinated Access Networks (CANs) and a 24-hour Statewide DV Hotline operated by SafeConnect. 211 has regular communication w/SafeConnect and a designated DV housing advocate attends all local CAN meetings and actively participates in case conferencing of all cases. All DV survivors are included (anonymously) on the State's BNL (By Name List) ensuring victims, whether de-identified or identified, get equitable access to resources whether they enter through the DV or the CAN CES. This ensures that survivors can access the full range of available housing and services. CAN protocols include screening all clients & referring any with indications of DV, dating violence, sexual assault, trafficking or stalking to the Hotline for safety planning & referral. If the Hotline determines that the household is not eligible or cannot be accommodated in the survivor-specific system, or the survivor prefers not to pursue services from that system, the Hotline refers the client to the appropriate CAN for assessment and referral in accordance with the same protocols applied to applicants who are not survivors. Survivors consider their options and determine what is safest and best aligned with their needs and preferences. Survivors can receive assistance from any project for which they are eligible, including those funded by the CoC, ESG, DOH, DMHAS, etc. CAN policies explicitly state "Access may not be denied on the basis that a participant is or has been a survivor of domestic violence, dating violence, sexual assault, stalking or human trafficking. Survivors have safe and confidential access to all CAN and victim services…Survivors may opt to pursue survivor-specific services or not, and they have equal access and choice to seek the full array of housing and services available either through the survivor-specific system or CANs." A survivor's choice to decline available services does not impact their ability to choose other available options. CAN and HMIS policies and procedures outline protocols to ensure survivor choice while maintaining confidentiality. This includes the ability to create anonymous client records in HMIS. This approach helps to ensure that survivors, regardless of their initial point of contact, have equal access to both DV specific and non-DV housing and services and can select which options best fit their individual needs.

1C-5e.	Including Safety, Planning, and Confidentiality Protocols in Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC's coordinated entry includes:
1.	safety protocols,
2.	planning protocols, and
3.	confidentiality protocols.

(limit 2,500 characters)

1) The CoC's Coordinated Access Network (CAN) protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that 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 and safety screening & connection to DV shelter & services. CANs are required to follow the CoC's Emergency Transfer Plan in cases where safety is threatened & find alternative placement immediately. Survivors' safety is also reinforced by protocols that allow survivors to access the full range of services, both DV & non-DV, per their preferences, needs & choices.2) In addition, at CAN intake, safety planning is a required part of the process when a person has identified as a survivor and the CoC has adopted an Emergency Transfer (ET) plan & protocol 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 at any time. The CoC also has a policy that requires CANs and all CoC-funded projects to inform all individuals & families seeking or receiving homelessness assistance, regardless of known survivor status, of the emergency transfer process. The CoC is making a user-friendly notice that clearly explains the emergency transfer process. 3) The CoC's coordinated entry includes confidentiality protocols for working with survivors and CAN staff receive training in these policies. These protocols are trauma-informed and victim-centered offering survivors options on how and where their personal data is handled. In all cases, DV survivors always have the option to be anonymous and can keep personally identifying information confidential whether in the HMIS or the DV Comparable database. Survivor households can be assessed and added anonymously to the CoC's By Name List (BNL). The staff who manage the BNL are given a code rather than personally identifying information. Those staff are trained that those on the BNL with codes can be matched to housing without being "document ready" and that they do not need to see names or personal identifying information until after a match is made (immediately prior to program entry). These CAN protocols maintain confidentiality while ensuring survivor access to programs.

1C-6.		Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+–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 LGBTQ+ 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 in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy–Updating Policies–Assisting Providers–Evaluating Compliance–Addressing Noncompliance.	
	NOFO Section VII.B.1.f.	

		Describe in the field below:
	1.	whether your CoC updates its CoC-wide anti-discrimination policy, as necessary, based on stakeholder feedback;
	2.	how your CoC assisted providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination;
	3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
	4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1)In 2018 the CoC adopted a CoC-wide anti-discrimination policy. In 2021 the CoC reviewed a sample policy from a different CoC that includes robust guidance for provider agencies on ensuring a safe, healthy, affirming and discrimination-free environment for persons identifying as LGBTQIA+. That policy includes guidance on topics including terminology, requirements around professionalism/staff conduct, confidentiality/privacy, chosen titles/pronouns, gender separated facilities/services, safety, healthcare, and dress codes. It also describes sanctions and penalties for violations and a grievance process. The CoC circulated the sample policy among members and sought feedback, then adopted a local version of the policy to supplement the existing 2018 anti-discrimination policy. 2)The CoC provided a sample project-level anti-discrimination policy that is consistent with both the original and new supplemental CoC-wide anti-discrimination policies. The sample project-level CoC policy ensures that persons identifying as LGBTQIA+ receive supportive services, shelter, and housing free from discrimination. In September 2022, the CoC provided an overview of both the updated CoC-wide and the project-level anti-discrimination policies during a webinar for provider agencies. The webinar was led by an LGBTQIA+ identified trainer and provided an opportunity for questions about implementation of the sample project-level policy. 3) The CoC's monitoring program evaluates project compliance with anti-discrimination and Equal Access requirements by reviewing, for example, recipient/subrecipient policies, participant handbooks, case notes, and by interviewing project staff. Per the anti-discrimination policy, participants may file a grievance if they believe their rights have been violated and the CoC will follow up on any non-compliance identified through this process to ensure corrective action. 4)Failure to adhere to anti-discrimination requirements results in a finding. The monitoring team makes specific recommendations to correct the finding and the provider must submit a corrective action plan to the CoC. CoC consultants are available to answer questions and provide support as agencies work to correct findings. If subsequent monitoring indicates that a project is unable or unwilling to make the necessary changes, the project could risk being reallocated.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy.	
	NOFO Section VII.B.1.g.	

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.
Enter information in the chart below for the two largest PHAs highlighted in gray on the FY 2021 CoC-PHA Crosswalk Report 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 2021 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?
CT Department of Housing	56%	Yes-HCV	Yes
Housing Authority of the City of Hartford	38%	Yes-HCV	Yes

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 2,500 characters)

1) The CoC coordinates closely with all PHA's in the geographic area. Both of the noted PHAs in the CoC, CT Department of Housing (DOH) and the Housing Authority of the City of Hartford have successfully implemented homeless preferences in their HCV programs and a preference for persons moving on from PSH. CT DOH is represented on the CoC Steering Committee (SC) and the HA of the City of Hartford works closely with the Coordinated Access Network (CAN) in that area, which has two representatives on the CoC SC. This enables regular and close communication around unmet needs and the continuing need for affordable housing resources for those experiencing homelessness. 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 resources for homeless people. PHAs in BOS regions have worked with the CoC and the CANs to develop policies and procedures to verify homeless status and process applications submitted and/or recommended through the local CANs. The CoC continues to promote the use of HCVs for Moving On from PSH and has done trainings on this topic in the past year. Roundtables have been held to bring together PHAs, providers and government representatives 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. 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 Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.	Housing Choice Vouchers & Emergency Housing Vouchers	Yes

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.	
	NOFO Section VII.B.1.g.	

	In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process?	

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	Yes
3.	Housing Choice Voucher (HCV)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
5.	Mainstream Vouchers	Yes
6.	Non-Elderly Disabled (NED) Vouchers	No
7.	Public Housing	Yes
8.	Other Units from PHAs:	
		No

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

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	US Dept. of HUD Mainstream Vouchers

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).	
	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.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored–For Information Only	

	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
	If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.	

PHA
Connecticut Depar...

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

Name of PHA: Connecticut Department of Housing

1D. Coordination and Engagement Cont'd

1D-1.	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

1D-2.	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 2022 CoC Program Competition.	93
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 2022 CoC Program Competition that have adopted the Housing First approach.	93
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2022 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section VII.B.1.i.	

	Describe in the field below:	
1.	how your CoC evaluates every recipient–that checks Housing First on their Project Application–to determine if they are actually using a Housing First approach;	
2.	the list of factors and performance indicators your CoC uses during its evaluation; and	
3.	how your CoC regularly evaluates projects outside of the competition to ensure the projects are using a Housing First approach.	

(limit 2,500 characters)

1) The CoC requires all projects to use the Housing First (HF) approach as a condition of funding and has defined what that means by adopting CT BOS CoC Housing First principles, that are aligned with and go beyond the HF commitments included in project applications. Evaluation of compliance with HF is ongoing and year-round through the CoC's Coordinated Access Policies monitored by the Coordinated Access Networks (CANs), data analysis on program entries and exits, and the CoC's ongoing monitoring process. All vacancies in CoC-funded projects are required to be filled through the CANs which prioritize persons with low or no income, substance use and mental health issues and preclude rejections based on criminal history (unless restricted by other federal, state or local law). CANs require case conferencing (CC) when providers reject applicants to ensure that reasons for rejection do not conflict with HF. In the past 5 years, the CoC has reallocated 2 projects that were not using a HF approach and assisted with a change in providers in another project. 2) To evaluate whether programs are using a HF approach, the CoC looks at policies such as admission and discharge criteria and lease requirements; exit destination data; housing stability rates; length of time from match to housing; and program participation requirements. The CANs monitor rejections and returns that reflect conflicts with HF and address through CC. Admission criteria may not reject eligible applicants due to criminal history, substance use, lack of income, poor credit, eviction history, reluctance to engage in services or other barriers. 3) The CoC's monitoring tool and ongoing program, evaluates project compliance with its HF 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, non-engagement with services, lack of progress on goals, or other impermissible reasons. The monitoring team also interviews program staff and participants to assess alignment with HF. Failure to adhere to HF results in a finding. The monitoring team makes recommendations to correct the finding and, if subsequent monitoring indicates that a project is unable to comply with HF, the project risks being reallocated. Thru its annual renewal evaluation process, the CoC also monitors rapid placement and housing stability outcomes.

1D-3.	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 2,500 characters)

1) CT BOS has a well-coordinated CoC-wide street outreach (SO) strategy. Federal PATH & COVID-related funds and state resources are used to provide SO in each of the 6 Coordinated Access Networks (CANs) with additional resources for larger cities All SO teams meet quarterly in a statewide meeting to coordinate efforts, share information and update community outreach plans. VA Outreach and other specialized teams (e.g., youth, HIV) are included in these meetings to ensure all persons are engaged. All publicly funded SO projects use the HMIS ensuring continuity as people move around the State and maintenance on the BNL in spite of changes in location. Each SO project is required to coordinate outreach with their local CAN, including development of the comprehensive outreach plans. Agencies receive training, TA & are monitored yearly. Teams identify and engage unsheltered people by using assertive engagement, canvassing regularly in locations such as: streets, woods, underpasses, encampments, etc., coordinate with community partners (e.g., police, libraries, soup kitchens, shelters) & maintaining a visible presence in the community. Upon ID of unsheltered persons, teams assess, refer to CANs and BNL& stay connected until housing is obtained. SO teams use a client centered approach promoting choice, creating housing plans, and linking clients to resources (e.g. harm reduction, physical/behavioral health, employment, benefits, etc). 2) SO covers 100% of CoC's area. 3) SO is conducted M-F & weekends as needed, including early mornings & late evenings. CANs determine the most strategic schedule for their area in outreach plans, 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 target all ages & racial/ethnic/linguistic minorities,& conducts multi-lingual outreach at places serving high levels of those minorities, LGBTQIA+ people, and/or those with disabilities.

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC's geographic area:

		Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	No
2.	Engaged/educated law enforcement	Yes	No
3.	Engaged/educated local business leaders	Yes	No
4.	Implemented community wide plans	Yes	No
5.	Other:(limit 500 characters)		

There are no policies criminalizing homelessness in the CoC: Local officials have been made aware that this is a civil rights violation. This section on reversing criminalization policies is N/A for the CoC.	Yes	Yes

1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.l.	

		2021	2022
	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."	1,322	1,323

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC's geographic area:	

	Resource	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	TANF–Temporary Assistance for Needy Families	Yes
4.	Substance Abuse Programs	Yes
5.	Employment Assistance Programs	Yes
6.	Other (limit 150 characters)	
	Volunteer Income Tax Assistance/Earned Income Tax Credit	Yes

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section VII.B.1.m	

	Describe in the field below how your CoC:
1.	systemically provides 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.	works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
3.	works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1) CT BOS uses regular monthly Steering Committee (SC) meetings and annual special training sessions to share up to date information and training on mainstream resources. CT Department of Social Services (DSS), which administers TANF, Medicaid, Food Stamps, and GA is a voting member of the CoC and has presented updates over the past 12 months on HUSKY Health, SNAP, Medicaid, and TANF. Other trainings have been provided on: Volunteer Income Tax Assistance Program, Economic Impact Payments, Eviction Prevention, and Accessing Behavioral Health (substance use and mental health treatment) services and Employment Assistance Programs. SOAR Coordinators provide annual trainings on accessing SSI and providers are also reminded at least annually to use the free online SOAR training provided by SAMHSA that is available at any time. Regular Coordinated Access Network (CAN) coordination meetings are also forums used to update mainstream benefits information. Providers share info with consumers through case management meetings, calls, e-mails, texts, flyers, and mailings. All info is also shared via e-mail and posted to the CT BOS website. 2) CoC providers and the CANS have strong connections with local FQHCs (Community Health Center, Charter Oak, Cornell Scott) and local DSS offices 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. Local Mental Health Authorities, which provide the vast majority of substance abuse and mental health treatment in the State, participate in all regular CAN coordination meetings to facilitate access to services. Results from regular data analyses of program performance consistently show health insurance enrollment rates greater than 90% for participants. 3) For years, CT DMHAS has supported a certified SOAR Specialist in each CAN funded through State resources. With ARPA funding, the State was able to add 8 new full-time CAN-bases certified SOAR Specialists statewide as demand for the service is high. CoC provider staff have been made aware of the free SAMHSA online SOAR training and are encouraged to support staff in obtaining SOAR certifications.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

(limit 2,500 characters)

Since before the COVID-19 pandemic the State of CT has used non-congregate sheltering in hotels /motels for especially vulnerable households. This use of hotels and motels expanded greatly to add a couple hundred units at any point in time during the COVID pandemic. Under contracts with the State, providers in each Coordinated Access Network (CAN) worked with local hotel/motel operators to increase capacity and secure units for persons who were unsheltered, older than age 60 and/or otherwise highly vulnerable; persons exposed to infectious diseases who need to quarantine; and to de-concentrate congregate settings to prevent the spread of disease. In addition to State resources, FEMA and COVID-19 CARES ACT funding was dedicated to increasing capacity for non-congregate sheltering. In each Coordinated Access Network (CAN), local providers have forged relationships with hotel/motel operators to locate additional units as needed and developed service models to assist people living in non-congregate settings.   As COVID has waned, the need for these hotel/motel beds has declined somewhat and two main hotels are in use now – one in Hartford and one in Danbury with scattered units throughout the rest of the State. Hotel/motel beds will continue to be used for particularly vulnerable people, for persons fleeing violence or stalking, for unsheltered families and during cases of extreme cold weather. The relationships with hotel/motel operators and the program interventions developed during the pandemic ensure that if an expansion in non-congregate sheltering is needed again, the system has the tools in place to rapidly mobilize to rapidly increase capacity.

| | ID-8. | Partnerships with Public Health Agencies–Collaborating to Respond to and Prevent Spread of Infectious Diseases. | |
| | | NOFO Section VII.B.1.o. | |

		Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:
	1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and
	2.	prevent infectious disease outbreaks among people experiencing homelessness.

(limit 2,500 characters)

1) The CoC improved readiness for future public health emergencies by establishing new policies and procedures as a result of partnerships with the CT Department of Public Health, municipal public health departments, and CT Division of Emergency Management & Homeland Security established during the COVID-19 pandemic. CoC members became part of the Command Structure and meet as needed to identify client and provider needs, and to overcome barriers and promote best practices related to preventing the spread of COVID-19 and other infectious diseases among homeless people. The CoC has used guidance from these partner agencies to establish policies and protocols that can be used in public health emergencies to respond to disease outbreaks. These policies and procedures include: monitor and disseminate information from CT Dept of Public Health (DPH), the CDC and local 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 measures to prevent disease transmission among staff and clients; rapidly enroll people experiencing homelessness in newly available public benefits; and partner with health care providers to promote vaccine/treatment confidence and ensure convenient vaccine/treatment access to project staff and clients. 2) Local FQHC's and public health officials coordinate regularly with the six BOS Coordinated Access Networks and providers are able to efficiently coordinate services to prevent and rapidly respond to infectious disease outbreaks using these established partnerships. CoC leaders & providers have improved understanding of the State's emergency response system and 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 infectious disease outbreaks. When there was a surge in COVID infections in emergency shelters in the Spring of 2022, CoC providers were able to quickly mobilize with public health partners to contain the infection to prevent further spread and additional outbreaks.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section VII.B.1.o.	

	Describe in the field below how your CoC effectively equipped providers to prevent or limit infectious disease outbreaks among program participants by:
1.	sharing information related to public health measures and homelessness, and
2.	facilitating communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.

(limit 2,500 characters)

1) A robust public health communications strategy ensures regular CoC communication with homeless service providers using multiple strategies: memos & other written guidance (e.g., on public health measures and related CoC protocols); CoC meetings; emails to CoC listserv; By Names List case conferencing; coordination meetings; and websites maintained by the CoC and CCEH with the most up-to-date guidance about local disease protocols. The CoC shares information about public health measures needed to prevent and limit infectious disease outbreaks with homeless service providers (e.g., disseminating the latest guidance/resources from the CDC & State/Local Public Health agencies). The CoC shares information from & encourages participation in public health-related trainings and participates in HUD and HHS sponsored trainings/meetings. Relevant information is incorporated in written guidance & protocols distributed to partners and is reviewed in CoC meetings. As information becomes available about local public health measures (e.g., transmission precautions, vaccination strategies, treatment options, stay at home orders, states of emergency), the CoC disseminates information to homeless service providers via emails to the CoC listservs and updates to the website. These are reviewed during CoC meetings. 2) The local Coordinated Access Networks (CANs) have established robust partnerships with the FQHC's in each region of the state to respond to infectious disease outbreaks. Local healthcare and public health officials coordinate closely with the six BOS CANs and partners are able to rapidly respond and coordinate services as a result of these ongoing relationships. The CoC facilitates communication between public health agencies and homeless service providers to ensure street outreach, shelter and housing providers are equipped to prevent/ limit infectious disease outbreaks among participants and ensure continuity of services. This includes facilitating: public health agency consultation on preventive and mitigation protocols; use of emergency funds to increase capacity to serve more people in decompressed space such as hotels/motels; and access to needed supplies such as additional cots, blankets, cleaning supplies, testing, treatment, and vaccination. CoC agencies have developed and revised existing Infection Control Policies that can be adapted in response to infectious disease outbreaks.

1D-9.	Centralized or Coordinated Entry System–Assessment Process.	
	NOFO Section VII.B.1.p.	

		Describe in the field below how your CoC's coordinated entry system:
	1.	covers 100 percent of your CoC's geographic area;
	2.	uses a standardized assessment process; and
	3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.

(limit 2,500 characters)

1) The CoC's coordinated entry system covers 100% of the CoC geographic area through 6 regional Coordinated Access Networks (CANs) that cover all areas of the CoC. All projects with designated homeless beds are required to participate in the CANS and numerous partners including government, early childhood and educations authorities, and public and mental health organizations participate in CAN Coordination meetings and case conferencing. 2) All CANs use the same common tool to assess and prioritize those with the greatest service needs (e.g., households with higher severity of needs are prioritized for services; RRH prioritizes people at risk of severe COVID complications, chronically homeless needing a bridge to PSH, DV survivors at imminent safety risk and households without income; PSH prioritizes in accordance with Notice CPD 16-11 (i.e., based on score, length of homelessness, and level of functioning). Participant preferences for housing type and location are considered in this process. The common assessment tool was revised over the past year to remove invasive questions. 3) To help ensure that the system is effective and manageable for homeless and at-risk households and for the housing and service providers tasked with meeting their needs, the CoC engages in periodic evaluation of the system and makes ongoing adjustments to CAN processes. The CoC and CANs solicit feedback from households who utilized CAN services, from projects that referred participants to and/or received referrals through the CANs, and from relevant state and community partners. The CANs have a coordinating body, the CAN Leadership Workgroup (CLW) comprised of representatives from each CAN and the State of CT. THE CLW meets monthly and regularly reviews and updates CAN policies and practices to make the system more efficient, effective and responsive to the feedback from participating projects and households. For example, feedback from unsheltered persons on the burden of requiring a contact with 211 to access homeless assistance resulted in a change to the policy so that Street Outreach workers can immediately enter unsheltered people into the HMIS and begin the CAN process upon first contact. The CLW is committed to ensuring that equity is centered in evaluation strategies including obtaining input from participants and providers who identify as BIPoC & LGBTQIA+, who are living with disabilities, and who have LEP.

| | 1D-9a. | Program Participant-Centered Approach to Centralized or Coordinated Entry. | |
| | | NOFO Section VII.B.1.p. | |

		Describe in the field below how your CoC's coordinated entry system:
	1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
	2.	prioritizes people most in need of assistance;
	3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and
	4.	takes steps to reduce burdens on people using coordinated entry.

(limit 2,500 characters)

1) The CoC Coordinated Access Networks (CANs) affirmatively market the coordinated entry system to reach persons least likely to apply for homeless assistance targeting diversity factors including race, color, national origin, English proficiency, religion, sex, sexual orientation, gender identity/expression, age, familial status, and disability. All services are marketed in English and Spanish. Other translation services are available when needed. 211, which is the entry point to the CANS, markets through newspapers, social media, billboards and on the web. Marketing is targeted to populations cited above and outreach conducted at organizations serving those populations. CANs reach out to local agencies likely to be serving people not connecting through 211 who need special outreach, e.g., Latino service organizations, LGBTQIA+ services, etc.) 2) All CANs use a common assessment tool to prioritize those most in need of assistance (e.g., households with higher severity of mental health needs are prioritized; RRH prioritizes people at risk of severe COVID complications, chronically homeless needing a bridge to PSH, DV survivors at imminent safety risk and households without income; PSH prioritizes in accordance with Notice CPD 16-11 (i.e., based on score, length of homelessness, and level of functioning). 3) CAN policies outline timelines for each step in the process (i.e., eligibility, assessment, prioritization, referral, & placement) and the CoC monitors to ensure timely PH placement for those most in need. The CoC tracks length of time to housing placement for persons on the statewide By Name List (BNL) and includes that as an evaluation factor in renewal projects.   To help ensure that participants are placed in PH that is consistent with their preferences, the CoC uses the Critical Time Intervention model to ensure housing is tailored to individual self-defined goals and needs. 4) Over the past 18 months, the CANs have worked to streamline their assessment and prioritization processes to remove invasive/unnecessary questions. Other steps to reduce barriers on people using CANs include: initial focus on problem-solving & addressing urgent needs, obtaining least amount of info necessary to prioritize & make referrals, HMIS data sharing to minimize repeat questions, data sharing to reduce eligibility verification burdens, low barrier documentation requirements, assistance obtaining docs, virtual and community-based CAN access.

1D-10.	Promoting Racial Equity in Homelessness–Conducing Assessment.	
	NOFO Section VII.B.1.q.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	08/31/2022

1D-10a.	Process for Analyzing Racial Disparities–Identifying Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section VII.B.1.q.	

Describe in the field below:	

1.	your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and	
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.	

(limit 2,500 characters)

1) The CoC regularly analyzes data on racial disparities in the provision of CoC-funded homeless assistance and includes a race equity standard in the annual performance evaluation of CoC-funded programs. This analysis is conducted using HMIS data on returns to homelessness (RTH) by race and ethnicity and compares RTH for whites as compared to other racial and ethnic groups. In addition, the CoC has reviewed the CoC Race Equity Analysis tool in SC meetings and it has been used to inform strategies to address disparities and in the HUD Race Equity Demo work of the CoC. CT Coalition to End Homelessness (CCEH), the CoC HMIS lead agency, has created a searchable online "CT Race Equity Dashboard" that includes all HMIS enrollments and is in final testing stage. This dashboard can be accessed in real time by anyone and is searchable/sortable by program type (e.g., coordinated entry, street outreach, shelter, TH, PSH, and RRH), program enrollments, exit destinations and race, gender, age and ethnicity. These data are compared to 2020 Census Data. All CoC and ESG funded projects are included in this analysis. The CoC also analyzes Coordinated Access Network (CAN) data for racial disparities and has a dashboard at www.ctcandata.org that is searchable by program/CAN and shows CAN appointments, enrollments, and diversion by race, age, gender and ethnicity. Additionally, the CoC has analyzed participant satisfaction survey results for CoC-funded projects (close to 2000 surveys per year) by race and ethnicity. The CoC looks at data on race equity at Steering Committee (SC) meetings on at least a bi-annual basis (2 times per year). 2) Analysis of data on racial disparities reveals that Black & Hispanic persons are overrepresented in the homeless system as compared to the general population. Additionally, among young adult families with children, Hispanic persons are found at double the rate of their representation in the general population. BIPOC & Hispanic participants also reported that they had input into their program at lower rates than other races/ethnicities. Enrollments in shelter are found to be slightly favoring white people over other races. The CoC has also analyzed rates of access to PSH and RRH and rates of return to homelessness by race/ethnicity and found no racial disparities but continues to monitor this metric.

1D-10b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.q.	

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.	Yes
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.	Analyze consumer surveys by race	Yes

1D-10c.	Actions Taken to Address Known Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the steps your CoC and homeless providers have taken to address disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

The CoC has maintained a consistent focus on addressing disparities identified through the HUD CoC Race Equity (RE) Analysis & additional analysis of data on SPMs, coordinated entry, consumer satisfaction surveys, system utilization & outcomes by race & ethnicity. To address identified disparities, the CoC has focused on increasing participation in decision-making in the CoC Steering Committee (SC) by BIPOC and Hispanic persons & persons with lived experience of homelessness (PLE). There is now a BIPOC SC Co-Chair & 8 voting seats on the SC are held by PLE (¼ of the SC voting members). The Consumer Leadership Involvement Project (CLIP), the CoC's vehicle for greater PLE involvement, has worked to engage more BIPOC and Hispanic PLE to participate in the work of the CoC and various related committees. The CoC is tracking race and ethnicity of all SC voting members and this past year, encouraged the 6 Coordinated Access Networks (CANS) (which each have two voting SC members) to identify at least one representative who is BIPOC and/or Hispanic. The CoC has also been focusing on training for providers on race equity as well as encouraging agencies to look at their data and identify action steps to address disparities in their programs. The CoC has added Race Equity standards to the CoC Monitoring Standards for CoC-funded projects and agencies must address areas of non-compliance in follow-up plans. The CoC has established a renewal evaluation performance standard for CoC-funded projects related to rates of return to homelessness among BIPOC/Latinx as compared to other races/ethnicities. As results on this metric are analyzed, agencies with disparities develop plans to address them. The CoC new project application also includes a series of questions on addressing racial equity in the project and applicant agency, which are factored into the final score for each project. The CoC's HUD RE Demo project convened people from the homeless sector including BIPOC & PLE and reviewed data, highlighting areas with disparities; scanned all committees, workgroups, etc. with a focus on engaging more PLE, BIPOC, and Latinx people and identified a goal to deepen the engagement of PLE who are in decision-making bodies in each CAN. The CoC has focused on fostering an environment of cultural humility & anti-racism & using a race equity lens to view all system, agency and program level activities, centering the voices of BIPOC, Hispanic and PLE while using data to inform actions.

1D-10d.	Tracking Progress on Preventing or Eliminating Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

The measures the CoC has in place to track progress on preventing/eliminating disparities in the provision of homeless assistance include tracking program enrollments, exit destinations, and returns to homelessness by race, age, gender and ethnicity.   CCEH, the COC HMIS lead, recently developed an online searchable/sortable "Race Equity Dashboard" that captures all person in the HMIS and allows for analysis for all participants as well as by program type and By Name List (BNL) status to view performance on these measures across various racial groups and ethnicities. This dashboard uses 2020 census data and real-time HMIS data essentially providing instant updates on HUD CoC Race Equity Tool domains. The RE dashboard includes all CoC and ESG funded programs. The CoC also analyzes Coordinated Access Network (CAN) data for racial disparities and has a dashboard at www.ctcandata.org that is searchable by program/CAN and shows CAN appointments, enrollments, and diversion by race, age, gender and ethnicity. The CoC is also monitoring progress on rates of 1) enrollment in programs (coordinated entry, street outreach, shelter, TH, PSH, and RRH) 2) returns to homelessness and 3) exit destinations after homeless assistance ends and comparing those rates across racial and ethnic groups to identify disparities in the provisions or outcomes of assistance. For the annual performance evaluation of CoC-funded renewal projects, the CoC is tracking rates of return to homelessness among BIPOC and Latino/a/x persons as compared to white persons and has set a standard for performance on that measure.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking--CoC's Outreach Efforts.	
	NOFO Section VII.B.1.r.	

Describe in the field below your CoC's outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decision making processes.

(limit 2,500 characters)

The CoC has used a variety of methods to outreach and engage those with lived experience (PLE) in leadership roles and decision-making processes including having 8 PLE as voting members on the CoC's decision-making body, the Steering Committee (SC), and sponsoring the Consumer Leadership involvement Project (CLIP) which is a program to engage and support PLE in meaningful involvement in the decision-making of the SC and participation as leaders in other committee and advocacy efforts in the State.   PLE who are voting SC members are titled as "Community Representatives" and vote on policies regarding funding priorities, project evaluation criteria, NOFO ranking and rating factors, and program and services standards. To increase access to information for all people, especially PLE, all CoC materials are posted to the website which is mobile-friendly and anyone can sign up for the CoC's mailing lists which are free and used to distribute information on and decisions to be made and the process to make them (all posted to the website as well). CLIP outreaches to PLE's through emails, flyers, announcements at CoC and other meetings, visits to programs, targeted outreach to providers and using current CLIP members to reach out to their networks through social media, word of mouth etc. The CLIP Fellow is a PLE and has a vast network of contacts throughout the state. The Fellow visits programs, attend meetings in the community and conducts other targeted outreach. CLIP provides members with access to technology to participate in videoconferences, enabling them to attend SC and other decision-making meetings. CoC SC members have attended CLIP meetings to provide education around CoC policies and engage input on key CoC decisions such as policies on coordinated entry, services and housing. This year, the CoC recruited PLE to participate in the new project application review and scoring process, the Scoring Committee (SC) and the Grievance Committee (GC) process (50% of the GC were PLE), which resulted in great benefit to the CoC.

1D-11a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

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.	25	5
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	25	5
3.	Participate on CoC committees, subcommittees, or workgroups.	18	5
4.	Included in the decisionmaking processes related to addressing homelessness.	18	4
5.	Included in the development or revision of your CoC's local competition rating factors.	15	4

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

The CoC has encouraged members and funded-agencies to provide professional development and employment opportunities for persons with lived experience of homelessness (PLE) for years through bonus points in funding applications, measuring employment outcomes in renewal evaluations, providing trainings, making connections to Community Colleges (Goodwin College) and other certification programs to access skills-based training, and requiring coordination with local Workforce Development/American Jobs Centers to access internships and other assistance with finding employment. CoC member agencies also partner with Temporary Staffing agencies to secure employment for participants and this has been an effective pathway for many. Coordinated Access Networks (CANs) and numerous BOS providers have employment specialists on staff. Persons coming through the coordinated entry system for shelter/housing complete an assessment, including employment and receive a referral to an employment specialist. Specialists conduct outreach to private employers; locate internships; connect consumers w/staffing agencies, continuing education and skills-based training; and provide resources on job fairs & other employment resources. Examples of connections to internships and continuing educations including MOUs w/Journey Home which refers program participants to an Aerospace Employment Program and MOUs w/Goodwin College which offers certification courses in welding, medical billing and coding, and business administration. CoC agencies are also encouraged to provide employment opportunities within their organizations for PLE, and not just as peers, but in supervisory and leadership positions as well. All applications for new projects funded through the CoC must provide a plan for how they will assist participants with employment as well as discuss how their agencies will work to hire PLE within their organization through skills-based training, internships as well as permanent full-time positions. Finally, the CoC's Consumer Leadership Involvement Project (CLIP), the CoC's vehicle for deepening engagement of PLE, provides an opportunity for a PLE to be employed full-time as a staff person for the project. CLIP also offers assistance to its members (all PLE) with resume writing, job search and soft skills-training to help with employment. CLIP is also using senior CLIP members to train new members.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

	Describe in the field below how your CoC:
1.	how your CoC routinely gathered feedback from people experiencing homelessness and people who have received assistance through the CoC or ESG program on their experience receiving assistance; and
2.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness

(limit 2,500 characters)

1) The CoC requires all projects to administer satisfaction surveys at least annually to participants experiencing homelessness and people who have received assistance through the CoC or ESG program on their experience receiving assistance. The surveys are anonymous, are provided in English and Spanish and can be completed on paper or online (including on a mobile device) or verbally. Questions address access to and satisfaction with services, quality of life, cultural sensitivity, gaps and unmet needs, opportunities for input into services received and provide an opportunity for narrative responses. Agencies provide participants with access to the survey through community meetings, email, texts and in case management meetings. Surveys are entered into SurveyMonkey for analysis and the CoC provides each project with an aggregated report of feedback from its participants. The CoC also creates an aggregate report for the entire geography. Findings are shared with the CoC Steering Committee (SC). The SC also include 8 voting seats for people with lived experience of homelessness (PLE) and these members provide regular feedback and recommendations on program and policy development at monthly SC meetings. The CoC also has a Consumer Leadership Involvement Project (CLIP) which is a working group of PLE who meet bi-weekly and share feedback in SC meetings. CLIP recently completed a review of CoC Policies from the lens of PLE and provided recommendations to the SC for revisions to make them more "consumer-friendly". CLIP is currently revising the questions for the CoC Participant Survey Form.   2) Feedback from participants is overwhelmingly positive and the majority of people are getting their needs met. Challenges raised by PLE have been around input into how the programs are run and access to SSI and employment services. The CoC has adopted policies requiring processes for input from PLE on an ongoing basis and in staff, supervisory and Board/ leadership positions in their agencies. Projects are monitored on this in the CoC monitoring process and the CoC has provided TA to agencies to comply with these requirements. In response to the SSI feedback, the CoC lead agency, DMHAS has expanded resources, adding 8 new SSI SOAR Specialists to try and improve the rate of successful SSI applications. The CoC has and will continue to provide training and resources to promote employment services in funded agencies.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section VII.B.1.t.	

	Describe in the field below at least 2 steps your CoC has taken in the past 12 months that engage city, county, or state governments that represent your CoC's geographic area regarding the following:
1.	reforming zoning and land use policies to permit more housing development; and
2.	reducing regulatory barriers to housing development.

(limit 2,500 characters)

1) The Partnership for Strong Communities (PSC), a voting CoC Steering Committee member, coordinates the HomeConnecticut (HomeCT) campaign, a diverse group of stakeholders engaged in increasing the supply of affordable housing in CT through advocacy for funding for housing development and changes in zoning and land use policies. In the last 12 months, CoC members have engaged in advocacy meetings with elected officials, public testimony and shared info to increase public awareness of a state bill to reform zoning rules to allow higher-density development near transit hubs (Transit-Oriented Communities). This bill was introduced in the last legislative session and would allow towns to choose how to allow as-of-right housing within a 10-minute walk from transit stations, at an average of 15 homes/acre, with a 10% minimum affordability requirement and no onerous parking mandates. The bill failed due to political opposition but garnered a lot of attention and press and will be re-introduced at future legislative sessions. The CoC and its members will continue to provide testimony and meet with public officials to support this zoning reform and land use policy and increasing public awareness of this effort. 2) By May of this past year, each of the 169 towns in the State were required to submit affordable housing plans to the CT Office of Policy Management. These plans require all towns to identify their affordable housing needs and develop plans for future affordable housing development. Many CoC members participated in their local town planning processes to develop these plans which address zoning reform and removal of regulatory barriers to development. CoC members attended public hearings, submitted comments on the town plans and met with local officials. Desegregate CT, which includes many CoC members and is a part of the HomeCT campaign is advocating on the statewide level to address regulatory barriers to housing development related to current permitting laws. Currently, all 169 Connecticut towns are required to maintain several land use commissions and processes, which particularly burdens small towns and is a barrier to housing development. The campaign seeks to allow towns to choose to create unified land use commissions with other towns allowing housing developers to benefit from streamlined permitting.   CoC members have been supporters of this effort writing letters to and meeting with local officials and state representatives to advocate.

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2022 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

1E-1.	Web Posting of Your CoC's Local Competition Deadline–Advance Public Notice.	
	NOFO Section VII.B.2.a. and 2.g.	
	You must upload the Local Competition Deadline attachment to the 4B. Attachments Screen.	

	Enter the date your CoC published the deadline for project applicants to submit their applications to your CoC's local competition.	08/23/2022

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.
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.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes
5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes

1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.
Complete the chart below to provide details of your CoC's local competition:

	1.	What were the maximum number of points available for the renewal project form(s)?	100
	2.	How many renewal projects did your CoC submit?	84
	3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process.	
	NOFO Section VII.B.2.d.	

		Describe in the field below:
	1.	how your CoC collected and analyzed data regarding each project that has successfully housed program participants in permanent housing;
	2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
	3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
	4.	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 2,500 characters)

1) The CoC evaluation process includes criteria, standards and scores related to exits to permanent housing for all TH, PSH and RRH project types, including DV projects. The data source is the CT HMIS, from which the Renewal Evaluation Database (RED) (new this year) imports performance data to calculate the rate of exits to PH for every project. (DV projects export a csv file to the RED.) The RED assigns a score based on the results, which accounts for 20% of the project's score. 2) The 2022 evaluation standards include a criterion that measures the avg length of time for a person being matched to a housing resource to move in. Data is imported directly from the HMIS using Coordinated Access Network (CAN) data on dates matched & housing move in dates. The benchmark is set at 85% of PSH & 50% of RRH households are being housed within 30 days of match. 3) The CTBOS Review & Ranking process considers each project's success in achieving measurable outcomes for people with the highest service needs & longest experience of homelessness in a "housing first" model. The CoC funds only low barrier PSH serving exclusively the highest need and most vulnerable as prioritized by a CAN. PSH is 100% DedPlus with majority fitting HUD chronic homeless criteria, often having criminal backgrounds & histories of substance misuse, and therefore, has a lower benchmark for earned income. TH is reserved exclusively for youth & DV survivors & has higher length of stay thresholds, since these pops have issues that impact rapid placement. Projects are also exempt from the maintain/exit to PH metric if a client left for safety reasons. New projects serve 100% people exiting homelessness, who are likely to be actively using substances, have criminal histories, be fleeing DV, & have no income. When ranking/selecting projects, CT BOS considers these needs/vulnerabilities: chronic homelessness/dedicated Plus criteria, victimization/abuse/DV, low/no income. 4) CT BOS uses different performance targets to evaluate & rank projects for different component types (PSH, RRH, TH) and/or populations served. Criteria differ for new projects and those serving youth & DV survivors. DV projects have lower benchmarks for receipt of non-cash benefits due to the following reasons: ineligibility due to abuser's income, prioritization of safety, custody & legal issues over benefits. These approaches ensure that the review & ranking process is not biased against projects serving vulnerable populations.

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

		Describe in the field below:
	1.	how your CoC obtained input and included persons of different races, particularly those over-represented in the local homelessness population;
	2.	how the input from persons of different races, particularly those over-represented in the local homelessness population, affected how your CoC determined the rating factors used to review project applications;
	3.	how your CoC included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process; and
	4.	how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.

(limit 2,500 characters)

1) In BOS, African Americans (AA) are overrepresented in the homeless population; 10% of the population is AA compared with 30% of people who are homeless. Each year, rating factors used to evaluate projects are determined by & voted on by the Steering Committee (SC). SC members come from a broad range of racial & ethnic backgrounds. BOS seeks to ensure that persons who are over-represented in the homeless population have leadership positions in BOS. BOS By-laws have diversity criteria for SC Co-chairs to ensure leadership is racially diverse; 1 of the 4 SC chairs is a person of color. The 6 Coordinated Access Networks (CANs) are encouraged to select at least 1 person of color of the 2 SC reps per CAN. Of the persons with lived experience on the SC, 4 of the 7 are persons of color. 2) The input of persons of different races resulted in the CoC adding a rating factor to the annual renewal evaluation that looks at rate of return to homelessness among white/non Latinx as compared to BIPOC, Latinx, & Multi-racial households. RFPs for new projects require applicants to answer questions on racial equity efforts in their agencies and programs. This is a rating factor in the new project quality score. 3) Ranking, selection & review processes are established & voted on by the SC each year. BOS seeks to ensure that persons of different races have leadership roles & voting SC seats. BOS By-laws have diversity criteria for SC Co-chairs; 1 of the 4 chairs is a person of color. The 6 CANs are encouraged to select at least 1 person of color of the 2 reps. Of the persons with lived experience on the SC, 4 of them are persons of color. The BOS Scoring Committee reviews new project applications and provides recommendations to the SC; 4 of the 6 scoring committee members are persons of color. 4) BOS reviews how projects promote racial equity & identifies disparate outcomes among BIPOC & Latinx people as compared to White/Non-Latinx. CoC Renewal Evaluation Standards for projects include Rate of Return to Homelessness Among Latinx, BIPOC & Multi-Race Groups as compared to White/Non-Latinx group. In the renewal evaluation, BOS also analyzes agency consumer survey results by race and ethnicity & has identified that BIPOC & Latinx participants reported less opportunity to provide input into how services are delivered. The CoC will be addressing that in the future. BOS agencies are required to report on strategies to reduce racial disparities in the services provided.

| | 1E-4. | Reallocation—Reviewing Performance of Existing Projects. | |
| | | 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; and
	4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1)The CoC has a written reallocation policy that is used to determine when to reallocate lower performing projects to create new higher performing projects. The CoC uses HIC, PIT, by-name list, project performance, system performance, monitoring results, 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 based on non-performance or lack of need. Projects that have been in corrective action for two years or have two consistent CoC monitoring visits that demonstrate significant concerns are considered for reallocation by the BOS Steering Committee (SC). Projects are notified in writing of the potential for reallocation and provided with TA by CoC support staff to address deficiencies. After a final warning, if deficiencies persist, the SC will vote on whether to reallocate. All reallocation 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 decisions. Reallocated funds are awarded competitively through an RFP. 2) The CoC will not submit any reallocated projects this year but two agencies have been advised that they may be reallocated next year if deficiencies are not corrected.   These projects have ongoing performance issues and negative CoC monitoring findings.   3) During this competition, the CoC did not reallocate any projects. 4) The CoC has had a robust process and history of reallocating projects to fund better performers or address changes in need (6 projects were reallocated in 2021 competition and all TH has been reallocated over time, except those programs targeted to youth or DV). Efforts at improving performance and compliance have been successful. No projects met the criteria for mandatory reallocation this year; but as noted, two projects have been advised that this may happen in the next competition.

1E-4a.	Reallocation Between FY 2017 and FY 2022.	
	NOFO Section VII.B.2.f.	

| | Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2017 and FY 2022? | No |

1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	Did your CoC inform applicants why their projects were rejected or reduced?	Yes
3.	If you selected Yes for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	08/01/2022

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	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. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/14/2022

1E-5b.	Local Competition Selection Results–Scores for All Projects.	
	NOFO Section VII.B.2.g.	
	You must upload the Final Project Scores for All Projects attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Applicant Names; 2. Project Names; 3. Project Scores; 4. Project Rank–if accepted; 5. Award amounts; and 6. Projects accepted or rejected status.	Yes

1E-5c.	1E-5c. Web Posting of CoC-Approved Consolidated Application.	
	NOFO Section VII.B.2.g.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	

You must enter a date in question 1E-5c.

1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application has been posted on the CoC's website or partner's website.	

You must enter a date in question 1E-5d.

2A. Homeless Management Information System (HMIS) Implementation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2022 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

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.	Statewide

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

	Enter the date your CoC submitted its 2022 HIC data into HDX.	04/27/2022

2A-4.	Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section VII.B.3.b.	

	In the field below:
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in databases that meet HUD's comparable database requirements; and
2.	state whether your CoC is compliant with the 2022 HMIS Data Standards.

(limit 2,500 characters)

1) The CoC has a comparable database (CDB) with a 100% participation rate among VSP CoC/ESG beds. The CDB is administered by the CT Coalition Against Domestic Violence (CCADV) and is used to provide de-identified aggregated HUD System Performance Measures data to the CoC and HMIS lead for each applicable project. The HMIS Lead continues to provide TA, as needed, to ensure CDB adherence to HUD's comparable database standards, including data element collection and reporting, continued submission of aggregate SPMs for each project, and improvements to SPM data quality. Though the existing CDB (ETO – Efforts to Outcomes) 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 HUD 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 budget line item in 2022 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. CCADV, the CoC and the HMIS Lead, anticipate that the efforts described above to launch an upgraded CDB will improve efficiency, tighten compliance, and ensure a better user and administrator experience when reporting system performance data from the CDB to the HMIS lead and CoC. 2) The CT Statewide HMIS is compliant with the 2022 HMIS data standards.

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

Enter 2022 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2022 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	1,527	257	1,269	99.92%
2. Safe Haven (SH) beds	20	0	20	100.00%
3. Transitional Housing (TH) beds	297	74	195	87.44%
4. Rapid Re-Housing (RRH) beds	1,323	305	1,017	99.90%
5. Permanent Supportive Housing	5,404	73	4,299	80.64%
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 2,500 characters)

1) All bed types except PSH exceed the targeted bed coverage rate. All CoC funded PSH projects enter in HMIS but the coverage rate is only 80.63%. This is because the CoC has 1062 HUD-VASH beds which do not enter into HMIS and significantly reduce the bed coverage rate, making up almost 100% of the PSH beds that are not included in the HMIS. The CoC has been working with the VA for some time to resolve this issue. Coordination had been ongoing with work on an MOU to share data, but efforts stalled during COVID and a change in HMIS Lead Agency staff. Work with the VA has resumed and will continue over the next 12 months with the CT Coalition to End Homelessness (CCEH), the CoC HMIS Lead, taking the lead on moving things forward to include HUD-VASH units in the HMIS. CCEH has been meeting with the VA and will be exploring importing data from the VA HOMES system into the HMIS through a csv upload, which could occur regularly and would ensure bed coverage of close to 100% for PSH. Additionally, over the next 12 months, CCEH will continue to provide "read only" access to HMIS to the VA so that the VA sees the benefits of integrating their data with the HMIS. 2) To increase bed coverage to at least 85 percent, the CoC will implement these steps by reaching out to other VA systems wherein HOMES data is exported to 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 meet regularly with the VA to plan and implement the csv export from the VA HOMES system into HMIS. CCEH will coordinate with Nutmeg – the HMIS administrator - on specifications for the upload and other technical issues. CCEH will also work with the VA to create and execute any agreements/MOUs required for the export. CCEH will provide regular updates to the CoC Steering Committee on the progress of the integration of the HUD—VASH units into the CT HMIS.

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 February 15, 2022, 8 p.m. EST?	Yes

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2022 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC conducted its 2022 PIT count.	01/25/2022

2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC submitted its 2022 PIT count data in HDX.	04/26/2022

2B-3.	PIT Count–Effectively Counting Youth.	
	NOFO Section VII.B.4.b.	

	Describe in the field below how during the planning process for the 2022 PIT count your CoC:
1.	engaged stakeholders that serve homeless youth;
2.	involved homeless youth in the actual count; and
3.	worked with stakeholders to select locations where homeless youth are most likely to be identified.

(limit 2,500 characters)

1) The statewide CT PIT Count is conducted using a regional coordination approach using the 7 Coordinated Access Networks (CANs) and sub-regions of some of the larger CANs. All of the CANs include all of the local youth-serving organizations (including RHY as well as privately-funded programs) in planning and coordinating the PIT count. All shelters serving homeless youth are included in both the PIT and HIC counts, in the PIT database and in planning mtgs and trainings. For those that do not use HMIS, access to and training on the PIT Database was provided. The Regional Coordinators also engage all YHDP providers and the YETI's (Youth Engagement Team Initiatives) in each CAN in planning meetings and trainings to ensure that all places where homeless youth may be on the night of the count are identified and entered into the PIT database. YETI staff (who included youth who have been homeless) assisted in identifying locations of unsheltered youth on the night of the count and updating current living situation assessments. Homeless youth serving organizations that do not use the HMIS were provided training and access to the PIT Database to enter data directly. 2) Each CAN has a YETI – a Youth Engagement Team which includes youth with lived experience as staff who are engaged in street outreach to homeless youth and young adults. The connection between the YETI's and homeless youth and young adults in the CAN's enabled them to gather information on unsheltered locations where homeless youth could be found on the night of the count. The YETIs and young adults on those teams were involved in capturing the current living situation of unsheltered youth on the night of the count in the PIT database. 3) The coordination among the CANs, Regional Coordinators and the YETI's began months before the count date to ensure that locations where homeless youth are most likely to be identified were included in the PIT count. This included multiple planning meetings and trainings identify these locations and ensure they were canvased for the count. Outreach teams in each CAN used this information to target locations where youth were likely to be found.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section VII.B.5.a and VII.B.7.c.	

	In the field below:
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable;
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable; and
3.	describe how the changes affected your CoC's PIT count results; or
4.	state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2022.

(limit 2,500 characters)

1) Sheltered Methodology: All HMIS participating agency data was imported directly from HMIS into the Point in Time (PIT) database vs. in 2021 when users would manually enter the PIT data. For non-HMIS ES, TH & SH projects, fields were added to capture sub-population data. The VA and the PIT CoC leads developed a new plan to capture veteran data across ES & TH. The PIT database provided the VA with a report of all sheltered veterans for the night of PIT and the VA verified those statuses. There was also more collaboration with Dept. of Housing to accurately capture ES hotel/motel beds. Data quality: The PIT database pulled data directly from HMIS and pre-populated the PIT people count data. Agencies corrected discrepancies in HMIS. This ensured continuity & maintained HMIS as the source system. Check-ins, move-in dates & enrollments in HMIS were used as the basis for the count as opposed to manual entry by providers into the PIT database. An overlapping enrollment report improved de-duplication efforts. A veteran status report was provided to the VA for accuracy. 2) Unsheltered Method: HMIS street outreach (SO) program data was set up to import directly from HMIS into the PIT database. New this year, users were required to complete the HMIS Current Living Situation (CLS) Assessment on the night of the count for any active SO clients. Non-HMIS SO programs were provided access to the PIT database to directly enter their aggregate counts for the night of PIT. These were gathered outside of the database last year. Data Quality: For the street outreach methodology described above, there were increased training and resources to capture data in HMIS and more follow-up with providers to verify data. De-duplication methods increased between SO & ES since both were using HMIS to capture PIT data. 3) Overall, both counts were more accurate due to the improvements to the PIT database, increased ability to de-duplicate & the follow-up conducted on the duplicate enrollment reports. However, the increase in the sheltered count to 2084 from 1699 was likely the result of it being a "Code Blue" night resulting in additional seasonal and overflow ES beds & the increased utilization of hotel/motel ES beds. This may also have impacted the number unsheltered that night, resulting in a decrease. The 2022 methodology also included additional collaboration with Dept. of Housing around data on the hotel/motel people/beds, which may have been under-reported in 2021.

2C. System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2022 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

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

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

(limit 2,500 characters)

1) In FY 21, the CoC experienced a decrease in first time homelessness among both cohorts tracked. To understand the first-time homeless population, the HMIS administrator runs a report from HMIS on the first-time homeless cohort. Data are analyzed to identify patterns for possible risk factors. Results from FY21 SPMs indicate, for example, that of the first-time homeless, 37% are living w/mental health issues, 27% are living with domestic violence & 41% have no income. 2) The CoC has made a concerted effort, using state, federal, local & private resources to address households at risk of homelessness. The CoC has successfully been using diversion as a strategy to prevent homelessness and will continue these efforts. 211 serves as the "front door to the system" and connects callers facing a housing crisis with resources to prevent them from becoming homeless. Diversion is the first intervention provided for all people seeking homeless assistance and includes: identifying alternative housing arrangements, connecting to conflict resolution & mediation, referrals to behavioral health services, utility & short -term rent and eviction prevention assistance, and legal services. Diversion will also continue to occur at the 6 local CANs for anyone who present for a CAN appointment. In the past year, 41% of people who had a Coordinated Access Network (CAN) appointment were diverted. CT Dept. of Housing (DOH) will continue to fund diversion efforts and has established a legal services program for households facing eviction. Current efforts are also exploring seeking resources to expand prevention to serve households about 14 days away from losing housing (as compared to people homeless that day). A pilot project showed that providing services at this point did not increase requests for shelter and allowed for less crisis driven interventions. Planning efforts are also exploring implementing validated prevention screening tools to ensure those most likely to become homeless are served by these expanded prevention efforts. CT Coalition to End Homelessness will continue to provide ongoing diversion training to staff and to facilitate diversion learning collaboratives for both adult and YHDP programs. 3) CT Dept. of Housing is responsible for overseeing this strategy.

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

	In the field below:
1.	describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2.	describe 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 2,500 characters)

1) BOS monitors Length of Time Homeless (LOTH) by reviewing Systems Performance Measure outcomes quarterly at Steering Committee meetings. The average LOTH for persons in ES, SH & TH was 90 days in FY 21, a slight increase from FY20. The CoC uses multiple strategies to reduce LOTH: dedicates 100% of PSH beds to Dedicated Plus; adopted CPD Notice 16-11 to ensure prioritization for PSH based on LOTH; requires Housing First approach at 100% of projects; provides training to staff on rapid exit, evaluates LOTH measures in program evaluations; prioritizes HCV vouchers for people moving on from PSH to increase turnover in PSH, & increases housing inventory thru the CoC as well as other federal, state & local resources (e.g., CoC added 327 RRH units and 239 PSH units from 2019 to 2022; is applying for 7 new PSH projects and 5 new RRH projects in the 2022 NOFO). The CT Housing Finance Agency (CHFA) has and will continue to prioritize LIHTC projects creating new PSH. In 2022, CHFA awarded funds for 345 new affordable units, 72 of which are PSH for homeless people. The HCV-CV vouchers issued to CT were dedicated to homeless people. To encourage rapid exits, in the last year, a new metric was added to the renewal evaluation to track length of time from assignment to a housing resource to move-in. The Housing Solutions Collaborative (HSC) provides training to shelter staff to provide housing-focused, and safe shelter w/the goal of reducing LOTH via rapid exits to PH. Per program standards, shelters develop Housing Plans for all clients and use Motivational Interviewing and Person-Centered Planning to engage consumers in housing plans focused on rapid exit to PH. The increase in LOTH has been partly attributed to an incredibly tight housing market and the CoC is exploring additional landlord engagement efforts and providing more training on the use of shared housing and other affordable options to speed up placements. 2) The CoC identifies households with the longest LOTH using a by-name list generated by HMIS. This list tabulates the cumulative LOTH & is used to prioritize individuals and families with the longest LOTH through the Coordinated Access Networks (CAN). The Housing Placement teams in each CAN match the long-term homeless households w/vacancies, and CAN staff work w/outreach, service providers, and the housing provider to obtain required documentation & remove barriers to housing access. 3) CT Dept of Housing is responsible for overseeing this strategy.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing–CoC's Strategy	
	NOFO Section VII.B.5.d.	

		In the field below:
	1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;
	2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and
	3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.

(limit 2,500 characters)

1)CT BOS uses multiple strategies to increase PH exits from ES, SH, TH, & RRH. On a quarterly basis the Steering Committee (SC) reviews SPMs including exits to PH & adjusts interventions to improve performance. Performance on this metric declined slightly from 62% in FY 20 to 59% in FY 21 and strategies to increase the rate include: monitoring program performance on exits to housing, increasing subsidies & subsidized units available to homeless people, providing training to staff on strategies to rapidly rehouse & support housing stabilization, and increasing focus on promoting new housing options. Successful PH exits is an evaluation criterion in the annual performance review process & is assessed during monitoring visits. Poor performers are offered TA and required to submit corrective action plans as needed. To expand exit options for people in ES, SH, TH & RRH, the SC works with local PHAs to implement existing homeless preferences & request new units or turnover units be allocated to the Coordinated Access Networks (CANs) and the State housing agency pursues all federal opportunities and uses State bond financing to expand affordable housing units. In 2022, the CT Housing Finance Agency awarded funding for 78 new PSH homeless set-aside units in LIHTC projects. In addition: 380 emergency housing vouchers were allocated to homeless people and are more than 75% utilized. In the next year, the CoC will be providing more training on shared housing, senior housing and other housing options that might be more sustainable for people. 2) BOS has a 99% 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 options, strategies to maintain/improve this rate include: requiring case conferencing for tenants at risk of eviction to preserve housing or identify alternative placement; 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 with local PHAs, EHV vouchers & LIHTC projects; and providing trainings to staff on topics related to housing retention (e.g., Critical Time Intervention, Housing First, housing stabilization etc.) 3) CT BOS Steering Committee oversees the strategy.

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

	In the field below:
1.	describe your CoC's strategy to identify individuals and families who return to homelessness;
2.	describe 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 2,500 characters)

1) Coordinated Access Networks (CANs) flag all households returning to homelessness at the point of return and assess reasons for the return. Plans for housing are based on learning what caused the previous housing situation to fail and prevent it from happening again.   System Performance Measures (SPMs) show that returns are most likely in the first 6 months following exit and remained steady from FY 2020 to FY 2021 at 8%. An analysis of FY 21 SPMs data indicate that common factors among those returning include: 43% have no income; 63% live with mental illness; and 24% are DV survivors 2)The CoC reviews SPMs quarterly at Steering Committee (SC) meetings to adjust strategies & resource allocation to reduce returns. For FY 2021, rate of return to homelessness for the first six months for TH is 6% and 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 easy monitoring of effectiveness of efforts to reduce return rates. When CANs identify returning households, reasons are assessed & additional housing supports are provided. CoC written policy requires that housing providers notify the CAN if a household is at risk of returning to homelessness. The CAN convenes a case conference to identify housing stabilization resources and prevent a return. Case managers monitor housing stability risks, help tenants to reduce risks, mediate conflicts with landlords & assist those at-risk of return to access prevention services. Providers use motivational interviewing & person-centered planning to engage tenants in housing stabilization services, including regular home visits, intensive case management & linkages to a range of mainstream services & income supports. The CoC monitors these practices, establishes performance standards & evaluates projects based on factors that reduce risk of returns (e.g., exit destination, increasing income, connecting participants to benefits/employment). CoC requires corrective action, as necessary. Given that the rate of returners with no income is so high, the CoC will be focusing more on ensuring participants are accessing all public benefits they are eligible for and getting more assistance around employment. 3) CT BOS Steering Committee is responsible for overseeing this strategy.

2C-5.	Increasing Employment Cash Income—CoC's Strategy.	
	NOFO Section VII.B.5.f.	

	In the field below:
1.	describe your CoC's strategy to access employment cash sources;
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness 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 2,500 characters)

1)Rates of increasing income have decreased slightly (by 2%) this year and the CoC is continuing current efforts and updating its approach to support increases in cash income. Currently, all projects assess participants at entry & every 6 months to determine employment income, sources & employment goals. Annually, the CoC evaluates projects on increasing employment income & requires corrective action as needed. The CoC Steering Committee (SC) reviews rates of increased employment income quarterly & strategizes on improving outcomes. Staff at CoC agencies conduct outreach to private employers, connect consumers w/staffing agencies, provide resources on job fairs & other employment resources. The CoC provides training on employment best practices and more training will be provided using agencies with success in this area. The CoC will consider requiring employment assessments (beyond basic income & goals) at the time of intake and look at expanding employment specialists in the system. Connections between agencies and Workforce Development Boards/American Job Centers will continue to be supported. With support from the Melville Charitable Trust, Secure Jobs CT provides lessons learned for increasing earned income among homeless families. 2) CoC efforts to work with mainstream employment orgs. to increase cash income include: CT Dept of Labor added to the CoC Steering Committee; ES, TH, & PH programs connect w/American Job Centers in each CAN; specialized staff train consumers on job readiness, job training & employment opportunities. Case managers connect tenants to American Jobs Centers, provide transportation, help w/on-line access & follow-up. Two examples of mainstream connections are MOU w/Journey Home and an Aerospace Employment Program & MOU w/Goodwin College which offers job training/certification courses. 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 on the individual, organizational & system level, holding regular meetings to share employment resources& mutual learning -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+ people. Workforce Development Boards meet with shelter staff & clients, provide tours of & connect clients to job centers. 3) CoC Chairs oversee this strategy.

2C-5a.	Increasing Non-employment Cash Income–CoC's Strategy	
	NOFO Section VII.B.5.f.	

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

(limit 2,500 characters)

1) The CoC's strategy to access non-employment cash income includes a variety of efforts. The CoC Steering Committee (SC) reviews rates of increased non-cash income quarterly & strategizes on improving outcomes. The CoC offers training on cash and non-cash benefits including eligibility and application processes. CT DSS is a voting member of the CoC SC and offers regular trainings and online information about the TANF program. The State of CT makes applying for TANF easy through 24-hour online access. Per CoC policies, all projects assess participants at entry & every 6 months to determine cash benefits income & sources and work with participants to apply for benefits for which they are eligible. Providers assist participants to create online accounts, fill out and submit applications, access online resources, follow up to maintain eligibility, and assist with transportation, internet or videoconference access as need. The portal for TANF access is at https://connect.ct.gov/access/jsp/access/Home.jsp. To increase rates of receipt of SSI/SSDI, the CT Dept. of Mental Health and Addiction Services (DMHAS) funds SSI/SSDI SOAR specialists in each Coordinated Access Network (CAN) in the CoC. To address the need for more staff to complete and submit applications for SSI/SSDI, DMHAS expanded the number of SOAR specialists in the past year, adding 8 positions statewide using ARPA funds. Providers in CoC programs work with the SOAR specialists to assist participants to access SSA through the online portal as well as transportation as needed; provide assistance completing required forms, maintaining eligibility and other follow up required. In prior years, program evaluations have included criteria around the rate of receipt of cash benefits. Evaluation criteria are updated every year and adjusted based on performance to emphasize areas needing improvement. Since the percent of people leaving with increased non-employment cash income has declined from 25% to 20%, the SC will consider adding this criterion back into the renewal evaluation criteria in the future. 2) The CoC Chairs are responsible for overseeing this strategy.

3A. Coordination with Housing and Healthcare

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2022 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	
	NOFO Section VII.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project 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-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

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

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

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

Project Name	Project Type	Rank Number	Leverage Type
CHI The Tyler, Ro...	PH-PSH	86	Healthcare
CHI Willow Creek ...	PH-PSH	87	Both
Hartford My Siste...	PH-PSH	88	Housing

3A-3. List of Projects.

1. What is the name of the new project? CHI The Tyler, Rockview II and Mather Street

2. Enter the Unique Entity Identifier (UEI): R2J2V5BZNGY2

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 86

5. Select the type of leverage: Healthcare

3A-3. List of Projects.

1. What is the name of the new project? CHI Willow Creek and The Jefferson

2. Enter the Unique Entity Identifier (UEI): R2J2V5BZNGY2

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 87

5. Select the type of leverage: Both

3A-3. List of Projects.

1. What is the name of the new project? Hartford My Sisters' Place PSH 2022

2. Enter the Unique Entity Identifier (UEI): R2J2V5BZNGY2

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 88

5. Select the type of leverage: Housing

3B. New Projects With Rehabilitation/New Construction Costs

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
    - FY 2022 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

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

	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 2,500 characters)

Not Applicable

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2022 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

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.	
	NOFO Section VII.C.	

	You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.
	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 2,500 characters)

Not applicable

4A. DV Bonus Project Applicants

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
  - FY 2022 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
  - Frequently Asked Questions

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.e.	

	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 2022 Priority Listing.	

	Project Type	
1.	SSO Coordinated Entry	Yes
2.	PH-RRH or Joint TH and PH-RRH Component	Yes

4A-2.	Information About the Project Applicant for the New Support Services Only Coordinated Entry (SSO-CE) DV Bonus Project.	
	NOFO Section II.B.11.(e)(2)	

	Enter in the chart below information about the project applicant applying for the new SSO-CE DV Bonus project:	

1.	Applicant Name	CT Department of Housing
2.	Project Name	CT BOS CCADV CE
3.	Project Ranking on Priority Listing	97
4.	Unique Entity Identifier (UEI)	G9T1PJBELKT1
5.	Amount Requested	$523,381

4A-2a.	Addressing Coordinated Entry Inadequacies through the New SSO-CE DV Bonus Project.	
	NOFO Section II.B.11.(e)(2)(c)	

	Describe in the field below:	
1.	the inadequacies of your CoC's current Coordinated Entry that limits its ability to better meet the needs of survivors of domestic violence, dating violence, sexual assault, or stalking; and	
2.	how the proposed project addresses inadequacies identified in element 1 of this question.	

(limit 2,500 characters)

1) Safe Connect (CT's DV hotline) has been successful in its goals of streamlining access to services, providing triage, risk assessment and advocacy planning. However, there is still a tremendous amount of silence, fear and shame that results from abuse that Safe Connect is actively working to eradicate by normalizing the experience of reaching out for information and support. Currently, CT's DV shelter providers have chosen to continue the completion of domestic violence shelter assessments, finding placement, and maintaining a daily statewide bed count within their individual organizations. Victims seeking shelter often call Safe Connect back to look for updates or additional assistance, many times having been connected through the 211 and the Coordinated Access Networks (CANs), and then have to re-connect to individual agencies. The multiple points of entry to the system create barriers to access for survivors, require interaction with multiple agencies and frequent call-backs. 2) The DV CE project proposed to project would involve the streamlining of DV shelter requests through the Safe Connect hotline. These funds would be used to support a team of Safe Connect Housing Advocacy Coordinators dedicated to coordinated entry and diversionary efforts. Safe Connect would be responsible for the following: coordinating with the regional CANs, maintaining a statewide domestic violence shelter bed count. Maintaining an active, team-wide caseload of people who have requested shelter, ensuring rapid placement for those most at risk as well as follow-up until successful diversion or shelter placement. This would include individuals who are currently homeless or at imminent risk of becoming homeless. The DV CE will provide enhanced case management for households not eligible for DV shelter, but in need of stabilizing housing resources. CE Housing Advocacy Coordinators will assist with locating affordable housing, landlord advocacy and negotiations, credit repair, and housing applications. The DV CE will actively work in partnership with the CANs to coordinate around households eligible for support from both systems, establishing protocols that work to create a single point of entry for survivors. The DV CE will collaborate with CAN Navigators throughout the state to provide support and capacity building in navigating domestic violence disclosures. The DV CE project will streamline access and reduce burdens on survivors in order to access housing and services.

4A-2b.	Plan to Involve Survivors in Policy and Program Development in the New SSO-CE DV Bonus Project.	
	NOFO Section II.B.11.(e)(2)(d)	

	Describe in the field below how the new project will involve survivors with a range of lived expertise in policy and program development throughout the project's operation.

(limit 2,500 characters)

CCADV is forming a Survivor Leadership Group (SLG) which will be comprised of persons with a range of lived experience (e.g., with homelessness, DV, economic insecurity, disability, racism, sexism, & homo/transphobia) and anticipates meetings to begin in January 2023. The SLG will be engaged in policy and program development for the new Coordinated Entry (CE) project as well as a number of other important initiatives. The SLG seeks to engage and empower domestic violence survivors to share their lived experiences and effectuate meaningful change to programs, services, and public policy. This includes uplifting their voices to educate the public about domestic violence from a survivor's perspective and giving a face to a public health crisis that impacts more women than breast cancer and diabetes combined. The SLC embraces members' knowledge and experiences to guide the work of strengthening survivor rights and protections, including both internal systemic response and service provision, as well as external systems advocacy. In addition, survivor satisfaction surveys will be completed after initial contact with the hotline and upon completion of the coordinated entry process. A new phone system in Safe Connect will allow callers the option to complete a satisfaction survey post call. All surveys will be reviewed by SafeConnect as well as CCADV and information gathered will help to inform service provision and CE policies and protocols. Staff will also create frequent opportunities for participants to candidly share what is going well and what can be done better to make meaningful, client-driven changes to coordinated entry. CCADV and its partners will continue to include people with a range of lived experiences in decision-making and continuous quality improvement efforts. Based on client feedback, the project will implement new initiatives, such as flexible funds and partnerships to enable access to specific services identified as gaps and needs. In addition, the CoC Consumer Leadership Involvement Project (CLIP) is engaged in ongoing policy and program development work for the CoC. CLIP will identify ways that coordinated entry systems and services are effective and ineffective in meeting the needs of survivors from diverse backgrounds who are experiencing homelessness. CLIP will provide ongoing input & recommendations to the CE including identifying problems in the current CE systems and processes.

4A-3.	Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in Your CoC's Geographic Area.	
	NOFO Section II.B.11.(e)(1)(c)	

1.	Enter the number of survivors that need housing or services:	39,754
2.	Enter the number of survivors your CoC is currently serving:	5,252
3.	Unmet Need:	34,502

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(c)	

Describe in the field below:	

1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and	
2.	the data source (e.g., comparable databases, 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 2,500 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 39,000 unduplicated survivors who needed services, including housing. (Data element #1). In the past year 5,252 survivors were assisted with 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 which uses Efforts to Outcomes (ETO) software. 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. Barriers to meeting needs are numerous. While the severity of the COVID pandemic has decreased in the past year, families and survivors are still recovering from lock down and the increase of DV incidents, and becoming reconnected with services that waned during the pandemic.. Most significantly, there continues to be a severe shortage of available affordable housing units in the CoC.

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

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
Connecticut Depar...

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

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

	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 2022 Priority Listing:	

	1.	Applicant Name	Connecticut Department of Housing
	2.	Project Name	CT0330&CT0338 CT BOS CCADV RRH Expansion
	3.	Project Rank on the Priority Listing	95
	4.	Unique Entity Identifier (UEI)	G9T1PJBELKT1
	5.	Amount Requested	$1,225,006
	6.	Rate of Housing Placement of DV Survivors–Percentage	56%
	7.	Rate of Housing Retention of DV Survivors–Percentage	99%

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(c)	

	For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below	
	1.	how the project applicant calculated both rates;
	2.	whether the rates accounts for exits to safe housing destinations; and
	3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

1)The rate of housing placement was calculated by taking the number of DV survivor referrals that were housed in PH-RRH plus the number housed in PH-PSH (numerator) divided by the total number of referrals (denominator) to the DV system during a 1-year period. 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 number of participants who retained PH or exited to PH destinations divided by the total number of participants who were in the projects during the reporting period using the most recently completed APR data. The projects used in the calculation include DV-RRH projects serving survivors exclusively with a completed operating year. 2) The rates accounts only for exits to safe housing destinations as the rate reflects only placements with member agencies of CT Coalition Against Domestic Violence (CCADV) and other safe permanent housing destinations. Exits to unsafe destinations are excluded from the calculation for housing placement and housing retention. 3) For housing placement, data were pulled from the DV comparable database (ETO) and other administrative data from the Program Coordinated Entry tracking sheet. For housing retention, the data source is the most recently completed APR, which is generated from the DV comparable database data.

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

		Describe in the field below how the project applicant:
	1.	ensured DV survivors experiencing homelessness were quickly moved 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.	determined which supportive services survivors needed;
	4.	connected survivors to supportive services; and
	5.	moved clients from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.

(limit 2,500 characters)

1&2) The CT Department of Housing (DOH) is the project applicant. CT Coalition Against DV (CCADV) is the project subrecipient. DOH manages the Coordinated Access Networks (CANs) & oversees Rapid Rehousing (RRH) projects statewide, including the DV Bonus RRH projects. DOH & CCADV ensure that survivors' needs are 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 must flee quickly. DOH monitors CAN data & improves efficiency to ensure that survivors rapidly move into safe housing & obtain emergency transfers per CoC policies. 3) CCADV oversees service providers' assessments of survivors which determine supportive service (SS) needs. This includes assessment for safety & lethality, physical & behavioral healthcare, income & employment, receipt of mainstream benefits, community supports and the resources needed to access, & maintain connections to these supports. 4) CCADV has & 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. 5) The housing & services detailed here assist clients in gaining the skills & resources needed to sustain housing at subsidy's end. Providers use the evidence-based practice of Critical Time Intervention to support housing stability, focus on increasing income and supports and monitor housing stability, taking action to ensure that survivors are assisted to address risks to housing stability. Participants are helped to increase income through employment and/or access to cash benefits & helped to access health insurance, HUSKY Kids and other mainstream benefits so they have the resources to sustain housing.

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:
1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;
2.	making determinations and placements into safe housing;
3.	keeping information and locations confidential;
4.	training staff on safety and confidentially policies and practices; and
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.

(limit 2,500 characters)

Examples of how DOH has worked with its subrecipient, CT Coalition Against DV (CCADV) to ensure the safety and confidentiality of DV survivors experiencing homelessness are: 1) Ensuring staff adhere to CCADV membership standards for confidentiality; conducting intake & other discussions in private settings to ensure confidentiality, provide choice, & maximize survivor comfort and conducting 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; 2) 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, and supportive friends/family/service providers; 3) Ensuring the confidentiality of all types of addresses via review of paperwork to ensure removal of addresses & ensuring adherence to CCADV standards for confidentiality; 4) Requiring all staff to complete a 20-hour certification & ensuring adherence to CCADV standards via annual on-site evaluations; 4) Statutorily requiring DV Advocates to get 20 hours of training to become a certified domestic violence (DV) counselor. Certification is maintained by getting 6 additional hours per year of training, including safety planning among other topics. 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; 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.; CCADV member agencies adhere to standards that include protocols for ensuring safety.; 5)Assisting survivors to identify safety risks and needs, understand options and determine which are safest for them and best suited to support location confidentiality including building security features (e.g., security staff, lighting, window bars, cameras & alarms); and assist in provision of the measures of the survivors' choosing.

| 4A-3d.1. | Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects. | |
| | NOFO Section II.B.11.e.(1)(d) | |

| Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project. |

(limit 2,500 characters)

CCADV 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 99% 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. 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. Sites are reviewed annually for compliance with standards. During the past year, participants identified that financial concerns were undermining feelings of safety and potentially driving some of them back to their abusers. As a result, the payment standards for DV RRH were adjusted to provide more financial assistance for a longer period of time.

	4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
		NOFO Section II.B.11.e.(1)(d)	

		Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:
	1.	prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
	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 the effects of trauma;
	4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
	5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
	6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
	7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(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. Sub-recipient—CCADV—has extensive experience helping staff assess needs and preferences of survivors and their families, honor survivors' expertise by providing options and respecting survivors' decisions, support survivors to recognize how trauma has impacted their lives and reduce that impact over time, build on strengths, respect 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 training to staff committed to strengthening CT's response to victims of domestic violence.

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 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. Safety is 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) CCADV has experience supporting survivors to explore options, analyze pros and cons of each and make informed personal decisions. CCADV teaches staff how to honor survivor expertise, interact as equals and minimize power differentials. CCADV ensures that survivors can choose if, how, when, where, and with whom to share information and that the information disclosed 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. Via the CCADV Training Institute, housing advocates and case managers receive comprehensive training on increasing victim safety, enhancing advocacy skills, coordinating services, and others. Staff has been trained on use of a self-assessment and planning tool that evaluates the extent to which practices are trauma-informed, identifies and prioritizes key areas for change, and tracks progress towards a trauma-informed service system.

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 work towards personal goals and aspirations.

5) CCADV ensures culturally competent services in its CT Safe Connect program – providing access to certified DV counselors available via phone, chat, text, and email 24 hours a day. CT Safe Connect advocates are 85% bilingual in English and Spanish with several other languages spoken and their cultural backgrounds span over ten different countries and four continents. The platform also auto-translates many spoken languages. Other methods of ensuring culturally competent services include providing training to participating providers at least annually on equal access, cultural competence and

nondiscrimination, and making available a range of targeted services for persons in underrepresented communities through their network of providers.
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.
7) Each CCADV member program has a specialized Child Advocate, a role specifically designed to address the needs of children. 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. CCADV also funds each member organization to have a Family Violence Victim Advocate on staff who work in the courts and ensure access to legal services

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

(limit 5,000 characters)

The CT Dept. of Housing (DOH) is the applicant. During its latest funding cycle, DOH partnered with its subrecipient, CT Coalition Against DV (CCADV - the statewide DV organization) to provide DV survivors experiencing homelessness with the supportive services. Examples of this are described below. DOH and CCADV have already established an effective partnership via successful implementation of CoC-wide DV Bonus RRH projects. These projects are quickly moving survivors into permanent housing & addressing their safety needs. CCADV contracts with its member agencies & with other non-profits to provide services directly to participants. CCADV provided training, TA, & monitoring to ensure alignment with best practices, adherence to CCADV's membership standards, & coordination among partner organizations. CCADV oversees approximately 24 contracted agencies that provided RRH participants with advocacy, case management, & housing coordination services. Four non-profit homeless services agencies conducted housing search and, HQS inspections, determined rent reasonableness, and ensure prompt processing of all documents necessary to execute leases and initiate rental assistance. The majority of households were housed within 30 days of project match. The Housing Coordination agencies provided housing counselling, assistance with credit repair, connections to education and provided educational advocacy on behalf of dependent children. Staff also remained available to assist with landlord mediation & other housing related issues as necessary post placement. These services resulted in housing stability without continued RRH support for nearly half of participants within 6 months, as evidenced by 0% of participants exiting to shelters (except as necessary to ensure safety), streets or unknown locations. Agencies 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 hundreds of participants with housing & services tailored to survivors' needs & choices. Through these existing RRH projects, DOH and CCADV provided strengths-based, client-centered, and trauma-informed services to empower survivors to plan for safety, overcome the impacts of abuse, resolve child custody issues, increase income, & determine their own futures. Despite abuse & the pandemic, 52% of adult participants had earned income at exit/annual assessment. During its latest funding cycle, DOH, in partnership with CCADV assisted survivors to access a broad range of services including child custody support, childcare, legal services, 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). CCADV also funds each member organization to have a Family Violence Victim Advocate on staff who work in the courts and ensure access to legal services in cases of child custody disputes, orders of protection, divorce proceedings etc.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Approaches for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(e)	

	Provide examples in the field below of how the new project will:	
1.	prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;	
2.	establish 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.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasize program participants' strengths–for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans works towards survivor-defined goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

Connecticut Coalition Against Domestic Violence (CCADV) provides contractual oversight, training, and technical assistance to 18 Domestic Violence (DV)organizations serving 40,000 victims and their children annually. Staff will be trained in Critical Time Intervention, motivational interviewing, victim-defined trauma-informed care and advocacy, confidentiality, and implicit bias. Staff will also participate in a learning collaborative where they will receive ongoing case consultation from an expert facilitator and learn about best practices from peer organizations.   1) Participants will choose their own level of engagement and determine their own housing goals. . Staff will offer support to achieve these goals and work to rapidly place survivors in housing that meets their wishes and stated needs.   Housing locators will work collaboratively with participants to assess wishes and stated needs, preferences and barriers, and will conduct the housing search to support rapid placement. Case managers (CMs) will develop housing stability plans with participants and provide services to help achieve goals and support stable tenancies. CMs will use Housing First and will offer crisis intervention, safety planning, financial planning, educational, employment, and legal advocacy services. Case managers will provide person-centered supportive services using an individualized approach to housing stabilization, rebuilding self-esteem, developing essential life skills, and establishing financial independence by supporting participants' goals, wishes and stated needs to increase income and self-sufficiency. 2) Staff will provide monthly housing stabilization plans/check-ins, no punitive interventions, no coercion or enforcement of strict time limits, recognition that victims may need time to heal and to get to a place where they are ready to move forward, flexibility with choice of apartments even if it means taking longer to find an apartment that helps survivors feel safe. 3) All services are 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 approaches to managing trauma. 4) Staff will assess for program participant strengths, goals and aspirations, and support participants to achieve their goals. For instance, staff are trained in budgeting and credit repair counseling and in SOAR to secure social security benefits, and regularly work with 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 individual differences. 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 (BIPOC). Project staff will be trained in trauma-informed care, managing complex circumstances like survivors being controlled by their abuser through the court process (extending court proceedings, changes to custody agreements), abrupt changes in income through nonpayment of child support/alimony, prison release, or still living with an abuser while searching for housing. This project was designed to ensure survivors of color and underserved populations will have equitable access to housing resources. CCADV subcontracts with CT Institute for Refugees and Immigrants, a statewide agency with expertise in supporting survivors of human trafficking. 28% of staff reported being survivors of DV themselves and 25% reported having been homeless. 47% of staff are nonwhite and 25% speak multiple languages. CT Safe Connect will increase access to underserved communities through bilingual, multicultural advocates and technology. CT Safe Connect platform auto-translates many spoken languages and provides live translation for 10 languages. 6) Staff will use trauma-informed tools to ensure

safety and 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 to work with parents to help them understand the effects of DV on children, 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. Each provider organization will have a Family Violence Victim Advocate on staff who will work in the courts and ensure access to legal services and related supports in cases of child custody disputes.

4A-3h.	Plan for Involving Survivors in Policy and Program Development of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(f)	

Describe in the field below how the new project(s) will involve survivors with a range of lived expertise in policy and program development throughout the project's operation.

(limit 2,500 characters)

CCADV is forming a Survivor Leadership Group (SLG) which will be comprised of persons with a range of lived experience (e.g., with homelessness, DV, economic insecurity, disability, racism, sexism, & homo/transphobia) and anticipates meetings to begin in January 2023. The SLG will be engaged in policy and program development for the new projects as well as a number of other important initiatives. The SLG seeks to engage and empower domestic violence survivors to share their lived experiences and effectuate meaningful change to programs, services, and public policy. This includes uplifting their voices to educate the public about domestic violence from a survivor's perspective and giving a face to a public health crisis that impacts more women than breast cancer and diabetes combined. The SLC embraces members' knowledge and experiences to guide the work of strengthening survivor rights and protections, including both internal systemic response and service provision, as well as external systems advocacy. In addition, survivor satisfaction surveys will be completed at each DV project for the annual performance evaluation as well as through Safe Connect to get feedback on the crisis line and coordinated entry system. A new phone system in Safe Connect will allow callers the option to complete a survey post call. All surveys are reviewed by individual agencies as well as CCADV and information gathered helps to inform service provision. Staff will also create frequent opportunities for participants to candidly share what is going well and what can be done better to make meaningful, client-driven changes to programming. CCADV and its partners will continue to include people with a range of lived experiences in decision-making and continuous quality improvement efforts. Based on client feedback, the project will implement new initiatives, such as flexible funds and partnerships to enable access to specific services identified as gaps and needs. In addition, the CoC Consumer Leadership Involvement Project (CLIP) is engaged in ongoing policy and program development work. CLIP will identify ways that systems and services are effective and ineffective in meeting the needs of survivors from diverse backgrounds who are experiencing homelessness. CLIP will provide input & recommendations to the CoC Steering Committee, including identifying problems in the current systems of housing and services that require program and policy changes.

4B. Attachments Screen For All Application Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3.	We prefer that you use PDF files, though other file types are supported–please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4.	Attachments must match the questions they are associated with.
5.	Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process.
6.	If you cannot read the attachment, it is likely we cannot read it either.
	. 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).
	. We must be able to read everything you want us to consider in any attachment.
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	09/25/2022
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	09/22/2022
1E-1. Local Competition Deadline	Yes	Local Competition...	09/14/2022
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	09/25/2022
1E-2a. Scored Renewal Project Application	Yes	Scored Forms for ...	09/21/2022
1E-5. Notification of Projects Rejected-Reduced	Yes	Notice of Project...	09/21/2022
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	09/21/2022
1E-5b. Final Project Scores for All Projects	Yes	Final Project Sco...	09/25/2022
1E-5c. Web Posting–CoC-Approved Consolidated Application	Yes		
1E-5d. Notification of CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	09/25/2022

3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	09/23/2022
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Local Competition Deadline

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Scored Forms for One Project

Attachment Details

Document Description: Notice of Projects Rejected

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Final Project Scores for All Projects

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Housing Leveraging Commitments

Attachment Details

Document Description: Healthcare Formal Agreements

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/21/2022
1B. Inclusive Structure	09/21/2022
1C. Coordination and Engagement	09/26/2022
1D. Coordination and Engagement Cont'd	09/26/2022
1E. Project Review/Ranking	Please Complete
2A. HMIS Implementation	09/21/2022
2B. Point-in-Time (PIT) Count	09/21/2022
2C. System Performance	09/26/2022
3A. Coordination with Housing and Healthcare	09/25/2022
3B. Rehabilitation/New Construction Costs	09/14/2022
3C. Serving Homeless Under Other Federal Statutes	09/14/2022

4A. DV Bonus Project Applicants	09/26/2022
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

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.

CITY OF HARTFORD
DEPARTMENT OF DEVELOPMENT SERVICES
HOUSING DIVISION

HOUSING CHOICE
VOUCHER PROGRAM
ADMINISTRATIVE PLAN

2022

3. inform the applicant that ten (10) days of the date of the notice, the applicant may request, in writing, that an informal hearing be held to present objections and review the decision

3.11 CONDUCT OF INFORMAL REVIEW

If the applicant requests an informal review within the time frame required, the HA shall conduct an informal review in accordance with the following procedures:

1. The informal review will be conducted by a HA person designated by the HA. The designated HA person cannot be the same person who made or approved the decision under review or a subordinate of this person.
2. The applicant will be given an opportunity to present written or oral objections to the HA decision.
3. The HA will conduct the informal review by telephone, remotely via webinar such as Zoom or Skype or other digital video calling.
4. If the applicant does not have proper technology access that allows the individual to fully participate, then the remote review will be either postponed allowing for necessary accommodations or can otherwise be held in-person as appropriate.
5. Any and all materials being presented will be made available prior to the review either via mail, electronic mail, or text. Materials made available to the individual or family will meet the requirements of accessibility for persons with disabilities and persons with Limited English Proficiency (LEP).
6. The HA will notify the applicant of the HA final decision after the informal review, including a brief statement of the reasons for the final decision.

4.0 SELECTING FAMILIES FROM THE WAITING LIST

Outline homeless preference & eligibility criteria pg. 31 - Set Aside Homeless Waitlist Vouchers

4.1 MAINTENANCE OF THE WAITING LIST AND SELECTION OF FAMILIES

The HA will maintain a single waiting list for its Housing Choice Voucher Program (HCV) regardless of the bedroom size the applicant may need. Each applicant shall be assigned an appropriate place on the waiting list in sequence based upon lottery assigned number (lower digit numbers have priority over higher digit numbers), as well as the following identified preference factors.

The HA must select participants from a HA waiting list, unless they are Special Admissions.

Special Admissions

representing the second priority, and so on.) If equal weight is given to one or more of these choices the same number will be next to both.

Preferences

1. Previously Homeless Households – households who were previously homeless as defined by HUD in 24 CFR Part 578 who are currently enrolled in Rapid Rehousing Programs and are unable to sustain their rent without ongoing assistance and for households who are currently enrolled in a Permanent Supportive Housing Program who no longer require intensive case management services but require ongoing financial assistance to maintain their rent.

   This preference category is subject to the set-aside restriction previously outlined.

2. Elderly family - A family whose head or spouse (or sole member) is 62 years or older.

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

4. No Preference - All other qualified applicants with no preference.

Set Aside Homeless Wait List Vouchers

The HA has allocated an amount of vouchers in a set-side pool that is benchmarked at a 10% cap of the HA funded budget (approximately 4,181,000) and 2 of every 5 attrition vouchers will go toward the set-aside until the 10% capped vouchers are completely utilized.

The set aside homeless wait list vouchers provide rental assistance to homeless eligible individuals through a stated collaborative referral process identified in this administrative plan. Journey Home will continue to forward referrals to the HA from the GH CAN once they have concluded their eligibility assessments. The HA will continue to conduct HCV program admission standards and issue the vouchers.

The set aside homeless wait list vouchers will be reissued to other homeless eligible applicants referred by Journey Home upon turnover.

When a voucher becomes available in the HCV program and the 10% set aside vouchers are all completely utilized, the voucher will be issued to the non-homeless wait list preferences.

4.4 VERIFICATION REQUIREMENTS OF PREFERENCE CATEGORIES

In order to be eligible to apply and to qualify for the preference categories, sufficient documentation must be provided by the applicant prior to admission. Applicants may provide additional documentation while on the waiting list that may improve their ranking.

Previously Homeless Households – verification documentation will be obtained by the Greater Hartford Coordinated Access Network before referrals are made to the HA by Journey Home.

Elderly family member(s) – documentation must be provided of birth date or senior citizen/elderly status. A birth certificate, third-party verification or sworn affidavit will constitute sufficient documentation.

Disabled/Handicapped family member(s) – documentation must be provided that an applicant family member(s) is disabled or handicapped. A social security disability award letter or a medical letter that supports that the applicants meet the definition will constitute sufficient documentation.

4.5 SELECTION FROM THE WAITING LIST

Families will be selected from the waiting list based on the numerical position assigned by the lottery and above stated preferences. If it is necessary to meet the statutory requirements that 75% of newly admitted families in any fiscal year be families who are extremely low-income, the HA retains the right to skip higher income families on the waiting list to reach extremely low-income families. This measure will only be taken if it appears the goal will not otherwise be met. To ensure that this goal is met, the HA will monitor incomes of newly admitted families and the income of the families on the waiting list. If there are not enough extremely low-income families on the waiting list, we will conduct outreach on a non-discriminatory basis to attract extremely low-income families to reach the statutory requirement.

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

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.

CITY OF HARTFORD
DEPARTMENT OF DEVELOPMENT SERVICES
HOUSING DIVISION

HOUSING CHOICE
VOUCHER PROGRAM
ADMINISTRATIVE PLAN

2022

3. inform the applicant that ten (10) days of the date of the notice, the applicant may request, in writing, that an informal hearing be held to present objections and review the decision

3.11 CONDUCT OF INFORMAL REVIEW

If the applicant requests an informal review within the time frame required, the HA shall conduct an informal review in accordance with the following procedures:

1. The informal review will be conducted by a HA person designated by the HA. The designated HA person cannot be the same person who made or approved the decision under review or a subordinate of this person.
2. The applicant will be given an opportunity to present written or oral objections to the HA decision.
3. The HA will conduct the informal review by telephone, remotely via webinar such as Zoom or Skype or other digital video calling.
4. If the applicant does not have proper technology access that allows the individual to fully participate, then the remote review will be either postponed allowing for necessary accommodations or can otherwise be held in-person as appropriate.
5. Any and all materials being presented will be made available prior to the review either via mail, electronic mail, or text. Materials made available to the individual or family will meet the requirements of accessibility for persons with disabilities and persons with Limited English Proficiency (LEP).
6. The HA will notify the applicant of the HA final decision after the informal review, including a brief statement of the reasons for the final decision.

4.0 SELECTING FAMILIES FROM THE WAITING LIST

4.1 MAINTENANCE OF THE WAITING LIST AND SELECTION OF FAMILIES

The HA will maintain a single waiting list for its Housing Choice Voucher Program (HCV) regardless of the bedroom size the applicant may need. Each applicant shall be assigned an appropriate place on the waiting list in sequence based upon lottery assigned number (lower digit numbers have priority over higher digit numbers), as well as the following identified preference factors.

The HA must select participants from a HA waiting list, unless they are Special Admissions.

Special Admissions

The HA may admit an applicant for participation in the program either as a special admission or as a waiting list admission. If HUD awards special allocations funding that is targeted for families with specific characteristics or families living in specific units, the HA will use the assistance for those families with specific characteristics or living in those units. The HA will maintain records showing that the family was issued a HUD-targeted Voucher and is authorized for priority admission. This priority will not exceed the special allocation of housing vouchers made available by HUD for the HUD stated purposes.

Moving On Waiting List

The HA will also maintain a separate waiting list for the Project-Based Voucher Program for the Moving On pilot initiative (see Project-Based Voucher Program Administrative Plan).

Family Unification Program

The Family Unification Program (FUP) is a targeted program making Housing Choice Vouchers (HCVs) available to FUP-eligible families and or FUP-eligible youths as defined below to provide adequate housing as a means to promote family unification through the FUP.

A FUP-eligible family is a family that the Public Child Welfare Agency (PCWA) has certified as a family for whom the lack of adequate housing is a primary factor in the imminent placement of the family's child, or children, in out-of-home care, or in the delay of discharge of a child, or children, to the family from out-of-home care, and that the HA has determined is eligible for a Housing Choice Voucher (HCV). **A FUP-eligible youth is** a youth that the PCWA has certified to be at least 18 years old and not more than 24 years of age (has not reached their 25th birthday) who left foster care, or will leave foster care within 90 days, in accordance with a transition plan described in section 475(5)(H) of the Social Security Act, and is homeless or is At Risk of Becoming Homeless at age 16 or older.

All FUP-eligible families and FUP-eligible youths must be referred by the State of Connecticut Department of Children and Families (DCF) and have an open case with DCF at the time of referral, selection and when the FUP voucher is issued.

The HA will accept families or youths certified by the DCF as eligible for the FUP.

The HA first reviews its waiting list for any DCF referred FUP-eligible families or youths; these families will be among the first served through FUP assistance in order of their position on the waiting list in accordance with HA admission policies, once they are determined to meet Section 8 criteria.

The HA will determine if any family or youth on the HCV waiting list are living in temporary shelters or on the street and may qualify for the FUP and refer such applicants to DCF.

A separate waiting list will be maintained for the Family Unification Program. Referrals/pre-applications will be placed on the FUP waiting list by the date and time of receipt until further notice. Any new FUP eligible applicants will be placed at the bottom of the FUP waiting list. If found ineligible for the FUP, they will be removed from the FUP wait list, however if they are on the HCV wait list, they will retain their position on the HCV wait list.

If there are not enough FUP eligible applicants either on the HCV wait list or the FUP wait list, the HA will advertise the announcement of opening the FUP wait list for FUP eligible applicants only.

When an FUP voucher becomes available a family will be selected from the list. After the family is determined eligible to receive a Section 8 subsidy, the family will be admitted to participate in the program in accordance with HUD regulations and other requirements, and with policies stated in the HA's administrative plan.

All FUP vouchers will be issued to other FUP-eligible applicants upon turnover.

The HA will adhere to the following requirements regarding the FUP program:

• Once a FUP-eligible family or FUP-eligible youth is admitted to the program, the HA will track the family/youth via the HUD-50058, Family Report with the program code "FUPF" or "FUPY" on line "2n" of the Family Report. The HA must maintain this code on the form HUD-50058 for the duration of the FUP family/youth's participation in the HCV program.
• A FUP voucher issued to a FUP-eligible youth may only be used to provide housing assistance for the youth for a maximum of 36 months.
• Documentation of a family or youth's eligibility for a FUP voucher must supply a clear audit trail to show the families were admitted to the program according to the applicable program rules and requirements.
• The HA shall administer the funding awarded for the FUP in accordance with the Notice of Funding Availability (NOFA) specifications, program requirements and regulations and the executed Memorandum of Understanding (MOU) between the HA and Department of Children and Families (DCF).

Homeless Wait List

Information from all pre-application forms will be entered into a secure Access Database. Journey Home will refer applicants to the HA as vouchers become available. A physical copy of the waitlist will be timestamped and saved when referrals are made. Physical copies of all pre-application forms will be securely retained for seven

years. Copies of set-aside verification methods and forms will be submitted at time of referral and made a permanent part of each client's case file.

A printed version of the set-aside waiting list report will be maintained and shared with the HA when referrals are made.

Referrals from the Greater Hartford Coordinated Access Network

The Greater Hartford Coordinated Access Network (GH CAN) is a network of agencies established to create a standardized process for individuals and families to access services from the point that they experience a housing crisis to the time that they are again stably housed. Everyone entering the system is assessed to determine what resources, strengths and support networks they have to help resolve their homeless situation. Limited housing assistance funding is used in a prioritized manner based on a household's length of homeless history, their vulnerability/ disability status, what their service needs are, and program eligibility. A continuum of housing resources has been developed to make it less likely that households end up in emergency shelter again after they have found a housing solution. The GH CAN consists of a wide range of more than 25 agencies who operate shelter and housing programs and also include partners from healthcare, workforce development, academia, philanthropy, and municipalities, people with lived experience of homelessness, and others who work collaboratively to assist those sleeping outside or in shelter with finding safe homes to reside in using the limited resources that are available.

The CAN will conduct meetings and assess the households that will be referred for the available set-aside vouchers based on the collective assessment. The CAN will provide information on who was in attendance, date of meeting, and names of who are being referred.

Set Aside Homeless Wait List Vouchers   Moving-on Set-aside

The HA has implemented a set-aside for previously homeless households as defined by HUD in 24 CFR Part 578 who are enrolled in Rapid Rehousing Programs and are unable to sustain their rent without ongoing assistance and for households who are currently enrolled in a Permanent Supportive Housing Program who no longer require intensive case management services but require ongoing financial assistance to maintain their rent. Referrals for this set-aside will be restricted to those referred by Journey Home on behalf of the Greater Hartford Coordinated Access Network.

The amount of vouchers in the set aside pool will be benchmarked at 10% cap of the HA funded budget (approximately 4,181.000) and 2 of every 5 attrition vouchers will go towards this set-aside until the 10% capped voucher are completely utilized.
The HA will continue to conduct HCV program admission standards and issue the vouchers.

The set aside homeless wait list vouchers will be reissued to other homeless eligible applicants referred by Journey Home on behalf of the Greater Hartford Coordinated Access Network upon turnover.

When a voucher becomes available in the HCV program and the 10% set aside vouchers are all completely utilized, the voucher will be issued to the non-homeless wait list preferences.

4.2 IDENTIFICATION OF PREFERENCES

The following categories represent preferences on the waiting list:

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

Previously Homeless Households – households who were previously homeless as defined by HUD in 24 CFR Part 578 who are currently enrolled in Rapid Rehousing Programs and are unable to sustain their rent without ongoing assistance and for households who are currently enrolled in a Permanent Supportive Housing Program who no longer require intensive case management services but require ongoing financial assistance to maintain their rent.

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

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

4.3 RANKING OF THE PREFERENCES

Ranking preferences are identified below by the numeric value next to the preference category (example: a "1" in the space that represents the first priority, a "2" in the box

representing the second priority, and so on.) If equal weight is given to one or more of these choices the same number will be next to both.

Preferences   Moving On Preference

1. Previously Homeless Households – households who were previously homeless as defined by HUD in 24 CFR Part 578 who are currently enrolled in Rapid Rehousing Programs and are unable to sustain their rent without ongoing assistance and for households who are currently enrolled in a Permanent Supportive Housing Program who no longer require intensive case management services but require ongoing financial assistance to maintain their rent.

   This preference category is subject to the set-aside restriction previously outlined.

2. Elderly family - A family whose head or spouse (or sole member) is 62 years or older.

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

4. No Preference - All other qualified applicants with no preference.

Set Aside Homeless Wait List Vouchers

The HA has allocated an amount of vouchers in a set-side pool that is benchmarked at a 10% cap of the HA funded budget (approximately 4,181,000) and 2 of every 5 attrition vouchers will go toward the set-aside until the 10% capped vouchers are completely utilized.

The set aside homeless wait list vouchers provide rental assistance to homeless eligible individuals through a stated collaborative referral process identified in this administrative plan. Journey Home will continue to forward referrals to the HA from the GH CAN once they have concluded their eligibility assessments. The HA will continue to conduct HCV program admission standards and issue the vouchers.

Local Competition Deadline

Posting to the CT BOS Continuum of Care website announcing the CoC local competition and providing deadline for applicants. Time/date stamps and deadlines circled.

File   Edit   View   History   Bookmarks   Window   Help   Tue May 10 12:44 PM

🔒 www.ctbos.org/hud-coc-application/

HUD COC Application – Connecticut Balance of State

✉ ctboscoc@gmail.comgo.com

BOS CT CoC

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

Renewal Eval   Contact

HUD COC Application   Home / HUD COC Application

2022 HUD CoC Competition Documents

The Connecticut Balance of State Continuum of Care (CT BOS) is seeking applications for new projects for inclusion in the 2022 application for HUD CoC funds. CT BOS is seeking Permanent Supportive Housing projects and Rapid Rehousing projects. The deadline for submission of new project applications is Monday, 6/6/22.

Details are available here:

> New CoC Bonus, Reallocation and DV Bonus Project Application Instructions 2022 -PDF (2022.05.09)

> Zengine-Provider Instructions-2022 Application for New CoC Bonus/Reallocation Funding – PDF (2022.05.09)

> Zengine DV Provider Instructions-2022 Application for New DV Bonus Funding – PDF (2022.05.09)

2022 HUD CoC Competition Documents

For CT BOS CoC's local competition for CoC Program funds, the due date for submissions of renewal project applications is 8/23/2022.

Renewal Application Resources

2022 Renewal Application Presentation Slides – PDF (2022.08.16)

Renewal Application Webinar Recording: https://youtu.be/Pzabc83bPJc (2022.08.16)

FY 2022 CT-Balance of State Grant Inventory Worksheet (GIW) – XLS (2022.06.23)

Names 2022 Renewal Grant Project List

The Connecticut Balance of State Continuum of Care (CT BOS) is seeking applications for new projects for inclusion in the 2022 application for HUD CoC funds. CT BOS is seeking Permanent Supportive Housing projects and Rapid Rehousing projects. The deadline for submission of new project applications is Monday, 6/6/22.

New Project RFP Bidders' Conference will be held on Monday, 5/16/22 from 1-2pm. Slides and recording will be posted after the webinar.

Details are available here:

> PIT HIC CT BOS Planning Funds Application 2022 final

> 2022 New Project RFP Bidders' Conference Slides

> Video recording of Bidder's Conference

> 2022 Instructions for New Project Application funded through PH Bonus, Reallocation, and DV Bonus 2022 -PDF (2022.05.09)

> New Project Scoring 2022

> Zengine-Provider Instructions-2022 Application for New CoC Bonus/Reallocation Funding – PDF (2022.05.09)

> Zengine DV Provider Instructions-2022 Application for New DV Bonus Funding – PDF (2022.05.09)

> 2022 Renewal Grant Project List

Local Competition Scoring Tool

Connecticut Balance of State (BOS) CoC
2022 Renewal Evaluation - Adult Programs - POINTS for Scored Criteria - Adopted 7-16-2021

Evaluation Criteria	2022 Benchmark / Standard	Source Data	2022 Scores			2nd 2022 Standard	2022 Scores (2nd Tier)			3rd 2022 Standard	2022 Scores (3rd Tier)		
PERFORMANCE			PSH	RRH	TH		PSH	RRH	TH		PSH	RRH	TH
1 Spending on last year's HUD grant [1]. * Projects over $2M spend 95% & leave <$75 unspent. Projects under $100K spend 90%. All other projects spend 95% & leave <$50K unspent.	**See box to the left**	Zengine	25	25	25	**All projects spend at least 80%.**	10	10	10				
2 Occupancy (based on quarterly unit utilization) [2] *	90% or higher	HMIS & Zengine	25	25	25	80% to 89.99%	10	10	10				
3 All adult participants with NON-CASH benefits excluding health insurance [3] * + (allowance for DV)	95% to 100% DV only - 76% to 100%	HMIS	15	15	15	85% to 94.99% DV only - 71% to 75.99%	10	10	10	75% to 84.99% DV only - 66% to 70.99%	5	5	5
4 TH Only (DV Projects): LOS is 2 years or less * # + (special metric for DV)	100%	HMIS	N/A	N/A	10	90% to 99.99%	N/A	N/A	6				
5 PSH Only: Percentage of participants who remain in PSH or exited to permanent housing [4] * #	95% to 100%	HMIS	20	N/A	N/A	90% to 94.99%	10	N/A	N/A	85% to 89.99%	5	N/A	N/A
6 RRH and TH Only: Percentage of leavers who exited to Permanent Housing [4] * #	95% to 100%	HMIS	N/A	20	20	85% to 94.99%	N/A	10	10	80% to 84.99%	N/A	5	5
7 Consumer Surveys - Response Rate [5] *	35% or higher	Survey Monkey & Manual Entry	15	15	15	25% to 34.99%	5	5	5				
8 Lateness Penalty: 5 points deducted for each document submitted late *	**Submitted on-time**	GRET	N/A	N/A	N/A								
9 Contacts Penalty: 2 points deducted for not updating/confirming Zengine Contacts *	Update/Confirm contacts in past quarter	GRET	N/A	N/A	N/A								
TOTAL POINTS Maximum Points Available			100	100	110								

DATA TO BE COLLECTED FOR DESCRIPTION OR TRACKING PURPOSES OR SETTING BENCHMARK FOR 2022 - NOT SCORED

Evaluation Criteria	2022 Benchmark / Standard	Source Data	2022 Scores			2nd 2022 Standard	2022 Scores (2nd Standard)			3rd 2022 Standard	2022 Scores (3rd Standard)		
PERFORMANCE			PSH	RRH	TH		PSH	RRH	TH		PSH	RRH	TH

* Notes Objective Criteria   # Notes System Performance Criteria   + Notes Severe Barriers Criteria

Note: Where data source column indicates HMIS,, for Victim Service providers the data are from the comparable database

10	PSH & RRH Only: New Participants Enrolled to Housed within 30 days [6] * #	PSH: 85% to 100% RRH: 50% to 100%	HMIS	Not Scored	Not Scored	Not Scored	
11	Percentage of adult participants who increased EARNED INCOME from entry to exit/follow-up [3] * #	25% to 100% PSH 25% to 100% RRH 40% to 100% TH	HMIS	Not Scored	Not Scored	Not Scored	
12	RRH Only: LOS for participants is 6 months or less *	40% to 100%	HMIS	Not Scored	Not Scored	Not Scored	
13	Costs: PSH annual service cost/hh; RRH/TH cost/PH exit *	New projects & projects with budget increases only	Zengine & HMIS	Not Scored	Not Scored	Not Scored	
14	Rate of Return to Homelessness Among Latinx, Black, Asian, Native, Multiple Race Groups as compared to White/Non-Latinx group [7] * # +	Rate of returns among BIPOC people is equal to or less than White/Non-Latinx people	HMIS	Not Scored	Not Scored	Not Scored	

[1] Excludes new projects, SRO projects, sub-projects, and projects transferred to a new provider

[2] Excludes new projects and projects transferred to a new provider

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

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

[5] Projects that do not submit surveys get 0 points for response rate. Both projects that do not submit surveys and those that submit late get a lateness penalty.

[6] New participants who entered during the applicable FFY only.

[7] Excludes DV Programs

* Notes Objective Criteria   # Notes System Performance Criteria   + Notes Severe Barriers Criteria

Note: Where data source column indicates   HMIS, for Victim Service providers the data are from the comparable database

CT BOS 2022 Renewal Evaluation Scores by Project - 8/8/2022

Rank	Grant ID	Agency	Project Name	Project Type	Score	Grant Type
1	CT0265E	Liberty Community Services, Inc. (LCS)	CT0265 BOS DMHAS 2014 - Liberty Community Services (Greater New Haven)	PSH	100.00	CoC
2	CT0286H	Liberty Community Services, Inc. (LCS)	CT0286 BOS DMHAS 2015 - Liberty Community Services	PSH	100.00	CoC
3	CT0306A	Liberty Community Services, Inc. (LCS)	CT0306 CT BOS DOH PSH 1 - Liberty Community Services	PSH	100.00	CoC
4	CT0317D	Salvation Army, Waterbury Corps (SA-WC)	DOH YHDP Rapid Rehousing - Salvation Army, Waterbury Corps	RRH	100.00	YHDP
5	CT0317E	Thames River Community Services Inc. (TRCS)	DOH YHDP Rapid Rehousing - Thames River Community Services	RRH	100.00	YHDP
6	CT0317G	Access Agency	DOH YHDP Rapid Rehousing - Access Agency	RRH	100.00	YHDP
7	CT0306C	Windham Regional Community Council (WRCC)	CT0306 CT BOS DOH PSH 1 - Windham Regional Community Council	PSH	100.00	CoC
8	CT0028	Young Women's Christian Association of the Hartford Region (YWCA of HR)	Soromundi Commons Supportive Housing	PSH	100.00	CoC
9	CT0059	Community Renewal Team, Inc (CRT)	CRT PSH Consolidated	PSH	100.00	CoC
10	CT0074	Windham Regional Community Council (WRCC)	Project Home C	PSH	100.00	CoC
11	CT0087	Safe Futures, Inc. (SF)	Flora O'Neil Apartments	PSH	100.00	CoC
12	CT0092	Safe Futures, Inc. (SF)	Phoenix House Transitional Housing Program	TH	100.00	CoC
13	CT0094	Thames Valley Council for Community Action, Inc. (TVCCA)	Homeless Collaborative Network	PSH	100.00	CoC
14	CT0167	Prudence Crandall Center, Inc.	Permanent Supportive Housing for people with disabilities Rosehill	PSH	100.00	CoC
15	CT0261	Community Renewal Team, Inc (CRT)	Project Teach	PSH	100.00	CoC
16	CT0265D	BHCare	CT0265 BOS DMHAS 2014 - BHCare (The Valley/Milford/Branford)	PSH	100.00	CoC
17	CT0053	River Valley Services (RVS)	CT0053 Middletown The Connection	PSH	100.00	CoC
18	CT0176	Southeastern Mental Health Authority (SMHA)	CT0176 Norwich New London Rental Assistance Boswell	PSH	100.00	CoC
19	CT0265J	Windham Regional Community Council (WRCC)	CT0265 BOS DMHAS 2014 - WRCC (Windham County)	PSH	100.00	CoC
20	CT0286B	Western Connecticut Mental Health Network (WCMHN)	CT0286 BOS DMHAS 2015 - WCMHN - Waterbury	PSH	100.00	CoC
21	CT0286A	Western Connecticut Mental Health Network (WCMHN)	CT0286 BOS DMHAS 2015 - WCMHN - Torrington	PSH	100.00	CoC
22	CT0286F	Chrysalis Center, Inc. (CCI)	CT0286 BOS DMHAS 2015 - Chrysalis Center - Waterbury	PSH	99.60	CoC
23	CT0015	Liberty Community Services, Inc. (LCS)	Safe Haven	PSH	95.00	CoC
24	CT0089	Southeastern Mental Health Authority (SMHA)	CT0089 Norwich New London Rental Assistance	PSH	95.00	CoC
25	CT0123	St. Vincent DePaul Mission of Waterbury (SVDM - W)	Society of Support (SOS)	PSH	95.00	CoC
26	CT0137	St. Vincent DePaul Place, Middletown (SVDPP Middletown)	SVD Middletown SHP	PSH	95.00	CoC
27	CT0286C	BHCare	CT0286 BOS DMHAS 2015 - BHCare	PSH	93.33	CoC
28	CT0294C	New Reach	CT0294 CT BOS RRH 2016 - New Reach	RRH	93.33	CoC
29	CT0265S	Southeastern Mental Health Authority (SMHA)	CT0265 BOS DMHAS 2014 - SMHA (SE CT - New London - Norwich)	PSH	93.33	CoC
30	CT0168	Prudence Crandall Center, Inc.	Rosehill transitional living program	TH	90.91	CoC
31	CT0200	Western Connecticut Mental Health Network (WCMHN)	CT0200 Torrington Rental Assistance WHO	PSH	90.00	CoC
32	CT0211	Western Connecticut Mental Health Network (WCMHN)	CT0211 Waterbury Step-up	PSH	90.00	CoC
33	CT0154	Mercy Housing and Shelter Corp. (Mercy)	CT0154 Greater Hartford Mercy Rental Assistance	PSH	90.00	CoC
34	CT0139	Chrysalis Center, Inc. (CCI)	CT0139 Hartford Chrysalis Supportive Housing for Veterans	PSH	89.60	CoC
35	CT0111	Friendship Service Center, Inc (FSC)	PEAK	PSH	88.70	CoC
36	CT0093	Thames River Community Services Inc. (TRCS)	Thames River Family Program	TH	87.50	CoC
37	CT0294E	Columbus House, Inc (CHI)	CT0294 CT BOS RRH 2016 - Columbus House (GHN)	RRH	86.67	CoC
38	CT0294G	Columbus House, Inc (CHI)	CT0294 CT BOS RRH - Columbus House (MMW)	RRH	86.67	CoC
39	CT0306D	Mercy Housing and Shelter Corp. (Mercy)	CT0306 CT BOS DOH PSH 1 - Mercy Housing and Shelter Corp	PSH	86.67	CoC
40	CT0243	New Reach	CT0243 New Haven New Reach Rapid Rehousing	RRH	86.67	CoC
41	CT0265A	Chrysalis Center, Inc. (CCI)	CT0265 BOS DMHAS 2014 - Chrysalis Center (Hartford Suburbs & tolland CountY0	PSH	86.27	CoC
42	CT0280	Youth Continuum, Inc. (YC)	Youth Continuum-Youth Rapid Rehousing	RRH	85.71	CoC
43	CT0306B	Friendship Service Center, Inc (FSC)	CT0306 CT BOS DOH PSH 1 - Friendship Service Center	PSH	85.37	CoC
44	CT0011	Columbus House, Inc (CHI)	CT0011 New Haven Columbus House Sojourners	PSH	85.00	CoC
45	CT0013	Community Services Network (CSN)	CT0013 New Haven Cedar Hill	PSH	85.00	CoC
46	CT0129	Community Services Network (CSN)	CT0129 New Haven Safe Haven	PSH	85.00	CoC
47	CT0171	Columbus House, Inc (CHI)	CHI Consolidated SHP	PSH	85.00	CoC
48	CT0153	Liberty Community Services, Inc. (LCS)	Liberty Consolidated Scattered Site Housing	PSH	85.00	CoC
49	CT0019	ImmaCare Inc.	CDF Combo 1-4	PSH	85.00	CoC
50	CT0073	Community Health Resources (CHR)	CT0073 Manchester CHR Rental Assistance	PSH	85.00	CoC
51	CT0120	New Opportunities Inc. (NOI)	Freedom Walk	PSH	85.00	CoC
52	CT0122	Center For Human Development (CHD)	PILOTS I (CT0122)	PSH	85.00	CoC
53	CT0159	New London Homeless Hospitality Center, Inc. (NLHHC)	Housing for Health	PSH	85.00	CoC
54	CT0291	Mercy Housing and Shelter Corp. (Mercy)	Permanent Supportive Housing at MSP	PSH	85.00	CoC
55	CT0023	Capitol Region Mental Health Center (CRMHC)	CT0023 Hartford Mary Seymour Place	PSH	85.00	CoC

CT BOS 2022 Renewal Evaluation Scores by Project - 8/8/2022

Rank	Grant ID	Agency	Project Name	Project Type	Score	Grant Type
56	CT0052	River Valley Services (RVS)	CT0052 Middletown Liberty Commons	PSH	85.00	CoC
57	CT0054	River Valley Services (RVS)	CT0054 Middletown Rental Assistance	PSH	85.00	CoC
58	CT0070	Rushford Center (RC)	CT0070 Meriden Wallingford Rushford Rental Assistance	PSH	80.00	CoC
59	CT0121	Center For Human Development (CHD)	PILOTS II (CT0121)	PSH	80.00	CoC
60	CT0135	Young Women's Christian Association of the Hartford Region (YWCA of HR)	CT0135 Hartford Chrysalis Soromundi Commons	PSH	80.00	CoC
61	CT0162	Western Connecticut Mental Health Network (WCMHN)	CT0162 Waterbury New Hope	PSH	80.00	CoC
62	CT0265F	River Valley Services (RVS)	CT0265 BOS DMHAS 2014 - Mercy (Middlesex)	PSH	80.00	CoC
63	CT0131	Capitol Region Mental Health Center (CRMHC)	CT0131 Hartford Hudson View Commons	PSH	80.00	CoC
64	CT0172	Capitol Region Mental Health Center (CRMHC)	CT0172 Hartford Sue Ann Shay Place	PSH	80.00	CoC
65	CT0265I	Western Connecticut Mental Health Network (WCMHN)	CT0265 BOS DMHAS 2014 - WCHMN - CHD (Torrington/Litchfield)	PSH	80.00	CoC
66	CT0294A	Mercy Housing and Shelter Corp. (Mercy)	CT0294 CT BOS RRH 2016 - Mercy	RRH	80.00	CoC
67	CT0061	Community Health Resources (CHR)	CHR-PSH (CT0061)	PSH	80.00	CoC
68	CT0064	Chrysalis Center, Inc. (CCI)	Family Matters CT0064	PSH	79.60	CoC
69	CT0240	Chrysalis Center, Inc. (CCI)	CT0240 Walking Into Wall Street	PSH	79.60	CoC
70	CT0191	Chrysalis Center, Inc. (CCI)	CT0191 St. Philip House	PSH	79.60	CoC
71	CT0286D	Chrysalis Center, Inc. (CCI)	CT0286 BOS DMHAS 2015 - Chrysalis Center - New Britain	PSH	79.60	CoC
72	CT0278	Youth Continuum, Inc. (YC)	CT0278 Youth Continuum Supportive Housing Project	PSH	78.95	CoC
73	CT0317A	Youth Continuum, Inc. (YC)	DOH YHDP Rapid Rehousing - Youth Continuum	RRH	78.75	YHDP
74	CT0186	Friendship Service Center, Inc (FSC)	Arch Street Housing	PSH	78.70	CoC
75	CT0297	The Connection	CT0297 Pendleton PSH	PSH	77.50	CoC
76	CT0317B	Community Health Resources (CHR)	DOH YHDP Rapid Rehousing - Community Health Resources	RRH	76.25	YHDP
77	CT0282	Liberty Community Services, Inc. (LCS)	Liberty Consolidated Rapid Rehousing	RRH	75.00	CoC
78	CT0062	BHCare	CT0062 BHCare Rental Assistance	PSH	75.00	CoC
79	CT0077	United Services (US)	CT0077 Windham United Services Brick Row	PSH	75.00	CoC
80	CT0151	Western Connecticut Mental Health Network (WCMHN)	CT0151 Waterbury Housing Plus	PSH	75.00	CoC
81	CT0165	Access Agency	Killingly Consolidated Wrap Around Housing Programs	PSH	75.00	CoC
82	CT0212	Western Connecticut Mental Health Network (WCMHN)	CT0212 Brooklyn Hope	PSH	75.00	CoC
83	CT0307	Noank Community Support Services, Inc. (Noank)	YHDP Youth Short-term Transitional Housing	TH	73.26	YHDP
84	CT0164	Community Services Network (CSN)	CT0164 New Haven Rental Assistance	PSH	70.00	CoC
85	CT0012	Community Services Network (CSN)	CT0012 New Haven Lucht Hall	PSH	70.00	CoC
86	CT0185	Capitol Region Mental Health Center (CRMHC)	CT0185 Manchester Rental Assistance	PSH	70.00	CoC
87	CT0315	Youth Continuum, Inc. (YC)	Youth Continuum Crisis Housing	TH	69.57	YHDP
88	CT0319	The Salvation Army, a New York Corporation (SA)	YHDP Crisis Housing Greater Hartford	TH	69.57	YHDP
89	CT0114	Friendship Service Center, Inc (FSC)	TLP	TH	69.53	CoC
90	CT0317F	Columbus House, Inc (CHI)	DOH YHDP Rapid Rehousing - Columbus House	RRH	68.75	YHDP
91	CT025SRO	Northwestern Connecticut Young Men's Christian Association (NWCT YMCA)	Winstead Residence	PSH	66.67	CoC
92	CT031SRO	Northwestern Connecticut Young Men's Christian Association (NWCT YMCA)	Y-House	PSH	66.67	CoC
93	CT0294B	New London Homeless Hospitality Center, Inc. (NLHHC)	CT0294 CT BOS RRH 2016 - NLHHC	RRH	66.67	CoC
94	CT0286E	Chrysalis Center, Inc. (CCI)	CT0286 BOS DMHAS 2015 - Chrysalis Center - Stafford Springs	PSH	66.27	CoC
95	CT0317C	The Connection	DOH YHDP Rapid Rehousing - The Connection	RRH	66.25	YHDP
96	CT0067	Holy Family Home and Shelter, Inc (HFHS)	Homes Plus	PSH	65.00	CoC
97	CT0069	New Opportunities Inc. (NOI)	Meriden SHP	PSH	65.00	CoC
98	CT0141	Center For Human Development (CHD)	PILOTS	PSH	65.00	CoC
99	CT0204	Western Connecticut Mental Health Network (WCMHN)	CT0204 Waterbury Rental Assistance	PSH	65.00	CoC
100	CT0246	Mercy Housing and Shelter Corp. (Mercy)	CT0246 Greater Middletown Mercy Rental Assistance	PSH	65.00	CoC
101	CT0022	Capitol Region Mental Health Center (CRMHC)	CT0022 Greater Hartford Rental Assistance Consolidated	PSH	60.00	CoC
102	CT0161	Community Mental Health Affiliates (CMHA)	CT0161 New Britain CMHA Rental Assistance	PSH	60.00	CoC
103	CT0066	Chrysalis Center, Inc. (CCI)	CT0066 Greater Hartford Chrysalis Rental Assistance	PSH	59.60	CoC
104	CT0144	Alliance For Living (AFL)	Alliance for Living-Supportive Housing Program	PSH	55.00	CoC
105	CT0330	Connecticut Coalition Against Domestic Violence (CT CADV)	CT0330 CT BOS CCADV RRH	RRH	53.33	CoC
106	CT0265C	Chrysalis Center, Inc. (CCI)	CT0265 BOS DMHAS 2014 - Chrysalis Center (New Britain/Bristol)	PSH	52.93	CoC
107	CT0312	Columbus House, Inc (CHI)	YHDP CAN 8 Application - Crisis Housing	TH	52.17	YHDP
108	CT0265B	Chrysalis Center, Inc. (CCI)	CT0265 BOS DMHAS 2014 - Chrysalis Center (Meriden)	PSH	46.27	CoC
109	CT0142	Mental Health Connecticut, Inc. (MHCT)	CT0142 Torrington Mental Health CT Rental Assistance	PSH	45.00	CoC
110	CT0237	Western Connecticut Mental Health Network (WCMHN)	CT0237 Waterbury East Main Street	PSH	45.00	CoC
111	CT0076	United Services (US)	CT0076 Windham United Services Rental Assistance	PSH	40.00	CoC
112	CT0320	Connecticut Coalition to End Homelessness (CCEH)	YHDP Shelter Diversion/Rapid Exit	RRH Youth Diversion Rapid Exit	38.16	YHDP
113	CT0242	Columbus House, Inc (CHI)	CT0242 Middlesex Columbus House Rapid Rehousing	RRH	35.00	CoC

CT BOS 2022 Renewal Evaluation Scores by Project - 8/8/2022

Rank	Grant ID	Agency	Project Name	Project Type	Score	Grant Type
114	CT0279	Community Health Resources (CHR)	CT0279 Central CAN RRH	RRH	33.33	CoC
115	CT0294D	Access Agency	CT0294 CT BOS RRH 2016 - Access Agency	RRH	33.33	CoC
116	CT0294F	Windham Regional Community Council (WRCC)	CT0294 CT BOS RRH - WRCC	RRH	28.33	CoC

Projects Not Scored in 2022

Grant ID	Agency	Project Name	Project Type	Grant Type
CT0063	Connecticut Coalition to End Homelessness (CCEH)	CT HMIS-BOS (CT0063)	HMIS	CoC
CT0150	CREDO Housing Development Corp.	1569 Thomaston Avenue	PSH	CoC
CT0265H	Southeastern Mental Health Authority (SMHA)	CT0265 BOS DMHAS 2014 - New London Homeless Hospitality Center	PSH	CoC
CT0265K	Southeastern Mental Health Authority (SMHA)	CT0265 BOS DMHAS 2014 - Alliance for Living (SE CT - New London - Norwich)	PSH	CoC
CT0265L	Southeastern Mental Health Authority (SMHA)	CT0265 BOS DMHAS 2014 - RH & SC (SE CT - New London - Norwich)	PSH	CoC
CT0272	Community Renewal Team, Inc (CRT)	H-PASS RRH	RRH	CoC
CT0293	Connecticut Coalition to End Homelessness (CCEH)	Greater Hartford HMIS 2018 (CT0293)	HMIS	CoC
CT0295	CT Department of Housing (DOH)	CT0295 CT BOS CAN DOH SSO	SSO-CES	CoC
CT0308	Noank Community Support Services, Inc. (Noank)	YHDP Youth Navigator SE	SSO-Youth Navigator	YHDP
CT0309	Columbus House, Inc (CHI)	YHDP CAN 8 Application - Youth Navigator	SSO-Youth Navigator	YHDP
CT0310	Journey Home, Inc (JHI)	YHDP Youth Navigator Central	SSO-Youth Navigator	YHDP
CT0313	Connecticut Coalition to End Homelessness (CCEH)	YHDP HMIS	HMIS	YHDP
CT0314	Youth Continuum, Inc. (YC)	Youth Continuum Youth Navigators	SSO-Youth Navigator	YHDP
CT0316	Access Agency	YHDP Youth Navigator NE	SSO-Youth Navigator	YHDP
CT0318	Supportive Housing Works	Waterbury Litchfield CAN Youth Navigator	SSO-Youth Navigator	YHDP
CT0338	Connecticut Coalition Against Domestic Violence (CT CADV)	DOH CCADV BOS RRH project 2019	RRH	CoC
CT0339A	New Reach	CT BOS RRH Project 2019 - New Reach	RRH	CoC
CT0339B	Columbus House, Inc (CHI)	CT BOS RRH Project 2019 - Columbus House (MMW)	RRH	CoC
CT0339C	Columbus House, Inc (CHI)	CT BOS RRH Project 2019 - Columbus House (GHN)	RRH	CoC
CT0339D	Community Health Resources (CHR)	CT BOS RRH Project 2019 - Community Health Resources	RRH	CoC
CT0340A	New Reach	DMHAS BOS PSH 2019 - New Reach	PSH	CoC
CT0340B	Southeastern Mental Health Authority (SMHA)	DMHAS BOS PSH 2019 - SMHA - Reliance Health	PSH	CoC
CT0340C	Western Connecticut Mental Health Network (WCMHN)	DMHAS BOS PSH 2019 - WCMHN - CHD	PSH	CoC
CT0340D	Chrysalis Center, Inc. (CCI)	DMHAS BOS PSH 2019 - Chrysalis Center	PSH	CoC
CT0340E	Community Health Resources (CHR)	DMHAS BOS PSH 2019 - Community Health Resources	PSH	CoC
CT0340F	The Connection	DMHAS BOS PSH 2019 - The Connection	PSH	CoC

Grant #: CT0167 (2019)

Service Provider: Prudence Crandall Center, Inc.

Project Type: COC /

Status				
Scoring Complete - Scored				
STATUS	POINTS AVAILABLE	AWARDED POINTS	PENALTIES	GRANT SCORE
Scoring Complete - Scored	100	100	Contacts: 0.00 Lateness: 0.00	100.00

Apply Penalties	
Lateness Penalty Points (Deduction)	0.00
Contacts Penalty Points (Deduction)	0.00

Actual Objective Criteria points awarded: 100
Actual System Performance Criteria points awarded: 35
Actual Severe Barriers points awarded: 15
Data from Comparable Database: items 2, 3, 4, 5, 10 & 11

Performance

	Evaluation Criteria	2022 Benchmark Standard	Program Performance	2022 Points Available	Awarded Points
1	Spending on last year's HUD grant	Tier 1: Projects between $100k and $2m: spend 95% and leave < $50k unspent	$361,880.00	25	25
2	Occupancy (based on quarterly unit utilization)	Tier 1: >= 90%	248.75%	25	25
3	All adult participants with NON-CASH benefits excluding health insurance	Tier 1: DV projects: >= 76%	92.31%	15	15
5	PSH Only: % of participants who remain in PSH or exited to PH	Tier 1: >= 95%	100.00%	20	20
7	Consumer Surveys - Response Rate	Tier 1: >= 35%	55.00%	15	15
10	PSH & RRH Only: Percentage of participants housed within 30 days		0.00%	(not scored)	
11	Percentage of adult participants who increased EARNED INCOME from entry to exit/follow-up		7.69%	(not scored)	
	Performance Totals			**100**	**100**
	Penalties				
	Lateness Penalty (5 points per document)				0.00
	Contacts Penalty (2 points for not updating contacts by the deadline)				0.00
	Evaluation Score				100.00

Projects Associated With This Grant

HMIS Project Name	HMIS ID	Project Type	APR Data Score ⓘ

2022 Balance of State Continuum of Care
Scoring Sheet for NEW Permanent Housing & RRH Project Applications (including DV)

Applicant Organization Name: _____

Proposed Project Name: _____

Project Location: _____

Relevant CAN: _____

Type of Project: (select one)**:**   ☐ PSH services in CoC Projects   ☐ PSH services in Tax Credit/DOH Bond Financed/HOME ARPA congregate projects   ☐ RRH   ☐ DV RRH

THRESHOLD REVIEW

Proposed projects must meet the following requirements in order to be scored. Housing Innovations will conduct this review.
The project:
1. Will be administered by an eligible organization *   ☐
2. Meets the match requirements *   ☐
3. Proposes to serve an eligible population *   ☐
4. Agrees to participate in HMIS/Comparable Database *   ☐
5. Agrees to participate in Coordinated Access Networks (CANs)*
6. Meets the minimum requirement for supportive services*
   funding and does not exceed the Support Services Cap *   ☐

SCORES

Scoring Factor #1 - Organizational Experience and Capacity   _____ of 20

Scoring Factor #2 - Unmet Need   _____ of 10

Scoring Factor #3 - Timeliness   _____ of 10

Scoring Factor #4 – Supportive Services and Housing First   _____ of 30

Scoring Factor #5 – ONLY DV Projects - DV Experience, Plan and Outcomes   _____ of 25

Scoring Factor #6 - Application/Budget Quality   _____ of 20

		DV	non-DV	
FINAL TOTAL SCORE:	All total possible points available	115	90	_____ of _____
	Total Obj. Criteria pts. available	97.2	74	
	Total System Perf. pts. available	32.9	23.15	
	Total Severe Barrier pts. available	51.7	12	

1

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

- **6A** - 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)?
- **6B - 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?
- **6C through H** - 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?
- **6I** - 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 disparate access or outcomes
  - *** +** Any other unique qualifications that agency has to serve marginalized communities
- **DV Only** - **6Di** – How well has the organization evaluated its ability to ensure the safety of survivors in existing projects? Will the organization improve safety in the proposed project for the population served? Will they use objective criteria to measure this? For example, participants will:
  - *** # +** Demonstrate increased income from project enrollment to annual assessment/project exit
  - *** +** Experience a decrease in DV/Intimate Partner Violence (IPV)incidences, and/or trauma symptoms
  - *** +** Demonstrate an increase in intentional safety planning
  - Have the ability to meet basic needs and/or social connectedness

Side note (Score column):
Total pts. available - Objective Criteria = 16 for non- DV and 15.2 for DV

Total Sys. Performance pts. available = 3.15 for non-DV and 2.7 for DV

Total Severe Barrier Pts. available = 2 for non-DV and 6.7 for DV

Program Name: _____   Evaluator: _____

Scoring Factor # 1 (con't) – Organizational Experience and Capacity - 20 points

	Score
o **DV Only – 6K** - Extent to which the applicant:	
* + ■ Clearly describes how the coordinated entry process will incorporate trauma-informed, victim-centered approaches	
+ ■ Maximizes client choice for housing/services that prioritize safety, use emergency transfer plans, ensure confidentiality.	
o **DV Only – 6L -** Extent to which the organization provided examples of how they ensured the safety of DV survivors experiencing homelessness by:	
* + • training staff on safety planning;	
* + • adjusting intake space to better ensure private conversations;	
* + • conducting separate interviews/intakes with each member of a couple;	
* + • working with survivors to have them identify what is safe for them as relates to scattered site units and/or rental assistance (e.g. maintaining bars on windows, fixing lights in hallways, etc. for congregate living spaces operated by applicant); and	
+ • keeping the location of dedicated units and/or congregate living spaces set aside solely for survivors confidential.	

Scoring Factor #2 – Unmet Need - 10 Points

See Application Section #2B

		Score	
Target Population		DV	non-DV
Extent to which the applicant:	Total Obj. Criteria pts. available	10	10
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?	Total System Perf. pts. avail	0	0
o* Supported the existence of the unmet need with data?	Total Severe Barrier pts. avail.	10	0
For DV Projects #2B			
Extent to which the applicant:			
o* + Clearly demonstrates that there is an unmet need in the applicable CAN for the type of project proposed for survivors of Domestic Violence, dating violence, stalking and other dangerous situations?			
o* + Supports using the existence of the unmet need with data?			

Scoring Factor #3 - Timeliness – 10 points

See Section #2P Project Description		DV	non-DV	Score
* o Extent to which the applicant demonstrated an adequate plan for rapid project start-up	Total Obj. Criteria pts. available	10	10	
* o If a development project, will project be open in time to utilize HUD funds?	Total System Perf. pts. avail	0	0	
	Total Severe Barrier pts. avail.	0	0	

* Notes Objective Criteria   **# Notes System Performance Criteria**   **+ Notes Severe Barrier Criteria**

Scoring Factor #4 – Supportive Services – Total of 30 points	

Housing First Approach (10 points) - Supportive Services – Section 2R All * # and + points in this section are same for DV and non-DV	**Score**
Extent to which the applicant: • * Clearly describes a program design that is consistent with a Housing First approach (i.e., A model of housing assistance that is Total Objective pts. available = 10 + offered without preconditions, such as sobriety or a minimum income threshold, or service participation requirements; rapid Total System Performance pts. available = 0 placement and stabilization in permanent housing are primary goals) Total Severe Barrier pts. available = 10 **Questions to consider:** • Does the applicant clearly demonstrate a model that offers initial access to housing without preconditions, such as sobriety, income requirements and service participation? • Does the applicant clearly demonstrate 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, assertively engaging tenants in services to address barriers to housing stability) • Does the applicant clearly describe a project design that is adequate to accomplish those goals?	

Assistance with obtaining and remaining in permanent housing (10 points) – See Section 2R Total Objective pts. available = 10	**Score**
Questions to consider: * # Total System Performance pts. available = 10 Total Severe Barrier pts. available = 0 • 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 those needs 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 assist participants 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)? • For RRH, how will appropriate units be identified and rent reasonableness be determined?	

Assistance with obtaining mainstream benefits, increasing employment and promoting independence (10 points) – See Section 2S	**Score**
* # • Does the agency coordinate with mainstream employment organizations? * # • Does the agency assist tenants to access SSI/SSDI and other mainstream benefits? Total Objective pts. available = 8 * # • Does the agency assist tenants to build independent living skills and move on from PSH (if applicable)? Total System Performance pts. available = 10 * # • Does the agency explain how the unique needs of the proposed target populations will be addressed in a manner that assists them Total Severe Barrier pts. available = 0 to increase income and build skills? # • Does the project provide a robust description of activities that will assist participants to increase income?	

* Notes Objective Criteria   # Notes System Performance Criteria   + Notes Severe Barrier Criteria

Program Name: _____   Evaluator: _____

Scoring Factor #5 – <mark>**DV Projects Only**</mark> **- DV Experience, Plan and Outcomes – 25 Points** **+ applies to whole section**	
Experience with providing housing and supportive services to survivors (5 points) – See Section 2T Total Objective pts. available = 5 **Questions to consider: Does the project clearly describe experience with:** Total System Performance pts. available = 2 * # • Using low-demand, Housing First model to rapidly locate permanent housing for survivors? Total Severe Barrier pts. available = 5 * # • Designing and operating programs that help survivors to increase their income and achieve long-term housing stability? * • Designing and operating programs focused on safety? * • Designing and operating programs that are strengths-based and survivor-driven, offering a range of options to support survivors to rebuild control over their lives and improve safety for themselves and their families? * • Designing and operating trauma-informed programs? * • Designing and operating programs that help survivors to navigate a range of systems? * Designing and operating programs that advocate for survivors' autonomy, safety, independence and housing stability?	**Score**
Plan to meet the specific needs of survivors. – See Section 2U **Questions to consider: Does the applicant clearly describe how they will:** Total Objective pts. available = 10 Total System Performance pts. available = 1.5 * • Use a low-demand, Housing First model to rapidly locate permanent housing for survivors. Total Severe Barrier pts. available = 10 * # • Help survivors to increase their income and achieve long-term housing stability. * • Ensure a focus on safety. Provide a plan for improving the safety of program participants. * • Ensure that services are strengths-based and survivor-driven and offer a range of options to support survivors to rebuild control over their lives and improve safety for themselves and their families. * • Ensure that services are trauma-informed. * • Help survivors to navigate a range of systems. * Advocate for survivors' autonomy, safety, independence and housing stability.	**Score**
Quantified outcomes demonstrating prior performance in serving DV survivors – See Section 2V Total Objective pts. available = 10 **Questions to consider: Are the following included:** Total System Performance pts. available = 6.7 * # • Percentage of survivors who exited programs to stable permanent housing Total Severe Barrier pts. available = 10 * # • The methodology used for calculating the outcome for each outcome (e.g. # of survivor households who exited the program to permanent housing with monthly rent not exceeding 50% of the household income/total # of survivor households who exited the program) * • If quantified outcome data were not included, are other outcomes included for consideration?	**Score**

* Notes Objective Criteria   # Notes System Performance Criteria   + Notes Severe Barrier Criteria

Scoring Factor #6: Application/Budget Quality - 20 Points * # and + Points available same for DV and non-DV	
Evaluate based on the entire application **Application Quality (10 points) - Extent to which the applicant:** Total Objective pts. available = 10 Total System Performance pts. available = 0 Total Severe Barrier pts. available = 0	**Score**
* o consistently followed instructions? * o included all required attachments? * o fully answered questions?	
See Section #3 **Budget Quality (10 points) - Extent to which the project budget**	**Score**
* o was completed in accordance with the instructions? * o met the minimum matching requirement (if applicable)? * 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?	

* Notes Objective Criteria   # Notes System Performance Criteria   + Notes Severe Barrier Criteria

Questions/Comments

Actual Scores Received by New Projects

CCADV

Reviewer's name	#1 - Organizational Exp	#2- Unmet Need (10)	#3 - Timeliness (10)	#4 - Supportive Services (30)	#5 - DV Only - Experie	#6 - Application/Budget	Final Score
Average	18.6	10	9.4	27.8	19.2	19.4	104.4

Columbus House - RRH

Reviewer's name	#1 - Organizational Exp	#2- Unmet Need (10)	#3 - Timeliness (10)	#4 - Supportive Services (30)	#5 - N/A- DV Only - Ex	#6 - Application/Budget	Final Score
Average	18.6	10	8.8	24.6	0	19.8	81.8

New Reach - RRH

Reviewer's name	#1 - Organizational Exp	#2- Unmet Need (10)	#3 - Timeliness (10)	#4 - Supportive Services (30)	#5 - N/A- DV Only - Ex	#6 - Application/Budget	Final Score
Average	18.2	10	8.6	25.6	0	19.4	81.8

Chysalis -Oxyboxo

Reviewer's name	#1 - Organizational Exp	#2- Unmet Need (10)	#3 - Timeliness (10)	#4 - Supportive Services (30)	#5 - N/A- DV Only - Ex	#6 - Application/Budget	Final Score
Average	12.5	10	5.75	19	0	42.75	60.75

Chrysalis - Walking Into Wall

Reviewer's name	#1 - Organizational Exp	#2- Unmet Need (10)	#3 - Timeliness (10)	#4 - Supportive Services (30)	#5 - N/A- DV Only - Ex	#6 - Application/Budget	Final Score
Average	13	10	6	19.2	0	13.8	62

Columbus House - The Tyler

Reviewer's name	#1 - Organizational Exp	#2- Unmet Need (10)	#3 - Timeliness (10)	#4 - Supportive Services (30)	#5 - N/A- DV Only - Ex	#6 - Application/Budget	Final Score
Average	18.75	10	8.75	27.5	0	19.75	84.75

Columbus House - Willow Creek

Reviewer's name	#1 - Organizational Exp	#2- Unmet Need (10)	#3 - Timeliness (10)	#4 - Supportive Services (30)	#5 - N/A- DV Only - Ex	#6 - Application/Budget	Final Score
Average	18.75	9.25	8.75	27.5	0	19.5	83.75

MSP - PSH

Reviewer's name	#1 - Organizational Exp	#2- Unmet Need (10)	#3 - Timeliness (10)	#4 - Supportive Services (30)	#5 - N/A- DV Only - Ex	#6 - Application/Budget	Final Score
Average	18	10	7.5	25.5	0	17.25	78.25

SVDP - PSH

Reviewer's name	#1 - Organizational Exp	#2- Unmet Need (10)	#3 - Timeliness (10)	#4 - Supportive Services (30)	#5 - N/A- DV Only - Ex	#6 - Application/Budget	Final Score
Average	19.25	10	8.75	28.75	0	19.75	86.5

South Park Inn - PSH

Reviewer's name	#1 - Organizational Exp	#2- Unmet Need (10)	#3 - Timeliness (10)	#4 - Supportive Services (30)	#5 - N/A- DV Only - Ex	#6 - Application/Budget	Final Score
Average	16.25	9.75	7.5	22	0	16.75	72.25

Program Name: Hartford My Sisters' Place PSH_____   Evaluator: _Combined Score - Final_____

Applicant Organization Name: My Sister's Place

Proposed Project Name: ___ Hartford My Sisters' Place PSH 2022 _____

Project Location: ___ **Hartford** _____

Relevant CAN: _____ Hartford _____

Type of Project: (select one)**:**   ☐ PSH services in CoC Projects   X PSH services in Tax Credit/DOH Bond Financed/HOME ARPA congregate projects ☐ RRH   ☐ DV RRH

THRESHOLD REVIEW

Proposed projects must meet the following requirements in order to be scored. Housing Innovations will conduct this review.
   The project:
   1. Will be administered by an eligible organization   X
   2. Meets the match requirements   X
   3. Proposes to serve an eligible population   X
   4. Agrees to participate in HMIS   X
   5. Agrees to participate in Coordinated Access Networks (CANs) X
   6. Meets the minimum requirement for supportive services
      funding and does not exceed the Support Services Cap   X

SCORES

Scoring Factor #1 - Organizational Experience and Capacity   18_____ of 20

Scoring Factor #2 - Unmet Need   10_____ of 10

Scoring Factor #3 - Timeliness   7.5_____ of 10

Scoring Factor #4 – Supportive Services and Housing First   25.5_____ of 30

Scoring Factor #5 – ONLY DV Projects - DV Experience, Plan and Outcomes n/a_____ of 25

Scoring Factor #6 - Application/Budget Quality   17.75_____ of 20

FINAL TOTAL SCORE: _78.25_____ of _____

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

o   **6A** - 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   **6B - 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   **6C through H** - 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   **6I** - 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 disparate access or outcomes
- Any other unique qualifications that agency has to serve marginalized communities

o   **DV Only** - **6Di** – How well has the organization evaluated its ability to ensure the safety of survivors in existing projects? Will the organization improve safety in the proposed project for the population served? Will they use objective criteria to measure this? For example, participants will:
- Demonstrate increased income from project enrollment to annual assessment/project exit
- Experience a decrease in DV/Intimate Partner Violence (IPV)incidences, and/or trauma symptoms
- Demonstrate an increase in intentional safety planning
- Have the ability to meet basic needs and/or social connectedness

Score column:

18 total pts.

Pts. For objective criteria = 16

Pts. For System Performance Criteria = 6.75

Pts. For Severe Barrier Criteria =2

Scoring Factor # 1 (con't) – Organizational Experience and Capacity - 20 points

	Score
o **DV Only – 6K** - Extent to which the applicant: 　■ Clearly describes how the coordinated entry process will incorporate trauma-informed, victim-centered approaches 　■ Maximizes client choice for housing/services that prioritize safety, use emergency transfer plans, ensure confidentiality. o **DV Only – 6L -** Extent to which the organization provided examples of how they ensured the safety of DV survivors experiencing homelessness by: 　• training staff on safety planning; 　• adjusting intake space to better ensure private conversations; 　• conducting separate interviews/intakes with each member of a couple; 　• working with survivors to have them identify what is safe for them as relates to scattered site units and/or rental assistance (e.g. maintaining bars on windows, fixing lights in hallways, etc. for congregate living spaces operated by applicant); and 　• keeping the location of dedicated units and/or congregate living spaces set aside solely for survivors confidential.	**N/A – not a DV project**

Scoring Factor #2 – Unmet Need - 10 Points

	Score
See Application Section #2B *Target Population* **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? **For DV Projects #2B** **Extent to which the applicant:** o Clearly demonstrates that there is an unmet need in the applicable CAN for the type of project proposed for survivors of Domestic Violence, dating violence, stalking and other dangerous situations? o Supports using the existence of the unmet need with data?	Total Score = 10 Pts. For Obj. Criteria = 10

Scoring Factor #3 - Timeliness – 10 points

	Score
See Section #2P Project Description 　o Extent to which the applicant demonstrated an adequate plan for rapid project start-up 　o If a development project, will project be open in time to utilize HUD funds?	Total Score = 7.5 Pts. For Obj. Criteria = 7.5

Scoring Factor #4 – Supportive Services – Total of 30 points	
Housing First Approach (10 points) - Supportive Services – Section 2R	**Score**
Extent to which the applicant:	Total Score = 10
• Clearly describes 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)	Pts for Objective Criteria = 10
Questions to consider:	Pts. For Severe Service Barriers = 10
• Does the applicant clearly demonstrate a model that offers initial access to housing without preconditions, such as sobriety, income requirements and service participation?	
• Does the applicant clearly demonstrate 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, assertively engaging tenants in services to address barriers to housing stability)	
• Does the applicant clearly describe a project design that is adequate to accomplish those goals?	
Assistance with obtaining and remaining in permanent housing (10 points) – See Section 2R	**Score**
Questions to consider:	Total Score = 10
• Is there a clear description of how eligible participants obtain and maintain housing?	Pts for Obj. Criteria = 10
• Does the applicant have a plan to assess needs of participants and address those needs including but not limited to: health, behavioral health, education, employment, life skills and child care services, if applicable	Pts. For System Performance Criteria = 10
• Does the applicant have a plan to assist participants 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)?	
• For RRH, how will appropriate units be identified and rent reasonableness be determined?	
Assistance with obtaining mainstream benefits, increasing employment and promoting independence (10 points) – See Section 2S	**Score**
• Does the agency coordinate with mainstream employment organizations?	Total Score = 5.5
• Does the agency assist tenants to access SSI/SSDI and other mainstream benefits?	Pts. For Obj. Crit = 4
• Does the agency assist tenants to build independent living skills and move on from PSH (if applicable)?	Pts. For Sys. Perf. Criteria = 5.5
• 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 activities that will assist participants to increase income?	

Scoring Factor #5 – DV Projects Only - DV Experience, Plan and Outcomes – 25 Points	
Experience with providing housing and supportive services to survivors (5 points) – See Section 2T **Questions to consider: Does the project clearly describe experience with:** • Using low-demand, Housing First model to rapidly locate permanent housing for survivors? • Designing and operating programs that help survivors to increase their income and achieve long-term housing stability? • Designing and operating programs focused on safety? • Designing and operating programs that are strengths-based and survivor-driven, offering a range of options to support survivors to rebuild control over their lives and improve safety for themselves and their families? • Designing and operating trauma-informed programs? • Designing and operating programs that help survivors to navigate a range of systems? Designing and operating programs that advocate for survivors' autonomy, safety, independence and housing stability?	**Score** N/A – not DV project
Plan to meet the specific needs of survivors. – See Section 2U **Questions to consider: Does the applicant clearly describe how they will:** • Use a low-demand, Housing First model to rapidly locate permanent housing for survivors. • Help survivors to increase their income and achieve long-term housing stability. • Ensure a focus on safety. Provide a plan for improving the safety of program participants. • Ensure that services are strengths-based and survivor-driven and offer a range of options to support survivors to rebuild control over their lives and improve safety for themselves and their families. • Ensure that services are trauma-informed. • Help survivors to navigate a range of systems. Advocate for survivors' autonomy, safety, independence and housing stability.	**Score** N/A
Quantified outcomes demonstrating prior performance in serving DV survivors – See Section 2V **Questions to consider: Are the following included:** • Percentage of survivors who exited programs to stable permanent housing • The methodology used for calculating the outcome for each outcome (e.g. # of survivor households who exited the program to permanent housing with monthly rent not exceeding 50% of the household income/total # of survivor households who exited the program) • If quantified outcome data were not included, are other outcomes included for consideration?	**Score** N/A

Scoring Factor #6: Application/Budget Quality - 20 Points	

Evaluate based on the entire application
Application Quality (10 points) - Extent to which the applicant:
   o consistently followed instructions?
   o   included all required attachments?
   o fully answered questions?
	Score
	Total Score = 9
	Pts. For Obj. Crit. = 9

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 (if applicable)?
   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
	Total Score = 8.25
	Pts. For Obj. Crit. = 8.25

Questions/Comments

Scored Forms for One Project

Connecticut Balance of State 2022 Individual Program Evaluation Report Period 10/1/2020 to 9/30/2021
Report version: 5/25/2022

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: 14	**Adult Stayers:** 12	**Number of Stayers without required Annual Assessment:** 0
Number of Participants: 15	**Households:** 14	**Number of Stayers with Annual Assessment:** 10
Number of Leavers: 2	**Adult Leavers:** 2	**Spending Info Only - Grant Start Date:** 3/1/2020 **Grant End Date:** 2/28/2021
Number of Stayers with Annual Assessment not due yet: 2		**Total Grant: $** 154,884 **Amount Unspent:** $12,137

PSH Evaluation Criteria	2022 Benchmark/ Standard PSH - Adults	Program Performance	2022 Points Available	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.	92.16%	25	10
Occupancy based on quarterly unit utilization based on participants housed not served [11]	90%	85.71%	25	10
All adult participants with NON-CASH benefits excluding health insurance (leavers and stayers)[4] #	95%	100.00%	15	15
Percentage of all participants who remain in PSH or exited to permanent housing[7] #	95%	93.33%	20	10
Performance total score			85	45
CONSUMER SURVEYS				
Consumer Surveys - Response Rate [8]	35%	114.29%	15	15
Consumer Surveys total score			15	15.0
SCORING SUMMARY				
Total Actual Points Available and awarded			100	60.0
Total Score, converted to a percentage	formula = (Points Awarded / Points Available for Scoring)			60.00%
Lateness Penalty:				0.0
Grand Total				60.00

Evaluation Criteria	2022 Benchmark/ Standard PSH - Adults	Program Performance	2022 Points Available	Awarded Points
DATA TO BE COLLECTED FOR DESCRIPTIVE OR TRACKING PURPOSES OR SETTING BENCHMARK FOR 2023 - NOT SCORED				
Percentage of all adult participants who increased EARNED INCOME from entry to exit/follow-up (leavers and stayers)[4] #	25%	8.33%	Not Scored	Did Not Meet Standard
PSH & RRH Only: Percentage participants enrolled to housed within 30 days[6] #	85%	100.00%	Not Scored	Met Standard

Actual Objective Criteria points awarded: 66

Actual System Performance Criteria points awarded: 25

All criteria are objective. # Signifies System Performance Criteria

Notification of Projects Rejected - Reduced

M Gmail

CT BOS CoC <ctboscoc@gmail.

2022 Bonus Project App Response
1 message

CT BOS CoC <ctboscoc@gmail.com>   Mon, Aug 1, 2022 at 3:
To: Andrea Hakian <AHakian@chrhealth.org>
Cc: Steve DiLella <Steve.DiLella@ct.gov>, sonya.jelks@csh.org, Alice Minervino <alice.minervino@ct.gov>, John Merz <jmerz@act-ct.org>

Dear Andrea,

Thank you for submitting your **CHR Real Hope Rapid Rehousing RRH new project applications** for Central and Greater Hartford CANs to the CT BOS CoC for submission in the FY2022 HUD CoC NOFO. We are writing to inform you that your application will not be included in the 2022 HUD bonus project application.

These applications did not meet the CT BOS threshold of 25% match for the total funds requested in each project.

Although the applications will not be put forward with the FY2022 HUD CoC Bonus, there is the additional supplemental NOFO opportunity this year for which your agency may apply. See additional information here: SNOFO Announcement - Zengine Open.   If applying, please indicate that you wish to put forward the applications your organization previously submitted in Section 2, under that section's instructions, and input your adjusted match for each project in the match sections.

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

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                                                                                9/14/2022

2022 Bonus Project App Response - NLHHC
1 message

CT BOS CoC <ctboscoc@gmail.com>   Mon, Aug 1, 2022 at 4:
To: Cathy Zall <czall@nlhhc.org>
Cc: John Merz <jmerz@act-ct.org>, Alice Minervino <alice.minervino@ct.gov>, Steve DiLella <Steve.DiLella@ct.gov>, sonya.jelks@csh.org

Dear Cathy,

Thank you for submitting your **Health Focused Rapid Rehousing new project application** to the CT BOS CoC for submission in the FY2022 HUD CoC NOFO. We are writing to inform you that your application will not be included in the 2022 HUD bonus project application.

This application did not meet the CT BOS threshold of 25% match for the total funds requested in each project and it went over the Supportive Services funding limit of $9,000 per household at point in time when the project is at full capacity.

Although the application will not be put forward with the FY2022 HUD CoC Bonus, there is the additional supplemental NOFO opportunity this year for which your agency may apply. See additional information here: SNOFO Announcement - Zengine Open.   If applying, please indicate that you wish to put forward the applications your organization previously submitted in Section 2, under that section's instructions, and input your adjusted match in the match section. To adjust the supportive services budget, please contact CT BOS at this gmail account.

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

New Opp - 2022 Bonus Project App Response
1 message

CT BOS CoC <ctboscoc@gmail.com>   Mon, Aug 1, 2022 at 4:
To: thirst@newoppinc.org
Cc: Steve DiLella <Steve.DiLella@ct.gov>, sonya.jelks@csh.org, Alice Minervino <alice.minervino@ct.gov>, John Merz <jmerz@act-ct.org>

Dear Toni,

Thank you for submitting your **New Opportunities, Inc. RRH new project application** to the CT BOS CoC for submission in the FY2022 HUD CoC NOFO. We are writing to inform you that your application will not b
included in the 2022 HUD bonus project application.

This application did not meet the CT BOS threshold of 25% match for the total funds requested in each project.

Although the application will not be put forward with the FY2022 HUD CoC Bonus, there is the additional supplemental NOFO opportunity this year for which your agency may apply. See additional information
here: SNOFO Announcement - Zengine Open.   If applying, please indicate that you wish to put forward the application your organization previously submitted in Section 2, under that section's instructions, and input
your adjusted match in the match sections.

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

Mercy - 2022 Bonus Project App Response
1 message

CT BOS CoC <ctboscoc@gmail.com>
To: Kara Capone <kcapone@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>

Mon, Aug 1, 2022 at 4:

Dear Kara,

Thank you for submitting your **Mercy Housing and Shelter RRH 2022 new project application** to the CT BOS CoC for submission in the FY2022 HUD CoC NOFO. We are writing to inform you that your application will not be included in the 2022 HUD bonus project application.

This application did not meet the CT BOS threshold of 25% match for the total funds requested in each project.

Although the applications will not be put forward with the FY2022 HUD CoC Bonus, there is the additional supplemental NOFO opportunity this year for which your agency may apply. See additional information here: SNOFO Announcement - Zengine Open.   If applying, please indicate that you wish to put forward the applications your organization previously submitted in Section 2, under that section's instructions, and input your adjusted match in the match section.

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

FSC 2022 Bonus Project App Response
1 message

CT BOS CoC <ctboscoc@gmail.com>
To: "Rose, Caitlin" <crose@fsc-ct.org>
Cc: sonya.jelks@csh.org, Steve DiLella <Steve.DiLella@ct.gov>, Alice Minervino <alice.minervino@ct.gov>, John Merz <jmerz@act-ct.org>

Mon, Aug 1, 2022 at 3:

Dear Caitlin,

Thank you for submitting your **PEAK and Howey House new PSH project applications** to the CT BOS CoC for submission in the FY2022 HUD CoC NOFO. We are writing to inform you that your application will no be included in the 2022 HUD bonus project application.

These applications did not meet the CT BOS requirement that new PSH projects not creating new units, but providing additional services to participants residing in PSH units must NOT already have designated fundir for services from any public source (e.g. HUD or DMHAS).

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

Notice of Projects Accepted

2022 HUD CoC Competition

CTBOS <ctboscoc+gmail.com@ccsend.com>

Wed 9/14/2022 3:21 PM

To: Shannon Quinn-Sheeran <shannon@housinginnovations.us>

CT BOS CoC Competition
Accepted New and Renewal Projects

Dear Applicants:

The list of programs to be submitted to HUD for funding in the 2022 Continuum of Care Competition has been posted to the CT BOS Website, per HUD requirement, and can be found at this link: Notification of Projects Accepted . The list includes project names, scores and funding amounts.

Thank you for your continued support as we put forward our competition submissions this year. Your contributions are truly invaluable.

Thank you,
CT BOS Team

See what's happening on our website!

Contact the CT Balance of State

ctboscoc@gmail.com

CTBOS | c/o DMHAS, 410 Capitol Ave, Hartford, CT 06134

Unsubscribe shannon@housinginnovations.us

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Page 1 of listing of accepted projects on CT BOS website.

ctbos.org/wp-content/uploads/Notification-of-Projects-Accepted-for-posting.pdf

Project Name	2022 Renewal Eval /New App Score or Status	2022 Project Application Budget
CRT PSH Consolidated HUD FY2021	100.0	$ 895,286
Homeless Collaborative Network	100.0	$ 764,730
Project Teach HUD FY2021	100.0	$ 512,584
Project Home C	100.0	$ 467,568
Permanent Supportive Housing for people with disabilities Rosehill	100.0	$ 387,402
CT0028 Soromundi Commons Supportive Housing	100.0	$ 181,707
CT0053 Middletown The Connection	100.0	$ 179,213
Flora O'Neil Apartments	100.0	$ 96,801
Phoenix House Transitional Housing Program	100.0	$ 51,596
CT0176 Norwich New London Rental Assistance Boswell	100.0	$ 40,172
Safe Haven	95.0	$ 816,981
CT0089 Norwich New London Rental Assistance	95.0	$ 536,008
Society of Support (SOS)	95.0	$ 342,082
SVD Middletown SHP	95.0	$ 209,580
CT0306 CT BOS DOH PSH 1	92.4	$ 862,647
CT0286 BOS DMHAS 2015	91.5	$ 2,054,161
rosehill transitional living program	90.9	$ 184,897
CT0200 Torrington Rental Assistance WHO	90.0	$ 330,074
CT0154 Greater Hartford Mercy Rental Assistance	90.0	$ 118,549
CT0211 Waterbury Step-up	90.0	$ 95,568
CT0139 Greater Hartford Chrysalis Supportive Housing for Veterans	89.6	$ 328,409
PEAK	88.7	$ 589,144
Thames River Family Program	87.5	$ 195,983
CT0351 Youth Permanent Supportive Housing	85.7	$ 89,566
CT0171 CHI Consolidated SHP FY 2021	85.0	$ 944,416
CDF Combo 1-4 FY2021	85.0	$ 867,043
Liberty Consolidated Scattered Site Housing	85.0	$ 556,547
Freedom Walk	85.0	$ 435,846
CT0073 Manchester CHR Rental Assistance	85.0	$ 342,430
PILOTS I (CT0122)	85.0	$ 299,054
CT0054 Middletown Rental Assistance	85.0	$ 287,552
CT0291 Permanent Supportive Housing at MSP	85.0	$ 268,994
CT0011 New Haven Columbus House Sojourners	85.0	$ 236,680
CT0052 Middletown Liberty Commons	85.0	$ 210,273
CT0023 Hartford Mary Seymour Place	85.0	$ 200,417
CT0129 New Haven Safe Haven	85.0	$ 175,949
CT0013 New Haven Cedar Hill	85.0	$ 172,355
NLHHC Housing for Health FY21	85.0	$ 38,925
CT0265 BOS DMHAS 2014	81.1	$ 2,869,477
CT0070 Meriden Wallingford Rushford Rental Assistance	80.0	$ 583,628
CT0061 CHR PSH	80.0	$ 301,243
PILOTS II (CT0121)	80.0	$ 261,388

ctbos.org/wp-content/uploads/Notification-of-Projects-Accepted-for-posting.pdf

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Project	Score	Amount
CT0135 Hartford CHR Soromundi Commons	80.0	$ 213,779
CT0131 Hartford Hudson View Commons	80.0	$ 146,663
CT0172 Hartford Sue Ann Shay Place	80.0	$ 117,525
CT0240 Walking Into Wall Street	79.6	$ 368,074
CT0064 Family Matters	79.6	$ 230,618
CT0191 St. Philip House	79.6	$ 179,720
CT0278 Youth Continuum Supportive Housing Project	79.0	$ 230,360
Arch Street Housing	78.7	$ 140,455
CT0297 Pendleton PSH	77.5	$ 200,895
CT0151 Waterbury Housing Plus	75.4	$ 400,387
CT0062 BHCare Rental Assistance	75.0	$ 516,771
Liberty Consolidated Rapid Rehousing	75.0	$ 315,644
CT0077 Windham United Services Brick Row	75.0	$ 125,007
Killingly Consolidated Wrap Around Housing Program	75.0	$ 114,448
CT0164 New Haven Rental Assistance	70.0	$ 3,029,089
CT0185 Manchester Rental Assistance	70.0	$ 259,239
CT0012 New Haven Lucht Hall	70.0	$ 147,131
TLP	69.5	$ 210,007
CT0294 DOH CT BOS RRH	69.3	$ 2,185,609
CT0246 Greater Middletown Mercy Rental Assistance	65.0	$ 286,094
CT0141 Torrington CHD Pilots	65.0	$ 262,716
CT0204 Waterbury Rental Assistance	65.0	$ 243,534
Homes Plus	65.0	$ 142,540
Meriden SHP	65.0	$ 45,595
CT0022 Greater Hartford Rental Assistance Consolidated	60.0	$ 2,592,307
CT0161 New Britain CMHA Rental Assistance	60.0	$ 919,809
CT0066 Greater Hartford Chrysalis Rental Assistance	59.6	$ 1,161,199
Alliance for Living - Supportive Housing Program - Renewal Application FY 2021	55.0	$ 165,228
CT0330 CT BOS CCADV RRH	53.3	$ 2,448,964
CT0142 Torrington Mental Health CT Rental Assistance	45.0	$ 167,183
CT0237 Waterbury East Main Street	45.0	$ 87,186
CT0076 Windham United Services Rental Assistance	40.0	$ 103,886
CT0279 Central CAN RRH	33.3	$ 385,484
CT HMIS - BOS 2021	Not Scored	$ 145,891
Greater Hartford HMIS 2021 grant	Not Scored	$ 122,740
CT0295 DOH CT BOS CAN SSO	Not Scored	$ 787,475
CT0355 St. Mary's Place	Not Scored	$ 40,125
CT0356 Prudence Crandall Center's Enhanced Housing Options	Not Scored	$ 416,180
H-PASS PSH HUD FY 2021	Not Scored	$ 634,160
CT0339 CT BOS RRH Bonus 2019	Not Scored	$ 728,964
CT0340 BOS DMHAS 2019	Not Scored	$ 1,001,964
CT0338 CT BOS CCADV RRH	Not Scored	$ 1,441,143
SVD Middletown Commons	86.5	$ 84,714
CHI The Tyler, Rockview II and Mather Street	84.8	$ 332,286
CHI Willow Creek and The Jefferson	83.8	$ 225,050

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Page 3 of listing of accepted projects posted to CT BOS website

CT BOS 2022 Accepted Renewal and New Projects

CT0294 DOH CT BOS RRH 2 Expansion	81.8	$ 398,925
CT0294 DOH CT BOS RRH Expansion	81.8	$ 411,512
Hartford My Sisters' Place PSH 2022	78.3	$ 116,190
CT0022 Greater Hartford Rental Assistance Consolidated Expansion	72.3	$ 159,835
CT0240 Walking Into Wall Street Expansion	62.0	$ 186,501
Chrysalis Oxyboxo Lofts	60.8	$ 132,278
New Reach New Haven RRH 2022	81.8	$ 261,731
CT0330 CT BOS CCADV RRH Expansion	90.4	$ 1,125,496
CT0338 CT BOS CCADV RRH Expansion	90.4	$ 99,510
CT BOS CCADV CE	90.4	$ 523,381
BOS Planning Grant	Not Scored	$ 1,250,000

CT BOS 2022 Accepted YHDP Renewal Projects

Project Name	2022 Renewal Eval /New App Score or Status	2022 Project Application Budget
CT0352 DOH YHDP Rapid Rehousing	80.3	$ 2,179,553
CT0307 TH YHDP	73.3	$ 103,047
Youth Continuum Crisis Housing	69.6	$ 106,788
YHDP Crisis Housing Greater Hartford	69.6	$ 63,495
CT0312 YHDP CAN 8 Application - Crisis Housing	52.2	$ 50,000
YHDP Youth Diversion and Rapid Exit 1	38.2	$ 310,472
YHDP Youth Navigator Central & Greater Hartford	Not Scored	$ 180,381
Youth Continuum Youth Navigators	Not Scored	$ 110,857
CT0308YHDP Youth Navigator Eastern	Not Scored	$ 73,670
CT0309 YHDP CAN 8 Application - Youth Navigator	Not Scored	$ 51,100
CT0318 Waterbury Litchfield CAN Youth Navigator	Not Scored	$ 46,828
CT0316 YHDP Youth Navigator NE	Not Scored	$ 34,472
YHDP Youth Diversion and Rapid Exit 2	Not Scored	$ 25,057

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Final Project Scores for All Projects

CT BOS 2022 Ranked Renewal and New Projects

Rank	Applicant Name	Project Name	2022 Renewal Eval /New App Score or Status	2022 Project Application Budget	Accepted /Rejected
1	Community Renewal Team, Inc.	CRT PSH Consolidated HUD FY2022	100.0	$ 895,286	Accepted
2	Thames Valley Council for Community Action, Inc.	Homeless Collaborative Network	100.0	$ 764,730	Accepted
3	Community Renewal Team, Inc.	Project Teach HUD FY2022	100.0	$ 512,584	Accepted
4	Windham Regional Community Council	Project Home C	100.0	$ 467,568	Accepted
5	Prudence Crandall Center, Inc.	Permanent Supportive Housing for people with disabilities Rosehill	100.0	$ 387,402	Accepted
6	Young Women's Christian Association of the Hartford Region	Soromundi Commons Supportive Housing	100.0	$ 181,707	Accepted
7	CT Department of Mental Health and Addiction Services	CT0053 Middletown The Connection	100.0	$ 179,213	Accepted
8	Safe Futures, Inc.	Flora O'Neil Apartments	100.0	$ 96,801	Accepted
9	Safe Futures, Inc.	Phoenix House Transitional Housing Program	100.0	$ 51,596	Accepted
10	CT Department of Mental Health and Addiction Services	CT0176 Norwich New London Rental Assistance Boswell	100.0	$ 40,172	Accepted
11	Liberty Community Services, Inc.	Safe Haven	95.0	$ 816,981	Accepted
12	CT Department of Mental Health and Addiction Services	CT0089 Norwich New London Rental Assistance	95.0	$ 536,008	Accepted
13	St. Vincent DePaul Mission of Waterbury, Inc.	Society of Support (SOS)	95.0	$ 342,082	Accepted
14	St. Vincent DePaul Place, Middletown, Inc.	SVD Middletown SHP	95.0	$ 209,580	Accepted
15	Connecticut Department of Housing	CT0306 CT BOS DOH PSH 1	92.4	$ 862,647	Accepted
16	CT Department of Mental Health and Addiction Services	CT0286 BOS DMHAS 2015	91.5	$ 2,054,161	Accepted
17	Prudence Crandall Center, Inc.	rosehill transitional living program	90.9	$ 184,897	Accepted
18	CT Department of Mental Health and Addiction Services	CT0200 Torrington Rental Assistance WHO	90.0	$ 330,074	Accepted
19	CT Department of Mental Health and Addiction Services	CT0154 Greater Hartford Mercy Rental Assistance	90.0	$ 118,549	Accepted
20	CT Department of Mental Health and Addiction Services	CT0211 Waterbury Step-up	90.0	$ 95,568	Accepted
21	Chrysalis Center, Inc.	CT0139 Greater Hartford Chrysalis Supportive Housing for Veterans	89.6	$ 328,409	Accepted
22	Friendship Service Center, Inc.	PEAK	88.7	$ 589,144	Accepted
23	Thames River Community Service Inc.	Thames River Family Program	87.5	$ 195,983	Accepted
24	Youth Continuum, Inc.	CT0351 Youth Permanent Supportive Housing	85.7	$ 89,566	Accepted
25	Columbus House, Inc	CT0171 CHI Consolidated SHP FY 2022	85.0	$ 944,416	Accepted
26	ImmaCare Inc.	CDF Combo 1-4 FY2022	85.0	$ 867,043	Accepted
27	Liberty Community Services, Inc.	Liberty Consolidated Scattered Site Housing	85.0	$ 556,547	Accepted
28	New Opportunities Inc.	Freedom Walk	85.0	$ 435,846	Accepted
29	CT Department of Mental Health and Addiction Services	CT0073 Manchester CHR Rental Assistance	85.0	$ 342,430	Accepted
30	Center for Human Development Inc.	PILOTS I (CT0122)	85.0	$ 299,054	Accepted
31	CT Department of Mental Health and Addiction Services	CT0054 Middletown Rental Assistance	85.0	$ 287,552	Accepted
32	My Sisters' Place, Inc.	Permanent Supportive Housing at MSP	85.0	$ 268,994	Rejected
33	CT Department of Mental Health and Addiction Services	CT0011 New Haven Columbus House Sojourners	85.0	$ 236,680	Accepted
34	CT Department of Mental Health and Addiction Services	CT0052 Middletown Liberty Commons	85.0	$ 210,273	Accepted
35	CT Department of Mental Health and Addiction Services	CT0023 Hartford Mary Seymour Place	85.0	$ 200,417	Accepted
36	CT Department of Mental Health and Addiction Services	CT0129 New Haven Safe Haven	85.0	$ 175,949	Accepted
37	CT Department of Mental Health and Addiction Services	CT0013 New Haven Cedar Hill	85.0	$ 172,355	Accepted
38	New London Homeless Hospitality Center, Inc.	NLHHC Renewal Project Application FY2022	85.0	$ 38,925	Accepted
39	CT Department of Mental Health and Addiction Services	CT0265 BOS DMHAS 2014	81.1	$ 2,869,477	Accepted
40	CT Department of Mental Health and Addiction Services	CT0070 Meriden Wallingford Rushford Rental Assistance	80.0	$ 583,628	Accepted
41	CT Department of Mental Health and Addiction Services	CT0061 CHR PSH	80.0	$ 301,243	Accepted
42	Center for Human Development Inc.	PILOTS II (CT0121)	80.0	$ 261,388	Accepted
43	CT Department of Mental Health and Addiction Services	CT0135 Hartford CHR Soromundi Commons	80.0	$ 213,779	Accepted
44	CT Department of Mental Health and Addiction Services	CT0131 Hartford Hudson View Commons	80.0	$ 146,663	Accepted
45	CT Department of Mental Health and Addiction Services	CT0172 Hartford Sue Ann Shay Place	80.0	$ 117,525	Accepted
46	Chrysalis Center, Inc.	CT0240 Walking Into Wall Street	79.6	$ 368,074	Accepted

47	Chrysalis Center, Inc.	Family Matters CT0064	79.6	$	230,618	Accepted
48	Chrysalis Center, Inc.	CT0191 St. Philip House	79.6	$	179,720	Accepted
49	Connecticut Department of Housing	CT0278 Youth Continuum Supportive Housing Project	79.0	$	230,360	Accepted
50	Friendship Service Center, Inc.	Arch Street Housing	78.7	$	140,455	Accepted
51	CT Department of Mental Health and Addiction Services	CT0297 Pendleton PSH	77.5	$	200,895	Accepted
52	CT Department of Mental Health and Addiction Services	CT0151 Waterbury Housing Plus	75.4	$	400,387	Accepted
53	CT Department of Mental Health and Addiction Services	CT0062 BHCare Rental Assistance	75.0	$	516,771	Accepted
54	Liberty Community Services, Inc.	Liberty Consolidated Rapid Rehousing	75.0	$	315,644	Accepted
55	CT Department of Mental Health and Addiction Services	CT0077 Windham United Services Brick Row	75.0	$	125,007	Accepted
56	Killingly Housing Authority	Killingly Consolidated Wrap Around Housing Program	75.0	$	114,448	Accepted
57	CT Department of Mental Health and Addiction Services	CT0164 New Haven Rental Assistance	70.0	$	3,029,089	Accepted
58	CT Department of Mental Health and Addiction Services	CT0185 Manchester Rental Assistance	70.0	$	259,239	Accepted
59	CT Department of Mental Health and Addiction Services	CT0012 New Haven Lucht Hall	70.0	$	147,131	Accepted
60	Friendship Service Center, Inc.	TLP	69.5	$	210,007	Accepted
61	Connecticut Department of Housing	CT0294 DOH CT BOS RRH	69.3	$	2,185,609	Accepted
62	CT Department of Mental Health and Addiction Services	CT0246 Greater Middletown Mercy Rental Assistance	65.0	$	286,094	Accepted
63	CT Department of Mental Health and Addiction Services	CT0141 Torrington CHD Pilots	65.0	$	262,716	Accepted
64	CT Department of Mental Health and Addiction Services	CT0204 Waterbury Rental Assistance	65.0	$	243,534	Accepted
65	Holy Family Home and Shelter,Inc	Homes Plus	65.0	$	142,540	Accepted
66	New Opportunities Inc.	Meriden SHP	65.0	$	45,595	Accepted
67	CT Department of Mental Health and Addiction Services	CT0022 Greater Hartford Rental Assistance Consolidated	60.0	$	2,592,307	Accepted
68	CT Department of Mental Health and Addiction Services	CT0161 New Britain CMHA Rental Assistance	60.0	$	919,809	Accepted
69	Chrysalis Center, Inc.	CT0066 Greater Hartford Chrysalis Rental Assistance	59.6	$	1,161,199	Accepted
70	Alliance for Living	Alliance for Living - Supportive Housing Program - Renewal Application FY 2022	55.0	$	165,228	Accepted
71	Connecticut Department of Housing	CT0330 CT BOS CCADV RRH	53.3	$	2,448,964	Accepted
72	CT Department of Mental Health and Addiction Services	CT0142 Torrington Mental Health CT Rental Assistance	45.0	$	167,183	Accepted
73	CT Department of Mental Health and Addiction Services	CT0237 Waterbury East Main Street	45.0	$	87,186	Accepted
74	CT Department of Mental Health and Addiction Services	CT0076 Windham United Services Rental Assistance	40.0	$	103,886	Accepted
75	Connecticut Department of Housing	CT0279 Central CAN RRH	33.3	$	385,484	Accepted
76	Connecticut Coalition to End Homelessness	CT HMIS - BOS 2022	Not Scored	$	145,891	Accepted
77	Connecticut Coalition to End Homelessness	Greater Hartford HMIS 2022 grant	Not Scored	$	122,740	Accepted
78	Connecticut Department of Housing	CT0295 DOH CT BOS CAN SSO	Not Scored	$	787,475	Accepted
79	CT Department of Mental Health and Addiction Services	CT0355 St. Mary's Place	Not Scored	$	40,125	Accepted
80	Connecticut Department of Housing	CT0356 Prudence Crandall Center's Enhanced Housing Options	Not Scored	$	416,180	Accepted
81	Community Renewal Team, Inc.	H-PASS PSH HUD FY 2022	Not Scored	$	634,160	Accepted
82	Connecticut Department of Housing	CT0339 CT BOS RRH Bonus 2019	Not Scored	$	728,964	Accepted
83	CT Department of Mental Health and Addiction Services	CT0340 BOS DMHAS 2019	Not Scored	$	1,001,964	Accepted
84	Connecticut Department of Housing	CT0338 CT BOS CCADV RRH	Not Scored	$	1,441,143	Accepted
85	CT Department of Mental Health and Addiction Services	SVD Middletown Commons	86.5	$	84,714	Accepted
86	CT Department of Mental Health and Addiction Services	CHI The Tyler, Rockview II and Mather Street	84.8	$	332,286	Accepted
87	CT Department of Mental Health and Addiction Services	CHI Willow Creek and The Jefferson	83.8	$	225,050	Accepted
88	CT Department of Mental Health and Addiction Services	Hartford My Sisters' Place PSH 2022	78.3	$	116,190	Accepted
89	CT Department of Mental Health and Addiction Services	CT0022 Greater Hartford Rental Assistance Consolidated Expansion	72.3	$	159,835	Accepted
90	CT Department of Mental Health and Addiction Services	CT0240 Walking Into Wall Street Expansion	62.0	$	186,501	Accepted
91	CT Department of Mental Health and Addiction Services	Chrysalis Oxyboxo Lofts	60.8	$	132,278	Accepted
92	Connecticut Department of Housing	CT0294 DOH CT BOS RRH 2 Expansion	81.8	$	398,925	Accepted
93	Connecticut Department of Housing	CT0294 DOH CT BOS RRH Expansion	81.8	$	411,512	Accepted
94	Connecticut Department of Housing	New Reach New Haven RRH 2022	81.8	$	261,731	Accepted
95	Connecticut Department of Housing	CT0330 CT BOS CCADV RRH Expansion	104.4	$	1,125,496	Accepted

			2022 Renewal Eval /New App Score or Status	2022 Project Application Budget	Accepted/Rejected
96	Connecticut Department of Housing	CT0338 CT BOS CCADV RRH Expansion	104.4	$ 99,510	Accepted
97	Connecticut Department of Housing	CT BOS CCADV CE	104.4	$ 523,381	Accepted
-	Community Health Resources, Inc.	CHR Real Hope Rapid Rehousing RRH	Not Scored	$ 320,700	Rejected
-	Community Health Resources, Inc.	CHR Real Hope Rapid Rehousing	Not Scored	$ 320,700	Rejected
-	New London Homeless Hospitality Center, Inc.	Health Focused Rapid Rehousing	Not Scored	$ 295,944	Rejected
-	New Opportunities Inc.	New Opportunities, Inc. RRH	Not Scored	$ 29,832	Rejected
-	Mercy Housing and Shelter Corporation	Mercy Housing and Shelter RRH 2022	Not Scored	$ 980,271	Rejected
-	Friendship Service Center, Inc.	PEAK PSH	Not Scored	$ 105,224	Rejected
-	Friendship Service Center, Inc.	Howey House PSH	Not Scored	$ 29,832	Rejected

CT BOS 2022 YHDP Renewal Projects

Applicant Name	Project Name	2022 Renewal Eval /New App Score or Status	2022 Project Application Budget	Accepted /Rejected
Connecticut Department of Housing	CT0352 DOH YHDP Rapid Rehousing	80.3	$ 2,179,553	Accepted
Noank Community Support Services, Inc.	CT0307 TH YHDP	73.3	$ 103,047	Accepted
Youth Continuum, Inc.	Youth Continuum Crisis Housing	69.6	$ 106,788	Accepted
The Salvation Army, a New York Corporation	YHDP Crisis Housing Greater Hartford	69.6	$ 63,495	Accepted
Columbus House, Inc	CT0312 YHDP CAN 8 Application - Crisis Housing	52.2	$ 50,000	Accepted
Connecticut Coalition to End Homelessness	YHDP Youth Diversion and Rapid Exit 1	38.2	$ 310,472	Accepted
Journey Home, Inc.	YHDP Youth Navigator Central & Greater Hartford	Not Scored	$ 180,381	Accepted
Youth Continuum, Inc.	Youth Continuum Youth Navigators	Not Scored	$ 110,857	Accepted
Noank Community Support Services, Inc.	CT0308YHDP Youth Navigator Eastern	Not Scored	$ 73,670	Accepted
Columbus House, Inc	CT0309 YHDP CAN 8 Application - Youth Navigator	Not Scored	$ 51,100	Accepted
Supportive Housing Works, Inc.	CT0318 Waterbury Litchfield CAN Youth Navigator	Not Scored	$ 46,828	Accepted
The ACCESS Agency, Inc.	CT0316 YHDP Youth Navigator NE	Not Scored	$ 34,472	Accepted
Connecticut Coalition to End Homelessness	YHDP Youth Diversion and Rapid Exit 2	Not Scored	$ 25,057	Accepted

CT BOS 2022 Planning Grant

CT Department of Mental Health and Addiction Services	BOS Planning Grant	Not Scored	$ 1,250,000	Accepted

Housing Leveraging Commitments

STATE OF CONNECTICUT
DEPARTMENT OF HOUSING

Ned Lamont
Governor

Seila Mosquera-Bruno
Commissioner

September 23, 2022

Hebe Kudisch
Chief Program Officer
Columbus House, Inc.
586 Ella T. Grasso Boulevard
New Haven, CT 06519

Dear Ms. Kudisch:

This letter of commitment confirms that the CT Department of Housing has committed $6 million in Connecticut State Bond Funding to the Willow Creek Housing Project. This funding will subsidize 17 units (40% of units) in the CHI Willow Creek and The Jefferson project located in Hartford, CT. This commitment of non-CoC/ESG funding will subsidize 17 units with capital and operating funding for the new project application submitted by the CT Department of Mental Health and Addiction Services (DMHAS) in the 2022 CoC Program Competition (project name is CHI Willow Creek and The Jefferson).

These funds have been committed, and this commitment is also codified in a DOH contract that has already been awarded which covers operating costs for twenty years for the proposed project cited above. As such, these subsidies will be provided beginning on the grant start date of the project, if awarded through the 2022 CoC Competition.   Assuming the project is awarded CoC funds and a grant agreement is executed, these 17 units will be available for program participants as of a presumed project start date of 7/1/23.

Sincerely,

Steve DiLella
CT Department of Housing

⌂IMAGINEERS LLC

September 23, 2022

Ms. Hebe Kudisch
Chief Program Officer
Columbus House, Inc.
586 Ella T. Grasso Boulevard
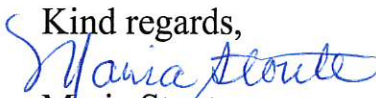New Haven, CT 06519

Dear Ms. Kudisch:

Project Name: CHI Willow Creek and The Jefferson House
Source of Commitment: City of Hartford Housing Authority (CT051)

This letter of commitment confirms that the City of Hartford Housing Authority has committed non CoC/ESG funded Project-based Rental Assistance vouchers for 17 CHI Willow Creek and The Jefferson project located in Hartford, CT. This commitment of rental assistance is funded by the City of Hartford Housing Authority for 17 of the units (40% of units) proposed to receive CoC program funding via the new project application submitted by the CT Department of Mental Health in the 2022 CoC Program Competition (project name is CHI Willow Creek and The Jefferson).

These certificates will be provided on the grant start date of the project if awarded through the 2022 CoC Competition. Assuming the project is awarded CoC funds and a grant is executed, these 17 units will be available for program participants by no later than 7/1/23.

All the best to you and a successful NOFO application!

Kind regards,

Maria Stoute

Maria Stoute
Program Director

September 21, 2022

Ms. Kara Capone
Chief Executive Officer
Community Housing Advocates, Inc.
221 Main Street, 4th Floor

Dear Ms. Capone:

This letter of commitment confirms that the Housing Authority of the City of Hartford ("HACH") has made a conditional award of up to 19 non-CoC/ESG project based vouchers to support the Hartford My Sisters' Place PSH 2022 project, located at 102 Pliny Street, Hartford, CT. This conditional commitment of rental assistance is funded by HACH and conditional upon completion of the development and satisfaction of certain regulatory requirements. It is our understanding that 12 of the 19 units, will receive CoC program funding via the new project application submitted by the CT Department of Mental Health in the 2022 CoC Program Competition (project name is Hartford My Sisters' Place PSH 2022) if that application is successful. The remaining seven units would be standard affordable housing.

CoC certificates will be provided beginning on the grant start date of the project if awarded through the 2022 CoC Competition. Funding will be provided beginning on the grant start date of the project if awarded through the 2022 CoC Competition. Assuming the project is awarded CoC funds and a grant is executed, these 12 units will be available for program participants by no later than 7/1/23.

Sincerely,

Annette Sanderson

Annette Sanderson
Executive Director

Healthcare Formal Agreements

September 13, 2022

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 access to treatment or recovery services for all program participants who qualify and choose those services in the proposed PSH new project with the project name CHI The Tyler, Rockview II and Mather Street, which has been submitted as part of the CT BOS 2022 Consolidated CoC Application. 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.

These treatment and recovery services will be provided beginning on the grant start date of the project if awarded through the 2022 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 will serve 37 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

NED LAMONT
GOVERNOR

NANCY NAVARRETTA, MA, LPC, NCC
COMMISSIONER

September 13, 2022

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 access to treatment or recovery services for all program participants who qualify and choose those services in the proposed PSH new project with the project name CHI Willow Creek and The Jefferson, which has been submitted as part of the CT BOS 2022 Consolidated CoC Application. 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.

These treatment and recovery services will be provided beginning on the grant start date of the project if awarded through the 2022 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 will serve 42 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