

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 2026 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2026 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 2026 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.

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; 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: Advancing Connecticut Together

1B. Coordination and Engagement–Accountable 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:

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- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	
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In the chart below for the period from June 1, 2025 to May 31, 2026:

1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

You must click Save at the bottom of the form before entering the number of persons for each category where you answered 'Yes'.

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	2
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	1
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	1
4.	Community Mental Health Center (CMHC)	Yes	1
5.	Disability Advocate(s)	Yes	4
6.	Disability Service Organization(s)	Yes	15
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	No	
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	2
9.	Faith-based Organization(s)	Yes	1
10.	Homeless or Formerly Homeless Person(s)	Yes	9
11.	Hospital(s)	No	0
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	1
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	
14.	Law Enforcement	Yes	3
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	2
16.	Local Government Staff/Official(s)	Yes	1

17.	State Government Staff/Official(s)	Yes	6
18.	State or Local Elected Public Official(s)	Yes	2
19.	Local Jail(s)	Yes	1
20.	Mental Health Service Organization(s)	Yes	6
21.	Mental Illness Advocate(s)	Yes	2
22.	Organization(s) led by and serving people with disabilities	Yes	1
23.	Other homeless subpopulation advocate(s)	Yes	10
24.	Other nonprofit homeless assistance provider(s)	Yes	9
25.	Other social service provider(s)	Yes	2
26.	Public Housing Agencies	Yes	1
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	No	0
29.	School District(s)	No	
30.	Street Outreach Team(s)	Yes	8
31.	Substance Abuse Advocate(s)	Yes	2
32.	Substance Abuse Service Organization(s)	Yes	2
33.	Universities	No	0
34.	Veteran Serving Organization(s)	Yes	2
35.	Agencies Serving Survivors of Human Trafficking	Yes	2
36.	Victim Service Provider(s)	Yes	2
37.	Domestic Violence Advocate(s)	Yes	2
38.	Other Victim Service Organization(s)	No	
39.	State Domestic Violence Coalition	Yes	2
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	3
42.	Youth Homeless Organization(s)	Yes	4
43.	Youth Service Provider(s)	Yes	4
44.	Other Homeless Assistance Provider(s)	Yes	1
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	1
	Other: (limit 50 characters)		
46.	CT Department of Children and Families	Yes	1
47.	CT Department of Social Services	Yes	1

1B-2.	Open Invitation for New Members.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

The CoC ensures that invitations for new members to join are transparent and publicly available within its geographic area. At least twice annually - exceeding the required minimum of once per year, the CoC formally announces open invitations to join via an email blast to its full listserv of over 650 subscribers and via posting on the CoC's public website (www.ctbos.org). These formal semi-annual announcements coincide with the CoC's open, public semi-annual meetings which are typically held in the spring and fall.

In addition to the twice-annual formal solicitation, membership is open to the public on an ongoing, continuous basis: any member of the public may join the CoC at any time by signing up for one or more free email listservs directly from the landing page of the CoC's website, with no application or approval process required, and attending meetings.

CoC governance and working structures are open to public participation. This includes the CoC Steering Committee (SC), all CoC work groups, and the Coordinated Access Network (CAN) work groups in each region. Meeting dates, times, locations (or virtual/Zoom links), agendas, and slide materials for SC meetings are posted publicly on the CoC website in advance of each meeting, and are also emailed directly to the over 400 individuals who have signed up for SC-specific communications. These materials are also posted to the CT Statewide message board, Civic Roundtable, which over 220 people access. Meeting minutes and upcoming meeting agendas for CoC-related meetings are additionally posted on the CoC website at least monthly, giving the public an ongoing, low-barrier way to learn about the CoC's work and know when and how to get involved.

Together, these channels, recurring formal invitations at least twice a year, continuous open enrollment through the website, and public, open access CoC governance bodies, ensure that anyone in the CoC's geographic area has a clear, publicly available, and low-barrier path to join.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.
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(limit 2,500 characters)

The CoC solicits & considers input from a broad array of stakeholders through its Steering Committee (SC) & standing committees (e.g., Coordinated Entry & Outreach, the Data Strategies Board, Grievance, Scoring, & the Consumer Leadership Involvement Project (CLIP) Committee). The SC includes representation from 10 state/federal agencies, 12 representatives across the CoC's 6 regions, 6 non-profit organizations, & 8 community representatives with lived experience of homelessness, including 2 youth-designated seats. SC meetings are held monthly & open to the public via Zoom or in-person for one of two semi-annual meetings; many committees also meet monthly. Participants bring knowledge from housing, health, mental health, substance use treatment, education, employment, domestic violence, food insecurity, advocacy, philanthropy, faith, business, law enforcement, government, & the nonprofit sector.

The CoC solicits & considers input on its performance, strategies, & priorities through this same SC structure. System Performance Measures are reported to the SC at least twice annually, with opportunity for stakeholder questions & input; Housing Inventory Count & Point-in-Time data are likewise presented for discussion. Renewal Evaluation criteria, used to score & rank renewal projects in the annual competition, are presented to the SC for Q&A & voted on before use. The CoC's strategic plan is created, discussed, & presented by & to the SC. Priorities for new projects & the project ranking policy are decided by SC vote.

The CoC also seeks public input on policies, program standards, & funding priorities through its email listserv & website. All CoC meetings are public, & agendas, policy/planning documents, & minutes are posted on the CoC website. Public forums & comment opportunities are announced through the CAN (600+ recipients) & CoC (850+ recipients) email listservs.

The CoC considers input into how it plans, funds, & executes solutions to homelessness through a structured process: committees convene stakeholders & synthesize feedback for the SC (e.g., CAN representatives gather regional input & report back); staff compile feedback from email & calls & present it to the SC; & as needed, the SC holds a dedicated input-gathering meeting prior to key votes on policy or priorities. The CLIP Committee gathers feedback from people with lived experience of homelessness on CoC programs & policies, including changes proposed & made to the CoC's Participant Survey.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
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Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.
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(limit 2,500 characters)

CT BOS notifies the public about its Request for Proposals by distributing the application for new projects via its website, its listserv (850+ recipients), and the websites and listservs of other statewide organizations (6,000+ combined recipients). Anyone can subscribe to the CoC's email list from the landing page of the CoC's website. Application instructions, posted publicly on the CoC website, state that all entities meeting HUD eligibility criteria are encouraged to apply, including those that have not previously received CoC funds. CoC staff hold a Bidders' Conference open to any interested applicant, including organizations that have never received CoC funding, with information on how to join posted to the CoC website and distributed to the CoC listserv.

Written instructions and a live, publicly accessible webinar (recorded and posted to the CoC website) provide the application deadline, submission steps, eligibility and program requirements, and a live question-and-answer opportunity. CoC staff also hold office hours and provide extensive technical assistance to applicants - lowering the barrier to entry for organizations unfamiliar with the CoC process.

The CoC notifies the public about how applications are selected for submission to HUD through its publicly posted application instructions and scoring rubric, both explained in the public RFP webinar posted to the CoC website, ensuring the review and selection process is as transparent to new applicants as it is to previously funded ones.

In its most recent New Project competition, CT BOS received and is submitting to HUD an application from an unfunded organization, Continuum of Care, Inc; faith-based organizations including two branches of The Salvation Army, Mercy Housing & Shelter (founded by the Sisters of Mercy) and two branches of St. Vincent De Paul are also submitting renewal project applications. Mercy and St. Vincent DePaul also applied for new funding in recent competitions.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.
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Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

CT BOS identified employment & economic self-sufficiency as a gap via HMIS/DV Comparable Database, APR/SPM data, client surveys, provider feedback, & strategic planning with workforce partners. In FFY25, only 10% of CoC clients increased earned income; SPM data show increases for 6% of Stayers & 16% of Leavers. Among 547 survey respondents, 19% needed but didn't receive employment services & 16% needed but didn't receive education services. Stakeholders also identified gaps in trauma-informed workforce services, benefits counseling, pop-specific expertise, & supports for people with disabilities.

CT BOS will implement a comprehensive employment strategy, consistent with 42 U.S.C. 11386b(d), across RRH, TH, PSH & SSO projects: employment-focused case management through DMHAS contracts; structured employment planning in RRH & TH projects; linkages to DMHAS Individual Placement & Support (IPS) services; prioritizing new TH projects with strong workforce partnerships; & formal partnerships with CT Dept. of Labor (DOL)/American Job Centers (AJCs). Services will be tailored to subpopulations (SMI/SUD, youth, veterans, older adults, families, people with disabilities) via individualized assessment, benefits counseling, training/credentialing, transportation/childcare, employer engagement, & job coaching.

Performance will be measured annually through HMIS: change from FFY25 earned-income baselines; employment obtained during enrollment; average earned income; AJC referrals/engagement; education/training/credentialing/apprenticeship participation; permanent unsubsidized housing exits; & returns to homelessness.

In 2026, CT BOS will prioritize employment-focused TH applications, update program standards, & set measurable targets with DOL, AJCs, workforce boards, & providers. In 2027, it will launch/fully implement new service models, standardize AJC referral pathways, cross-train staff, & begin performance monitoring. From 2028 on, outcomes will be evaluated semi-annually & successful practices expanded.

Funding includes CoC Planning, TH, Joint TH-RRH & PSH funds; DMHAS PSH service/IPS funding; DOL/AJC & WIOA resources; adult education, community college, apprenticeship & vocational training; Medicaid; & other state/local/philanthropic funds. A Project Manager oversees implementation & monitoring; the CT BOS Steering Committee provides strategic oversight; the HMIS Lead oversees performance reporting; & DMHAS & DOH monitor compliance with program standards.

1B-5a	Confirmation of Plan Coverage.
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Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system.

1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes
4. Identifies timelines for the completion of specific tasks	Yes

5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

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.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	100%

If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services.

(limit 2,500 characters)

Not Applicable

1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports.

(limit 2,500 characters)

The CoC's collaborative applicant & a grantee on over 40 CT BOS awards is the CT Dept. of Mental Health & Addiction Services (DMHAS), which operates & funds outpatient mental health & substance use treatment statewide through Local Mental Health Authorities (LMHAs) & contracted nonprofits. CT BOS ensures CoC-wide access via meeting announcements, listserv updates on availability & referral mechanisms, monitoring of funded projects for appropriate linkages, & trainings through CT BOS's Learning Management System. Outpatient care spans a full range of intensity: Enhanced Care Clinics (ECCs) provide standard outpatient therapy with same-day access at many sites, alongside walk-in Substance Use Disorder Assessment Centers for level-of-care evaluation & ambulatory tracks for people not requiring residential care. LMHAs & community providers also offer outpatient psychiatric medication management, including prescription refills, blister-pack coordination with pharmacies, & ongoing clinical monitoring. For substance use treatment, the CT Behavioral Health Partnership's statewide MAT provider directory & five DMHAS-funded mobile MAT vans, staffed by a nurse or physician & a peer recovery counselor, provide Suboxone, naloxone, & transportation to pharmacies. Psychosocial interventions include individual & group counseling/therapy, psychoeducation groups, & peer support/recovery coaching through LMHA outpatient clinics & CCAR Recovery Community Centers statewide. Individuals with Serious Mental Illness are connected to Assertive Community Treatment & comparable intensive-care-coordination teams at CMHC, CMHA, CHR, River Valley Services, BHcare, & United Services. Housing & Street Outreach providers conduct individualized needs assessments identifying outpatient treatment needs, administer a mental health mini-screening or refer directly to an LMHA/provider for full assessment, & follow through to confirm access, including transportation as needed. For suicide prevention, the CoC relies on the 988 Lifeline & the statewide Mobile Crisis Team network operated through the LMHAs, with warm transfer from 988 & 211. This DMHAS/LMHA-anchored network gives participants access to outpatient treatment, medication management, psychosocial support, & crisis intervention regardless of entry point, with monitoring ensuring consistent implementation.

1C-1b. Treatment and Recovery Services—Peer Support and Recovery Navigation.

Describe how your CoC partners with, or has projects that provide access to, peer recovery specialists or other forms of peer support and recovery navigation.

(limit 2,500 characters)

Several CoC-funded agencies employ peer recovery specialists who work alongside case managers to support program participants (e.g., Apex Community Care, BH Care, Inc., CHD, CHR Health, Chrysalis Center, Columbus House, Inc., Community Mental Health Affiliates, Community Renewal Team, Hartford Healthcare, Mercy Housing, My Sister's Place, & United Services). Peer recovery specialists provide advocacy & referral to community-based resources while accompanying participants to appointments. Drawing on lived experience, they help motivate participants toward change, build recovery skills, navigate behavioral health & community systems, & strengthen self-advocacy. Through ongoing mentorship & encouragement, peer recovery specialists help participants build confidence, develop self-sufficiency, & engage successfully with the community supports needed to improve overall well-being & quality of life, while increasing participants' integration into their communities as they work toward their recovery goals.

These services are available to the full range of CoC-funded program participants, from Street Outreach & the Coordinated Access Networks (CANs), the CoC's coordinated entry system, through Transitional Housing, Rapid Re-Housing, & Permanent Supportive Housing programs. United Services extends access further by offering Peer Recovery walk-in hours & peer-led groups within walking distance of its CoC-funded program, making support available outside of scheduled appointments.

DMHAS also offers access to structured evidence-based/evidence-informed recovery practices, including Wellness Self-Management/Illness Management & Recovery, Wellness Recovery Action Planning (WRAP), & IPS Supported Employment, as well as peer-led Learning & Wellness Centers.

CT BOS partners with the CoC's Collaborative Applicant, CT DMHAS, to provide peer recovery specialist services statewide (e.g., through announcements at CoC meetings & via the CoC listserv about service changes, availability, and referral mechanisms), & CoC-funded housing & service programs coordinate with these DMHAS resources so participants can access peer support alongside housing, behavioral health, employment & other recovery services. Programs also refer participants to external peer recovery resources, including the Waterbury Public Health Department, NLC Care Navigators, & CT Community for Addiction Recovery (CCAR), with Columbus House maintaining a formal MOU for these services.

1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability.

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment.

(limit 2,500 characters)

The CoC identifies individuals with Serious Mental Illness (SMI) via street outreach, Coordinated Access Networks (CANs), CoC intake/assessment, & referrals from partner agencies, shelters, hospitals, & law enforcement; HMIS flags known SMI history so identification isn't dependent on one point of contact. Outreach & housing providers hire clinical staff, refer to clinical partners, & use validated screening instruments to identify SMI signs & prompt further clinical assessment.

Once identified, the CoC connects individuals to Assertive Community Treatment (ACT) & comparable intensive-care-coordination models across the geographic area. CMHC, the Local Mental Health Authority (LMHA) for New Haven, operates an ACT team & a Street Psychiatry team embedded in the outreach system there; CoC providers are formal members of CMHC's network & route participants directly to ACT. In the Central & Northwest CAN regions, Community Mental Health Affiliates (CMHA) operates a long-standing ACT program (outreach, psychiatric care, case management, crisis intervention) alongside & accessible to area homeless providers. CoC participants also access: CHR's two ACT teams (Enfield & Manchester/Vernon); River Valley Services' ACT team (Middletown area); BHcare's comparable outreach/care-coordination model, partnering with Bridges & CMHC for 24/7 regional coverage; United Services' COAST program (east); & CRMHC's ACT-model services (Hartford region).

The network is reinforced by formal coordination: MOUs enable clinicians to deliver services on-site & during non-traditional hours; multi-agency teams hold recurring case conferences, including monthly coordination with CRMHC's forensic division; & agencies without in-house/co-located ACT teams (Access Community Action Agency, New Opportunities, Mental Health Connecticut) maintain active referral partnerships with regional behavioral health providers. Responsibility for connecting people to ACT & similar intensive services is shared across LMHAs, homeless service providers, & behavioral health partners. This "no wrong door" approach enables people with SMI to be identified & connected from multiple entry points to intensive care coordination, assertive outreach, & comprehensive treatment throughout the CoC.

1C-1d. Treatment and Recovery Services—Coordination with Providers in Connection with Drug or Other Specialty Courts.

Identify at least one partnership the CoC has with a provider or entity providing services in connection with Drug Courts and other specialty courts serving individuals with mental and substance use disorders, Assisted Outpatient Treatment (AOT) programs, and inpatient civil commitment.

(limit 500 characters)

CT BOS partners with DMHAS (collaborative applicant) & CT Judicial Branch Court Support Services Division to coordinate services for people with mental health/SUD involved with specialty courts & civil commitment. CoC-funded CHR operates Jail Diversion at Manchester, Rockville, & Hartford Superior Courts & Hartford Community Court, plus diversion assessments, competency restoration, Psychiatric Security Review Board (PSRB), & liaison services, linking participants to treatment, housing/supports.

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

(limit 2,500 characters)

CT BOS coordinates directly with DMHAS & the CT Judicial Branch Court Support Services Division (CSSD). DMHAS is the CoC's Collaborative Applicant & state behavioral health authority; both DMHAS & CSSD serve on the CoC Board, providing an ongoing structure for coordination between the CoC's housing system & CT's court-involved behavioral health system.

Through Community Forensic Services/Jail Diversion & its statewide behavioral health network, DMHAS & contracted providers work with judges, prosecutors, public defenders, bail commissioners, probation, CSSD, & treatment providers to assess behavioral health needs, facilitate alternatives to incarceration/hospitalization, & connect individuals to treatment & community supports. Services include court-ordered/connected outpatient treatment, inpatient psychiatric & SUD treatment, case management, residential services, recovery supports, & vocational services. CoC-funded CHR operates Jail Diversion at Manchester, Rockville, & Hartford Superior Courts & Hartford Community Court, providing diversion assessments & Psychiatric Security Review Board services.

Jail Diversion providers monitor treatment participation, coordinate with CoC-funded projects, & report compliance to the court; treatment plans may be court-approved. CT BOS leverages court orders & judicial supervision to reinforce engagement with treatment/recovery services & support housing stability. When services are part of court-approved plans, DMHAS, CSSD, & community providers coordinate those requirements with housing stabilization plans, monitor engagement, address barriers to compliance, & use the court-connected structure to sustain treatment & community-based care.

DMHAS, with the CT Dept. of Housing (DOH), oversees state-funded housing & homeless services. DMHAS, DOH, CSSD, & contracted providers connect people experiencing homelessness involved in court-connected behavioral health systems to CANs for assessment & connection to CoC-funded PSH, RRH, TH, supportive services, & other housing resources. CoC-funded projects provide housing assistance & services that complement & coordinate with court-connected treatment, recovery supports, & discharge/reentry planning.

This partnership aligns judicial involvement, treatment, recovery, & CoC-funded housing to support housing stability & movement toward independence, with DMHAS, DOH, CANs, & CoC providers jointly addressing housing, treatment, employment, & other barriers to long-term stability.

1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services.

(limit 500 characters)

The CoC partners with the statewide Mobile Crisis Team (MCT) network, operated through CT Department of Mental Health & Addiction Services' (collaborative applicant) Local Mental Health Authorities, to respond to participants in acute mental health/substance use crisis. Street outreach & housing providers refer directly to MCT & receive warm transfers from 988 & 211. MCT provides rapid assessment, safety planning, & referral, & coordinate to help continuity once the crisis is stabilized.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	
	Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	105
1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?		Yes

1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

DMHAS, the CoC's Collaborative Applicant, is the direct recipient of both CoC Street Outreach and SAMHSA PATH funding. At BHcare, CHD, Columbus House, and Reliance Health, separately funded PATH and CoC/state Street Outreach positions work together as one integrated outreach team under subcontracts formalizing this structure, connecting people experiencing homelessness, including those with SMI, to behavioral health treatment throughout the CoC's geographic area.

1C-1i. Treatment and Recovery Services—Sober Housing Availability.

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

(limit 500 characters)

A DMHAS (applicant)-funded project, with subrecipient The Connection, Inc., will provide CoC-funded TH sober housing in a congregate setting in their proposed transition project. The Connection has previously operated sober housing & is familiar with the model & requirements (24 CFR 578.93(b)(5)). As a DMHAS project, participants have access to DMHAS's full statewide array of mental health, substance use treatment, and recovery support services alongside their sober housing.

1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

(limit 2,500 characters)

Warm hand-offs transfer engagement from the referring worker to the housing worker, creating a stable foundation for housing stability: information is transferred, potential housing issues are identified, & a support plan is developed to prevent housing loss based on the person's history of instability. CT BOS coordinates across the 1C-1a - i treatment/recovery programs to identify housing instability, prevent homelessness, & facilitate these hand-offs. LMHAs, behavioral-health providers, & CoC projects identify housing needs & connect people to CT's 211/CAN/HUB system, using housing problem-solving/diversion to preserve housing or secure alternatives & prevent shelter entry; when homelessness can't be prevented, CANs coordinate assessment/referral to housing interventions & case manager ensures the hand-off.

Outpatient MH/SUD providers, peers/recovery navigators, & ACT/Street Psychiatry teams (1C-1a-c) identify housing instability during treatment/outreach, address barriers, connect people to CAN/HUB resources, & stay engaged through the connection; intensive teams use assertive engagement for people with SMI who struggle to navigate housing systems. Specialty-court/civil-commitment partners (1C-1d) coordinate treatment, housing, & discharge/transition planning for court-involved individuals, leveraging court requirements to support engagement & stability. Crisis partners: 988, mobile crisis, & crisis stabilization (1C-1e) - identify instability during crises & connect people to CAN/HUB resources.

CoC projects also integrate housing needs into treatment/transition planning at every level: 105 units in proposed new projects will require SUD-treatment engagement as a condition of continued participation (1C-1f); 24/7 detox/residential/inpatient resources (1C-1g) & formal PATH/behavioral-health partnerships (1C-1h) connect people to CAN/housing resources; & The Connection will provide CoC-funded sober housing in its Pendleton TH project (1C-1i), coordinating recovery supports with stable housing transitions. CoC operating standards require warm hand-offs across 1C-1a-i, emphasizing active connection over referral alone: provider-to-provider coordination, addressing barriers, appointment help, information transfer with consent, & follow-up to confirm connection. Staff receive CoC LMS training on effective hand-offs; the CoC's Monitoring Guide evaluates their use, including accompanying participants to the first meeting, verifying implementation CoC-wide.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$79,414,627
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$26,358,462
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	33%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	\$11,364,139
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	48%

1C-3.	Participation Requirements for Supportive Services.	
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.	
	What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	100.00%

1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

CT BOS consults with all four ESG Program recipients whose geography overlaps the CoC - the CT Department of Housing (DOH), the state ESG recipient, and the cities of Hartford, New Haven, and Waterbury - in the planning and allocation of ESG funds and will continue this practice going forward.

DOH presents its statewide Action Plan directly to the CT BOS Steering Committee (SC); in April 2026, DOH presented its plan at an SC meeting, and CT BOS announced DOH's public comment period (open through 5/15) to stakeholders, soliciting input on policies, priorities, and planned use of funds via discussion during the meeting, and a provided email address.

Hartford and Waterbury each present their individual Consolidated Plans to the CT BOS SC, with time at each meeting for questions and for CT BOS stakeholders to provide input on that jurisdiction's policies, priorities and planned use of funds. Hartford presented its five-year Consolidated Plan to the SC, reporting provider applications for basic needs (e.g., food for seniors) and services helping special populations toward independence through employment and housing, and invited comment during the meeting, at future meetings, or by email. Waterbury presented its draft five-year Consolidated Plan, which included funding for Rapid Rehousing, Emergency Shelter, and homeless outreach programs, and opened a public comment period through via a provided email address.

CT BOS distributed New Haven, Hartford and Waterbury's draft annual action plan to the CoC's full listserv with a request for review and feedback. This consultation happens on a recurring basis: CT BOS emailed its listserv that the New Haven, Hartford, Waterbury, and state Action Plans had all been released for public comment, with links to each plan and a means to submit feedback to each recipient, a practice CT BOS intends to continue in future planning cycles. CT BOS will also strongly encourage each ESG recipient to present the plans for live feedback at a SC meeting.

All ESG-funded shelter, Street Outreach, and Rapid Rehousing programs are integrated into the CoC's HMIS system and participate in the CAN and By-Name List processes, supporting coordinated evaluation and reporting of ESG Program recipient and subrecipient performance alongside the CoC's own performance data.

1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

Connecticut's homelessness response system uses 211, the CT Housing Crisis Line, as the primary front door for households experiencing a housing crisis.

211 conducts an initial intake, attempts diversion using mainstream resources (utility assistance, childcare, food banks, SSVF, and similar supports) where a housing crisis can be resolved without shelter, and completes a basic screen, and, where needs cannot be met through diversion, schedules a Coordinated Access Network (CAN), the CoC's coordinated entry system, appointment. The CAN serves as the CoC's central intake point, assessing each household and prioritizing them for resources based on need, ensuring people are connected to the right resources in the right region as efficiently as possible.

CANs and other CoC/YHDP-funded SSO project staff connect households to emergency shelter as needed, following local prioritization. Once enrolled in shelter, households are automatically placed on the CAN's By-Name List (BNL) through their HMIS shelter enrollment. This way, shelter entry is directly linked to the CoC's coordinated entry system. Each CAN holds weekly or biweekly Housing Solutions meetings to review housing vacancies, resolve barriers, case conference on individual households, and refer households to housing opportunities based on local prioritization, eligibility factors & available openings. When a CoC- or YHDP-funded opening becomes available, the provider notifies the CAN, and the next prioritized household on the BNL is referred during the Housing Solutions meeting; shelter & TH/RRH/PSH providers then work together to verify eligibility, review the opportunity, and support the household's transition into the new program.

This coordination reflects a trauma-informed, client-centered, housing-focused approach: every interaction, assessment, & intervention supports the ultimate goal of helping households gain and maintain permanent housing. While in shelter, housing-focused services identify each household's specific barriers to housing and provide active assistance in resolving them and connecting to housing opportunities. Shelter is treated as a service providing immediate safety and stability while a permanent solution is identified, not as an end goal in itself. Throughout this process, shelter providers, CANs, and CoC-funded housing programs share information and coordinate directly with one another, providing households a connected pathway from housing crisis to housing stability.

1C-5. Data Sharing to Inform the Homelessness Response System.

Describe how your CoC has or will share PIT, HIC, HMIS, and System Performance data with state and local government as permitted by law in order to inform the homelessness response system.

(limit 2,500 characters)

All data sharing described below occurs under the CT HMIS Policies and Procedures Manual (v8.1, revised August 2026, approved by the Housing & Homelessness Data Strategy Board, the joint governance body for CT BOS and Opening Doors Fairfield County). The Release of Data Policy (Policy 405) governs what may be disclosed: aggregate data with no personally identifiable information (PII) may be released to any requestor, while release of data containing PII requires a Data Sharing Agreement approved by the Data Strategy Board. The Confidentiality, Informed Consent, and System-Wide Release of Information Policy (Policy 207) further requires client consent before any of their data is shared.

CT BOS shares aggregate HIC and PIT data at CT BOS Steering Committee (SC) meetings, and the final PIT report is posted to the CT HMIS website. System Performance Measures (SPMs) are shared with the SC at least twice annually. All HIC, PIT, and SPM data presented at SC meetings is also posted to the CT BOS website, and aggregated HIC/PIT data is shared with Consolidated Plan jurisdictions and any other region, municipality, or entity that requests it, consistent with Policy 405's provisions for aggregate, PII-free data. CT BOS also shares data through targeted partnerships to inform the broader response system. Data is shared with the CT Department of Correction (DOC) to coordinate with the homeless service system for people reentering the community, supporting a sustainable housing plan outside the homeless services system. Data is also shared with the DDAP system at CT Department of Mental Health and Addiction Services (DMHAS) to align and complement services for shared clients; CT HMIS's own data standards reference DMHAS's DDaP file format, supporting this alignment. Any of these exchanges involving PII are governed by a Data Sharing Agreement approved by the Data Strategy Board, per Policy 405.

CT BOS has shared PIT, HIC, HMIS, and SPM data in the ways described above, as permitted by law and CT HMIS governing policy, and will continue to do so going forward.

1C-5a. Using Other Data Sources Alongside HMIS to Improve Care.

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

(limit 2,500 characters)

CT BOS uses several data sources alongside HMIS, consistent with the CT HMIS Policies & Procedures Manual's confidentiality & data release requirements (Policies 207 & 405), to improve care at the individual, program, & system level.

Many CoC-funded providers maintain their own electronic health records or case management systems tracking assessments, case notes, service plans, & clinical records where relevant. Used alongside HMIS, this creates a fuller, person-centered picture supporting more informed case management & service planning.

Data shared with DMHAS's DDaP system aligns behavioral health treatment with housing services & informs DMHAS' statewide resource priorities for mental health & addiction services.

For Veteran data, an automated alert connects households indicating veteran status directly to SSVF teams, enabling faster outreach & connection to prevention or rapid re-housing resources before a shelter stay becomes necessary. CT HMIS also shares veteran data with the VA, supporting coordinated case management & reducing duplicated services between VA & CoC providers.

The Data Integration Grant (DIG) supports a two-way data sync aligning Ryan White & HOPWA care teams around shared clients, helping ensure services are timely, comprehensive, non-duplicative, & delivered by the right provider at the right time. CT BOS has also shared aggregate HMIS data through the state's P20WIN longitudinal data system for cross-agency analysis, & partners with CT DOC to coordinate reentry planning so people leaving incarceration have housing supports in place rather than exiting directly to the street. Statewide, some non-HMIS providers (e.g., faith-based emergency cold-weather shelters) use the Engage app to collaborate with CoC providers on services & housing-focused case management; some CANs also use local collaborative platforms to coordinate directly with community partners - in at least one region, such a platform helped local police connect people on the street to services before a law-enforcement response.

Together, these data sources enable the CoC & its partners to make more informed decisions at every level, from an individual's care plan to system-wide resource allocation.

1C-6. Employment and Workforce Development Partnership.

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency.

(limit 2,500 characters)

CT BOS maintains workforce & education partnerships across the CoC. Examples: In Hartford, Chrysalis Center &/or CRT partner with Capital Workforce Partners, American Job Centers, Home Builders Association, New England Council of Carpenters, Triumph Manufacturing & employment firms; in Eastern Connecticut, United Services partners with Eastern CT Workforce Investment Board, American Job Center-East & CT Bureau of Rehabilitation Services; in Western Connecticut, Apex partners with EDAdvance, UConn & Post University for certificate and workforce training & career pathways.

1C-7. Street Outreach—Cooperation with First Responders and Law Enforcement.

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

Response: CT BOS street outreach (SO) projects treat police and first responders as partners. The Statewide Street Outreach Standards name police departments as outreach partners and require each Coordinated Access Network (CAN) outreach plan to include police homeless initiatives. In a July 2026 CT BOS provider survey, all 13 responding teams coordinate regularly with police or first responders (92% at least monthly, 62% daily or weekly) and 100% coordinate with 988/Mobile Crisis.

Co-response: In New Haven, Elm City COMPASS clinicians and peers accompany police on behavioral health calls. In the Eastern CAN, teams respond as 2 outreach staff and 1 officer. New Britain police work with outreach workers through a Community Mental Health Affiliates partnership, and Bristol's Community Wellness Officers are in constant contact with SO. Connecticut CLEAR pairs Torrington, Winsted, and Watertown officers with outreach specialists to deflect people from arrest to treatment.

Positive interactions that drive engagement: Police refer people to outreach and give advance notice of encampment clearances so outreach can "go in first"; 100% of providers engage residents before clearance, enrolling them in the CAN and offering shelter. Officers join Greater New Haven's weekly encampment meetings and other CAN meetings. Outreach stays on scene when police respond, adding context and a service offer so contact ends in engagement, not arrest.

Positive exits: In HUD System Performance Measure 7a.1, 36% of people exiting SO (813 of 2,262) had successful exits: 528 to permanent housing and 285 to temporary or institutional destinations. Police cooperation drives this: referrals, advance notice, and co-response give SO time to enroll people in the CAN and move them indoors rather than lose contact when a site is cleared or a person is arrested.

Training: DMHAS will train SO staff in October 2026 on working with law enforcement, including at encampments: calling Mobile Crisis first for behavioral health crises, requesting Crisis Intervention Team (CIT)-trained officers by name, staying on scene to de-escalate, sharing client context with consent, and building relationships with officers before a crisis.

Together, CT BOS outreach teams and police turn enforcement contacts into service connections: officers gain a reliable partner, and more people move from the street into shelter, treatment, or permanent housing.

1C-8. Family or Support Network Reunification.

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program-funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area).

(limit 2,500 characters)

CT BOS's statewide diversion system makes family & support-network reunification the first option for anyone seeking homeless assistance. 211 & local CAN Hubs serve as the front door for a housing crisis; diversion, the first intervention offered to everyone, includes conflict resolution & mediation to explore returning to or staying with family or friends before shelter is considered. Statewide diversion training teaches CAN & provider staff to help households strengthen natural supports as part of a housing-focused, trauma-informed conversation. At shelter entry, CAN diversion navigators (e.g., at Columbus House) ask directly about reunifying with family or friends. Case managers assess natural supports (family, community, worship, & peer connections) at intake & reassess regularly (at least every 6 months in PSH; 90 days in RRH), incorporating reunification goals into service plans.

Where appropriate, providers assist via mediation, family counseling, & direct financial support. CRT's Center for Healthy Families, a licensed behavioral health clinic, provides family counseling, alongside a DSS-funded Fatherhood Initiative helping fathers rebuild parenting relationships & address child support barriers. Mercy Housing & My Sisters' Place use 1-time financial assistance to repair difficult family situations, including relocating individuals to reunite with family, & have moved participants into larger units to accommodate a reunifying family's growth.

For families involved with the child welfare system, providers coordinate with the CT Dept. of Children & Families (DCF) to reunite children in out-of-home care with their families. Access Community Action Agency's Supportive Housing for Families (SHF) program, run with The Connection, Inc. & DCF, provides intensive home-based case management & housing subsidies for family preservation & reunification. YWCA Hartford Region, United Services, CHR, Apex Community Care, & others partner with DCF on case planning, mediation, & communication support to help families reunify safely.

Reunification support extends to youth & young adults: CMHA's Youth Outpatient & Young Adult Programs provide counseling, case management, & family-centered services to improve communication & stability, while Women & Families Center refers young adults to reunification support. Shelter/outreach case managers CoC-wide work to reconnect individuals with their chosen natural support networks, whether or not that network includes family.

1C-9	Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.		
	Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	Yes	

1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

You must upload the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals.

(limit 2,500 characters)

CT BOS cooperates with/& does not interfere with or impede local efforts to advance each objective. The CoC has adopted no policy or practice that opposes, delays, or obstructs lawful municipal enforcement; its teams meet enforcement actions with engagement & service connection, giving officers a reliable destination for people they encounter.

A July 2026 CT BOS provider survey across all six Coordinated Access Networks (CANs) documents this; the attachment has full findings. All responding providers (13 of 13) coordinate regularly with local police or first responders: 92% monthly or more, 62% daily or weekly.

Clearing Tents & Encampments: 100% (13 of 13) provide pre-clearance engagement- coordinated entry enrollment, shelter or housing connection - before clearances, & 100% receive advance notice. Outreach teams meet police on site; in New Haven, officers attend weekly encampment meetings. Public use of illicit drugs: providers co-respond with 988/Mobile Crisis & Crisis Intervention Team (CIT)-trained officers, & support the police protective-custody pathway under C.G.S. §17a-683, which routes acutely intoxicated individuals to treatment. Of respondents, 86% conduct post-overdose follow-up & 64% support that pathway.

Using standards to assess danger to self or others: 100% report outreach staff trained (79% report all staff trained) on when to call 911, initiate protective custody, or request an emergency evaluation under C.G.S. §17a-503. All coordinate with 988/Mobile Crisis & 29% with CIT-trained officers. The CoC conducted Safety in Outreach training & maintains a feedback channel via CoC & other-funded SO teams to the crisis system.

Sharing information (SORNA): CoC shelters conduct registry checks at intake as state law requires; 71% of responding providers help registrants keep last-known-location data current with CT Dept. of Emergency Serv. & Public Protection & local police as they enter shelter or housing, improving location accuracy for first responders.

This cooperation is directed by policy. The Statewide Street Outreach Standards (DMHAS, 2025), which govern CT BOS-funded outreach, name police departments among the partners with whom projects "work to identify & engage people living unsheltered," & require each CAN's outreach plan to encompass "police homeless initiatives." CoC programs & law enforcement realize a mutual benefit: clients reach care rather than repeat enforcement contact, & communities are safer for it.

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

These laws help the CoC quickly clear tents/encampments on public property & connect people to services: C.G.S. §7-148 authorizes park-hours & trespass ordinances; most CT BOS towns enforce via park-closure hours & simple trespass (§53a-110a). New Haven's Code Ch. 19 bars camping, overnight stays, & temporary structures in city parks; CT DOT reg. §13b-29-4 bars camping at commuter lots. P.A. 26-63 (H.B. 5464) §26 now requires CT DOT to give 14 days' notice before encampment clearing on state land, giving the CoC time to connect people to shelters, CANs, & housing options. §27 directs DOT & DMHAS to recommend statewide encampment best practices by January 2027. Helpful policies: the Statewide Street Outreach (SO) Standards (DMHAS, 2025) direct projects to join "any coordinated community efforts to assist people living in encampments." Some regions run a written encampment protocol adopted across municipalities.

Plan: CT BOS will keep deploying SO Teams for pre-clearance engagement, CAN enrollment, & housing connection at every noticed clearance, tracking residents on HMIS by-name lists so each closure ends in a service offer. CANs will adopt a shared encampment definition CoC-wide for policy & data consistency, & the CoC will extend "housed before closed" agreements to more towns & bring clearance data to the DOT-DMHAS study so 2027 standards reflect field practice. Since shelter supply is the binding constraint - enforcement without a bed produces displacement, not resolution - the CoC will prioritize residents in CANs at notice & expand low-barrier capacity, & keep building SO team/police/municipal partnerships so clearances end in housing.

Quantitative: in a July 2026 CT BOS provider survey (14 responses, 6 CANs), 100% (13 of 13) provide pre-clearance engagement, 62% always, & 100% get advance notice, 69% always or usually. CT BOS SO projects resolved 25 encampments last quarter.

Qualitative: After receiving an encampment complaint, one city gave outreach teams two weeks' notice before clearing it - time used to engage occupants & connect them to services. This mirrors P.A. 26-63 §26's now-statewide notice requirement on DOT property. A Central CAN provider describes police who "agree not to close the location until we have housed people in the encampment first."

1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

Describe the current status of tents and encampments in the CoC's geographic area.

(limit 2,500 characters)

Encampments remain present throughout the CT BOS geography, though the picture has shifted meaningfully over the past year. In a July 2026 CT BOS provider survey (14 responses across 6 CANs), 100% of respondents (13/13) reported active tents or encampments on public property in their coverage area, & CT BOS street outreach (SO) projects reported 25 encampment closures in their most recent quarterly reporting. Documented sites include Middletown, Meriden train station, Westbrook, Torrington, Greater New Haven, and several New London locations, including a cliffside site, a bridge/marina site, school property, & a flood-control area. Encampments here are generally small & dispersed: most closures involved 1-5 people, and the largest reported held 10. Among projects identifying a primary reason for closing their largest encampment, 3 cited health & safety of residents, 2 cited community concern, & 1 cited political pressure.

Conditions on the ground show both the hazards outreach teams navigate & the coordination now built into most closures. In New London, DEEP closed an encampment in a flood-control area; SO coordinated with DEEP & the city, informed the 3 residents when trailers would be removed, & helped them relocate. At a second New London site, the city gave outreach 2 weeks' notice after a resident complaint, allowing engagement of the original 5 occupants before cleanup, though 5 more moved in before site clearing - a reminder of how quickly a vacated site can be reoccupied absent a permanent housing resource. Debris was removed & the location is now fenced. At a third site, police called SO after a tent appeared on school property & the couple had under 24 hours to move.

CT BOS's January 2026 PIT count recorded 379 unsheltered people, a 46% decrease from 699 in 2025. This decline coincides with the expansion of dedicated SO capacity CoC-wide, including projects funded through HUD's Special NOFO for unsheltered & rural homelessness, which has supported the pre-clearance engagement, coordinated entry enrollment, & by-name tracking now built into most closures. That expanded capacity, paired with practices like advance-notice agreements & "housed before closed" coordination with police, has made headway in reducing encampments CoC-wide.

That progress is real but not complete: shelter demand still exceeds bed supply in much of the CoC, so some sites re-form after closure when there's nowhere else to go - reflecting the housing & shelter gap.

1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

These laws & policies help the CoC decrease public illicit drug use & connect people using drugs in public to services &/or law enforcement: New Haven's Code Ch.19 bars controlled substances/alcohol in city parks & being under the influence there. C.G.S. §§21a-279 & 21a-267 criminalize drug possession & paraphernalia, giving police legal basis to intervene on public drug use & a contact point deflection & diversion redirect toward treatment. §17a-683 lets police take acutely intoxicated individuals into protective custody & deliver them to treatment rather than jail. §54-56i lets a person charged under these statutes complete pretrial drug education/treatment in lieu of prosecution, with completion resulting in dismissal - independent of a court docket. CT CLEAR, DMHAS's deflection initiative, partners police with behavioral health providers by MOU: officers complete a POST-accredited Deflection Academy, & a trained officer with a CLEAR specialist co-respond within 24-36 hrs in Torrington, Winsted, & Watertown.

CT BOS will leverage these policies: providers continue co-responding with 988/Mobile Crisis & CIT officers, doing post-overdose follow-up, & supporting §17a-683 custody, coordinating with police & following up so those delivered to treatment stay connected. Only 23% of providers coordinate with CLEAR; CT BOS will use CAN meetings & its DMHAS relationship to connect departments & providers to Deflection Academy/§17a-683 training, growing this share beyond 64%. Drug possession has been a misdemeanor since 2015, & drug court dockets closed in 2024; CT BOS relies instead on pre-arrest deflection & §54-56i, which depend on neither charge classification nor a court docket - a durable route to treatment.

Quantitative data: in a July 2026 CT BOS provider survey (14 responses, 6 CANs), 86% conduct post-overdose follow-up (64% routinely), 64% can support the §17a-683 pathway, 100% coordinate with 988/Mobile Crisis, 29% with CIT officers. Half of outreach projects (4/8) deliver substance use services on location; CLEAR recorded 543 referrals & 4,074 completed interactions statewide.

Qualitative data: outreach reports participants with significant substance use matched to HERO vouchers, several entering treatment. A New Haven provider cites CMHC's Law & Psychiatry Unit, Jail Diversion Coordinator, REST respite, & COMPASS, which rides with police on crisis calls. A Watertown chief: officers "feel good about trying to help people rather than arresting them."

1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

Describe the current status of overdoses and illicit drug use in public spaces in the CoC's geographic area.

(limit 2,500 characters)

Overdose & illicit drug use are present throughout CT BOS's communities. This response distinguishes data tied to public locations from broader overdose data that doesn't specify where an incident occurred.

2025 CT Office of the Chief Medical Examiner (OCME) data identifies 711 accidental drug-intoxication deaths in CT BOS communities, across urban, suburban, & rural areas. Of these, 461 (65%) occurred at home & 207 (29%) at an "Other Specified Place"; at least 5 occurred on a street/highway or in a public recreation area - the only confirmed public-space fatalities in this data set.

Recent CT Dept. of Public Health (DPH) emergency department surveillance documents nonfatal overdose activity. To develop a CT BOS-specific measure while avoiding double counting from ZIP codes crossing jurisdictional boundaries, CT BOS aggregated 2025 data from the 6 DPH planning regions located entirely within the CoC, recording 7,204 suspected drug-overdose ED visits; this source doesn't indicate where use occurred.

Law-enforcement data speak more directly to public-space activity. CT DESPP National Incident-Based Reporting System data classify drug offenses by activity & location. In 2024, 10.3% of Drug Equipment Violation activity was classified "Using/Consuming"; of that, 44.1% occurred on highways/roads/sidewalks & 9.8% in parking areas/garages. Drug/Narcotic Violation data identified 7.3% of activity as Using/Consuming in 2022, with 45.1% occurring on highways, roads, alleys, streets, or sidewalks & 8.0% in parking areas/garages. Drug/Narcotic Violations rose 11.8% & Drug Equipment Violations rose 28.8% in H1 2025 vs. the same period in 2024.

Together, these OCME, DPH, & law-enforcement sources give CT BOS a baseline understanding of overdose & drug use patterns, informing how the CoC targets outreach & develops overdose/public-safety strategies: collaboration with street medicine teams, Recovery Coaches, outpatient behavioral health clinics, & Medications for Addiction Treatment (MAT) providers, including mobile MAT vans funded through DMHAS, the CoC's collaborative applicant. Vans are staffed by a medical professional & a peer recovery support counselor, providing Suboxone prescriptions, peer counseling, naloxone, treatment referrals, & pharmacy transportation as needed. CoC-funded Street Outreach teams also facilitate connections to treatment beds for withdrawal management, residential treatment, & recovery houses, & walk-in services.

1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

These laws & policies help the CoC use standards addressing homeless individuals who are a danger to themselves or others: C.G.S. §17a-503 lets police or a licensed clinician, including trained Mobile Crisis staff, take a person dangerous to self/others or gravely disabled into custody for emergency exam. §17a-502 permits a 15-day hold on a physician's emergency certificate; §§17a-497/498 & §17a-685 provide probate commitment, including for inpatient substance use treatment. The Statewide Street Outreach Standards (DMHAS, 2025) direct field staff to plan interventions around how long police, an ambulance, or a crisis team will take to arrive. CT BOS completed Safety in Outreach training & maintains a DMHAS feedback channel to the crisis system. In New Haven, COMPASS clinicians ride with police on behavioral health calls & REST offers medically supervised respite instead of custody.

CT BOS will leverage these policies: outreach teams will keep activating §17a-503 through 988/Mobile Crisis & police when dangerousness is present, & keep using the DMHAS channel to report crisis-response gaps. Only 79% report all staff trained & 29% coordinate with CIT officers; CT BOS will repeat Safety in Outreach training CoC-wide & use CAN meetings to build CIT contacts regionwide. Since CT has no assisted outpatient treatment statute - & so no court-ordered community treatment for people who stabilize then disengage - the CoC compensates with ACT teams, peer engagement, conservatorship, & the §17a-503/§17a-502 pathway when danger recurs. Constrained crisis-bed capacity is met by coordinating hospital discharge to shelter/housing & expanding crisis respite. CT BOS will keep strengthening this shared outreach-clinician-officer response.

Quantitative: in a July 2026 CT BOS provider survey (14 responses, 6 CANs), 100% report staff trained on when to call 911, initiate protective custody, or request an emergency evaluation; 100% coordinate with 988/Mobile Crisis, 29% with CIT officers. 3 of 8 CT BOS outreach projects deliver behavioral health services on location.

Qualitative: a New London provider reports a close relationship with Mobile Crisis, "sometimes go[ing] on calls together." For a client in unsafe conditions who refused mental health care, staff convened DMHAS's Acquired Brain Injury program, Elderly Protective Services, & Yale Hospital to set the right level of care; he then agreed to assisted living.

1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

These laws & policies help the CoC comprehensively share information, including location, in accordance with SORNA: Connecticut's registry is codified at C.G.S. Ch. 969 (§§54-250-54-261) & administered by DESPP. Registration is required of transient & homeless registrants, who must describe where they habitually live; DESPP transmits registry data to national systems. By policy, CT ties shelters to the registry: under P.A. 09-7 (Sept. Sp. Sess., §118) & Regs. Conn. State Agencies §17b-800-4, a shelter serving homeless families may not admit a registrant, & a state-funded shelter housing one must verify that person's residence on law enforcement request, under written policies governing release to officers. CT BOS shelters implement this through registry checks at intake, enforcing the family-shelter bar & keeping location data flowing to police. HMIS & coordinated entry don't exclude registrants, so they stay visible.

CT BOS will leverage these policies: providers will keep verifying registry status at intake, prompting registrants to update registration, & coordinating with DESPP & local police as they enter shelter or housing; CT BOS will adopt a written registry-coordination protocol CoC-wide & train intake staff through CAN meetings. While CT isn't certified as substantially implementing federal SORNA, the information-sharing objective is still met: DESPP transmits data to national systems regardless of certification, & the transient-registrant provisions capture location data for homeless registrants. HMIS & VAWA confidentiality limit disclosure; registrants' statutory duty to report to DESPP operates independently of HMIS, & providers use releases of information to share what the law permits. Accurate location data serves registrants & law enforcement alike, & CT BOS will keep strengthening that coordination.

Quantitative: in a July 2026 CT BOS provider survey (14 responses, 6 CANs), 71% (10 of 14) help clients on the registry keep their last-known location current with DESPP & local police as they enter shelter or housing.

Qualitative: a Greater Hartford provider describes the practice as active. The team "encourages the individual and provid[es] assistance to them when needed in updating their location."

1C-11. Outreach Strategy.

Describe your CoC's strategy to outreach to all individuals and families experiencing homelessness across your geographic area.

(limit 2,500 characters)

CT BOS's street outreach (SO) strategy ensures that all people experiencing unsheltered homelessness across the CoC's geography are identified and engaged, including those who are not already engaged. Statewide SO Standards, adopted by all funders in 2024 and updated in 2025, require each CAN to maintain a single outreach plan covering its entire geography, using multiple, complementary locating methods - canvassing, PIT Count data, 211/CAN referrals, and partner/public tips - since relying on only one or two methods reduces the likelihood that all unsheltered people will be found. Plans must ensure high-priority areas are canvassed regularly with no gaps or duplication, are reviewed monthly by outreach teams and CANs, and are approved by funders twice a year.

This approach also targets populations that are harder to locate, including families with children, youth, elderly and medically fragile individuals, and people in remote areas; teams follow up on vulnerable people identified during the annual PIT Count to ensure they are engaged. For people who are reluctant to engage, teams use assertive, trauma-informed strategies, canvass consistently, and build relationships with multi-disciplinary community partners (police, libraries, soup kitchens, shelters, hospitals, and faith-based organizations, public works and transit workers) who help locate and introduce outreach staff to people who may otherwise remain hidden.

Once identified, teams assess each person, enroll them on the CAN's By-Name List, and remain engaged using Motivational Interviewing and individualized housing plans until permanent housing is obtained, with warm hand-offs supporting each transition. All statewide SO teams, including VA Outreach and specialized youth and HIV teams, meet quarterly to coordinate, and projects are monitored annually against the Standards.

Now in its third year of SNOFO-funded expansion, CT BOS's SO capacity is substantially built out and well-equipped to execute these standards. Teams have access to shared tools including a Coverage Map for visualizing service-area coverage and gaps, an Encampment Resolution Guide and Prioritization Tool, Safety Planning resources, MH/SUD treatment resource guides, and a Trauma-Informed Care guide, alongside a Best Practices in Street Outreach training series covering engagement, case management, partner coordination, and support through move-in.

1C-12.	Collaboration Related to Children and Youth—Written Agreements with Early Childhood Services Providers.	
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Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	Yes
3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes
5.	Head Start	Yes
6.	Healthy Start	Yes

7.	Public Pre-K	Yes
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

1C-12a.	Collaboration Related to Children and Youth—Formal Partnerships with Schools and Youth Education Providers.	
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Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	Yes
4.	Community College(s)	No
5.	Technical College(s)	No
6.	Other Post-Secondary Education Provider(s)	Yes

1C-12b. Collaboration Related to Children and Youth—Informing Individuals and Families who Become Homeless about Eligibility for Educational Services.

Describe your CoC's written policies and procedures to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

These policies & procedures are set out in the CT Balance of State CoC Policies (most recently posted August 4, 2026), Section IV.9, "Educational Services for Children," informed by the McKinney-Vento Homeless Assistance Act, Subtitle VII-B, as reauthorized by the Every Student Succeeds Act. At Coordinated Entry, Section IV.9 requires each Coordinated Access Network (CAN) - the point at which most individuals & families first encounter the homeless system - to help ensure all qualifying families with children & young adults are informed about their educational rights & eligibility for educational services.

At the project level, all CoC- & ESG-funded projects serving families with children &/or young adults ages 18-24 must maintain a policy meeting Section IV.9's requirements; CT BOS provides a sample policy projects may adopt or adapt. Under this policy, the Program Director or designee must inform all participating families & young adults of their educational rights & eligibility for services at intake & as necessary thereafter, & must designate a staff person responsible for helping participants understand those rights, ensuring enrollment in school & early childhood education, ensuring access to eligible programs & services, & securing needed transportation. The policy also requires each program to: a) take additional actions, such as helping develop service plans where significant unmet educational needs exist; & b) ensure young people not required by law to enroll in school are encouraged & assisted to enroll, & families are encouraged & assisted to enroll children in early childhood education. The policy also requires children & young adults be enrolled in school within 48 hours of project entry, regardless of missing paperwork, unpaid fees, or missed deadlines.

Project sites, including CANs, must post information for parents & youth describing their educational rights & local contact information for assistance. Statewide Street Outreach (SO) Standards extend the notification requirement to CoC & non-CoC funded SO programs, another point of first contact for people newly experiencing homelessness, requiring SO programs to ensure applicable participants understand their educational rights as appropriate to the population served. CT BOS monitors compliance through its established monitoring & compliance oversight processes.

1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services.

Describe how your CoC coordinates with foster care or child welfare services to assist youth transitioning from public systems of care.

(limit 2,500 characters)

CT BOS coordinates closely with the CT Department of Children & Families (DCF) & the CT Department of Housing (DOH) to help youth transitioning from foster care & other public systems of care. Between 25% & 30% of young adults active on the CoC's By-Name List have reported prior DCF involvement, reflecting significant overlap between these systems & the importance of this coordination.

The Start Program, funded by over \$2.5 million in annual DOH funding to DCF via MOA & operated by The Connection, Inc. (YHDP recipient/CoC subrecipient), provides crisis housing & RRH to young adults aged 18-24 experiencing or at risk of homelessness, regardless of DCF history. Referrals come through 2 coordinated pathways: DCF refers youth with prior DCF involvement who are ineligible for extended foster care, while CT BOS's coordinated access process refers young adults experiencing HUD Category 1 or 4 homelessness, directly linking the CoC's coordinated entry system to DCF's youth-serving infrastructure.

DOH & DCF also jointly administer 2 HUD voucher initiatives serving this population: Foster Youth to Independence (FYI) vouchers, providing up to 36 months of rental assistance to youth (38 currently in use, with DOH & DCF pursuing up to 24 additional vouchers), & Family Unification Program (FUP) vouchers, which serve both reunifying families & time-limited youth vouchers (447 awarded, 388 active, plus roughly 800 state-funded FUP vouchers, with more federal vouchers in process). In both programs, DOH provides the rental assistance while DCF provides support services through DCF staff & contracted community organizations.

DOH, DCF, CHFA, & DMHAS (all represented on the CT BOS Steering Committee (SC)) collaborate on Permanent Supportive Housing set-aside units for young adults who aged out of foster care, & DOH & DCF have partnered to strengthen the housing component of DCF discharge planning & coordination with DCF's voluntary re-entry service system.

DCF holds two seats on the CT BOS SC, embedding this coordination directly in the CoC's governance. This work is further coordinated through the Statewide Unaccompanied Minor Homelessness Taskgroup (DOH, DCF, SDE, CSSD, & community partners meeting monthly, including DCF-licensed shelter programs & DCF-funded Youth Service Bureaus), the CT CAN End Homelessness Youth & Young Adult Subcommittee, & the Governor's Interagency Council on Homelessness, chaired by the DOH Commissioner, on which DCF is also an active member.

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

CT has 2 RHY Basic Center Programs, Kids in Crisis & GBAPP, both located in Fairfield County within the neighboring Opening Doors Fairfield County (ODFC) CoC rather than CT BOS's own geography. Both coordinate statewide, including with CT BOS, through the Statewide Unaccompanied Minor Homelessness Taskgroup, & helped develop a statewide contact & resource sheet for professionals assisting minors experiencing homelessness. Because only 2 Basic Centers serve the entire state, both located in Fairfield County, CT BOS & its partners have worked to close the resulting geographic gap for youth outside that region. A new statewide informal agreement between the 2 Basic Centers & CT's Youth Service Bureaus (YSBs), currently in the signature-collection stage, formalizes & strengthens collaboration already underway: it does not create new responsibilities, but brings structure & consistency by clearly outlining roles, referral pathways, & communication protocols between Basic Centers & YSBs, ensuring unaccompanied minors receive seamless support no matter where in the state they are found. It is a non-binding, informal agreement. Separately, DCF is sharing the upcoming RHY Basic Center NOFO with residential providers serving minors in CT BOS's own geography, to gauge interest in a CT BOS-based Basic Center applicant that would further reduce this geographic gap.

CT BOS has two RHY Transitional Living Programs (TLPs), at Women & Family Center(WFC) & The Bridge, both of which coordinate directly with their regional CANs (MMW & Greater Hartford) to receive referrals, in addition to accepting outside direct referrals. WFC also serves as a YHDP Youth Navigator provider, making its coordination with the CoC's Coordinated Entry system seamless. CT does not currently have any RHY-funded Street Outreach programs or Maternity Group Homes.

RHY Basic Center providers & WFC participate with CT BOS in the statewide Homeless Youth & Young Adult Subcommittee, which meets monthly to coordinate, share resources, & collaborate across the CoC & youth homelessness system. The Subcommittee is currently working to strengthen cross-committee representation, formalize roles & responsibilities among participating organizations, increase youth engagement at all levels of the system, improve data integration & visibility across providers, & identify & address system gaps & barriers, ensuring CT BOS's coordination with RHY-funded providers continues to deepen rather than remaining static.

1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

(limit 500 characters)

Thames River Family Program is a Transitional Housing (TH) project in the CoC that exclusively serves families with children experiencing homelessness. Safe Futures' Phoenix House TH Program is a domestic violence-dedicated TH project in the CoC in which the majority of households served (7 of 9) are families with children.

1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent.

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs.

(limit 2,500 characters)

Thames River Family Program (Norwich) helps families increase household income in order to pay rent and maintain stable housing through financial literacy and budgeting training, resume development, job-search assistance, and connection and transportation support to American Job Centers and local job fairs. Staff help families identify and enroll in workforce development and training opportunities funded through Workforce Initiative and Opportunity Act (WIOA) and SNAP Employment and Training, and individualized case management helps participants identify employment and training goals, navigate resources, and address barriers to employment.

Safe Futures (New London) provides supportive services focused on increasing income to pay rent using several strategies. Safe Futures' staff identify education and employment goals with each resident soon after entry. Its Career Center and Career Development Coordinator provide mentoring, job-skills training, career planning, and trauma-informed case management, with referrals to American Job Center, OIC, Adult Education programs in both New London and Norwich, and Three Rivers Community College and Connecticut College for certification and degree programs, along with established relationships with area employers.

Both projects sit within the same regional workforce infrastructure serving southeastern CT, giving families in both programs access to the same core set of employment and training resources regardless of which project they enter through.

1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

(limit 2,500 characters)

Thames River Family Program helps families access and maximize mainstream family assistance programs, including TANF, WIC, and SNAP. Staff provide information, referrals, and individualized support to help families understand eligibility and connect with benefits. Support includes help accessing and completing applications, assistance with transportation to appointments, and follow-through with mainstream programs to ensure benefits are obtained and maintained. In addition, the program provides on-site meal planning, budgeting, financial literacy, and life-skills education that help families make effective use of these resources while building financial stability.

Safe Futures' case managers assist residents in identifying and completing applications for mainstream family service programs, including TANF, WIC and SNAP. Similarly to above, that assistance includes information and referral, accessing and completing applications, transportation to appointments and follow-through to ensure benefits are obtained and maintained. This is combined with life-skills development addressing health, employment, budgeting, and financial literacy.

Both projects are also part of CT BOS's broader coordinated entry system, in which 211 and local Hubs help connect households to mainstream public benefits, including TANF, as part of the CoC's standard diversion and intake process - reinforcing each project's individual benefits work with CoC-wide benefits navigation support.

1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

(limit 2,500 characters)

Thames River Family Program combines housing assistance with an on-site childcare partnership, referring children for placement as soon as a slot becomes available to reduce barriers to work, training, or school attendance. The program provides onsite Ages & Stages developmental workshops, parenting education, and life-skills courses. Individualized case management also connects families with adult and child healthcare, educational, childcare, and community resources. Safe Futures' Prevention Education Department also goes on-site at Thames River to work directly with families there.

Safe Futures combines housing assistance with childcare, parenting support, pregnancy-related and child-healthcare and education as follows: the Child Advocate ensures pre-school children are enrolled in developmentally appropriate programs and school-aged children are enrolled in school with access to educational services, afterschool care, and enrichment activities such as onsite Kids Club and Camp HOPE America. The advocate also connects families with services providing school uniforms and supplies, emergency food, baby care items, and transportation resources. Safe Futures also maintains an on-site mental health clinician who sees residents directly and makes appropriate referrals for mental health needs.

Both projects also connect eligible families to Care 4 Kids, Connecticut's statewide childcare subsidy program, and, as CT BOS TH projects, are required under CT BOS's Educational Services for Children policy to inform families of their educational rights at intake and ensure children are enrolled in school within 48 hours of entry regardless of missing paperwork, fees, or deadlines - combining project-level family support with CoC-wide policy protections for every child in TH.

1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

(limit 500 characters)

The CoC has a partnership with the CT Dept. of Veteran Affairs, with CT's Homeless Veterans Care Coordinator & Grant Per Diem (GPD) Liaison participating as members of the Steering Committee. This partnership helps ensure Vets are identified & connected to resources most appropriate to their needs. CT BOS has several CoC program providers who also house Vet programs such as SSVF & GPD programs, including Community Renewal Team, Columbus House, Inc., & New London Homeless Hospitality Center.

1C-14a	Collaboration with Veteran Serving Organizations.	
	Select 'Yes' or 'No' in the chart below to indicate whether the partnership(s) identified in 1C-14 does the following:	

1.	Refers veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance?	Yes
2.	Coordinates the provision of emergency shelter, supportive services, and housing for veterans?	Yes
3.	Ensures access to a full spectrum of employment and career pathway opportunities?	Yes
4.	Shares data with the Department of Veterans Affairs as appropriate?	Yes

5.	Identifies service gaps for veterans?	Yes
6.	Fills service gaps for veterans?	Yes

1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

(limit 500 characters)

CT BOS partners with CT Coalition Against Domestic Violence (CCADV), a subrecipient on three CoC projects (two supportive housing, one Coordinated Entry). CCADV disburses funds to 13 member organizations CoC-wide, housing and serving 230+ DV survivor individuals/families. CCADV holds a CT BOS Steering Committee seat, provides vital input to policies and funding decisions, trauma-informed care trainings, and offers ongoing technical assistance on trauma-informed interventions.

1C-16. Collaboration with Justice System Re-entry Partners.

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

(limit 500 characters)

CT BOS partners with the CT Dept. of Correction, represented on the CT BOS Steering Committee, to coordinate & prevent homelessness among people transitioning from prisons, jails, & court-ordered programs. Several CT BOS CoC providers also operate programs supporting people transitioning from incarceration/court involvement into the community, & participate in regional re-entry coordination, including employment readiness services.

1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

CT BOS providers participate in regional Community Care Teams (CCTs), multidisciplinary groups that case-conference and coordinate care for homeless individuals with high medical needs. United Services leads the Northeast CCT and attends the Windham CCT; YWCA Hartford Region participates in the Hartford CCT; New Opportunities participates in the Waterbury CCT. CCTs connect providers, hospitals, and community partners to coordinate services and reduce avoidable ED and hospital use.

1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services.

(limit 500 characters)

CT BOS with Chrysalis Center as a recipient on 5 CoC projects and subrecipient on an additional 3. Chrysalis Center operates HEARRT House, a congregate supportive housing project serving individuals ages 55 and older experiencing homelessness. HEARRT House takes referrals from the CoC's Coordinated Access Network and is part of the broader network of housing responses serving aging and elderly individuals experiencing homelessness.

1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

All CT BOS CoC-funded PSH projects, including CT0131 Hudson View Commons (PSH) prioritize chronic homeless people through the statewide Coordinated Access Network (CAN) process. CT BOS PSH requires DedicatedPLUS eligibility, which includes people experiencing chronic homelessness. CANs apply a uniform priority order based on length of homelessness & severity of service needs, ensuring those with the longest histories of homelessness & greatest needs receive priority for PSH vacancies.

1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

(limit 2,500 characters)

CT0131 Hudson View Commons, operated by Chrysalis Center, provides an array of behavioral healthcare on-site as a core component of its PSH model. On-site behavioral healthcare includes behavioral health assessment, individual/group counseling, crisis prevention and intervention, SUD assessment & counseling, medication support and education and coordination of psychiatric & other behavioral health treatment. As appropriate, services are provided by licensed professionals. Providing these services where participants live facilitates engagement in treatment, rapid response to behavioral health needs & close integration of behavioral healthcare with housing stabilization. Hudson View Commons' on-site behavioral healthcare operates within CT BOS's written PSH requirements, which are designed to provide intensive supports to people experiencing homelessness with disabilities & high service needs and require assessment & service planning addressing mental health & substance use needs. Per CT BOS written PSH requirements, behavioral health needs are systematically assessed & used to guide ongoing treatment and service delivery. PSH service providers must assess supportive-service needs at least every 6 months, continuously assess needs throughout enrollment & adjust services based on assessment findings. These requirements are codified in the CT Permanent Supportive Housing Requirements & Operations Guide, which establishes standard policies & procedures for all CT BOS PSH and requires PSH providers to comply with them. The CT Supportive Housing Assessment/Acuity Index specifically assesses mental health & SUD diagnoses, treatment history, current behavioral health/SUD providers and treatment engagement, including recent & upcoming appointments. At Hudson View Commons, these assessments inform the type & intensity of on-site behavioral healthcare provided and coordination with additional behavioral health treatment when needed.

CT BOS monitors delivery and coordination of behavioral healthcare through CoC project monitoring. Monitoring includes participant-record review to verify required assessments & service plans are completed at a minimum every 6 months and that services are responsive to identified behavioral health needs. This provides CoC-level oversight of Hudson View Commons' integration of behavioral healthcare with PSH services.

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

CT BOS has established written PSH policies requiring providers, including CT0131 Hudson View Commons, to conduct ongoing assessments to identify participants who need a higher level of care. These requirements are codified in the CT Permanent Supportive Housing Requirements & Operations Guide, which establishes standard policies & procedures applicable to all CT BOS PSH.

Under the written policy, CT0131 must conduct & document an assessment of each participant's supportive-service needs at least every 6 months, with assessment occurring continuously throughout enrollment. Assessments identify services required for long-term housing stability; examine needs, goals, strengths & limitations; and require services to be adjusted based on assessed need. PSH service providers use the CT Supportive Housing Assessment/Acuity Index (AAI), which systematically assesses independence & support needs across housing stability, health, income/benefits & access to supportive services/resources and is repeated every 6 months.

The written policy specifically requires assessment for a higher level of care. Providers assess whether physical health, behavioral health, cognitive, functional, substance use or other needs indicate that PSH & available community-based services are insufficient. Indicators include significant deterioration in functioning, repeated hospitalizations/crises, inability to safely perform activities of daily living or other needs exceeding available PSH supports. When identified, CT0131 coordinates with qualified health or behavioral health providers for further assessment & facilitates referral/connection to the appropriate level of care, which may include assisted living, skilled nursing, residential treatment or other intensive treatment/supportive settings. Assessment findings, coordination, referrals & resulting service-plan changes are documented in the participant record. CT BOS monitors CT0131's implementation of these written requirements through CoC project monitoring. Monitors review participant charts for required ongoing assessments & service-plan updates and verify that, when needs indicate PSH/community-based services may be insufficient, projects document assessment for a higher level of care, coordination with qualified providers & referral/connection to the appropriate level of care.

1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

CT BOS has established written PSH policies requiring providers, including CT0131 Hudson View Commons, to routinely assess participants' readiness for moving on to unsubsidized or other permanent housing. These requirements are codified in the CT Permanent Supportive Housing Requirements & Operations Guide, which establishes standard policies & procedures for all CT BOS PSH and requires PSH providers to comply with them.

Under these written requirements, CT0131 assesses supportive-service needs at least every 6 months, updates service plans at least every 6 months & assesses participants who have stabilized in housing for moving on. CT's Supportive Housing Assessment/Acuity Index (AAI), completed at entry & at least every 6 months, explicitly assesses potential ability to move to other housing with less intensive supports. It considers housing stability, income/benefits, health & behavioral health, daily living skills, service needs, community connections & ability to meet requirements of another housing setting. Results inform service-plan goals & identify participants who may be ready for other housing with community-based supports.

CT's written Moving On policy further requires Supportive Housing Agencies to assess tenants' eligibility for Moving On at least annually using the Moving On Assessment Tool. Readiness criteria include stable housing history, timely rent payment/no arrears, stable income, ability to maintain tenancy without PSH-level services & connections to community supports. Participants who do not initially meet readiness criteria are reassessed.

For participants assessed as ready, per these written policies, CT0131 assists with securing housing, transitioning to the new unit & connecting to community-based mental health, SUD, health & other supports, with transition assistance for up to 6 months.

CT BOS monitors CT0131's implementation of these written requirements through CoC project monitoring. Monitoring includes review of sampled participant charts for required assessments & service-plan updates and specifically examines whether PSH projects assess participants who have stabilized for moving on & provide appropriate transition assistance.

1D. 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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

1D-1.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
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You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications.	Yes
3.	At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications.	Yes
4.	Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
5.	Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
6.	Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes

1D-2.	New Proposals.	
	Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist?	Yes

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	
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You must enter a date in question 1D-2a.

1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	
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You must enter a date in question 1D-2b.

1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	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.	09/23/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	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.	09/23/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, 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 low performing or less needed projects through the process described in element 1 of this question during your CoC's 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.
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(limit 2,500 characters)

1. CT BOS has written procedures guiding the reallocation of lower-performing and less-needed projects. The CoC uses HIC, PIT, By-Name List (BNL), project performance, system performance, monitoring results, cost effectiveness, and spending data to determine how to best use resources, evaluating each project against current system priorities, including project types this year's NOFO identifies as allowable/prioritized. Projects may voluntarily reallocate funds, or may be required to reallocate in part or in full based on poor performance, lack of need, or priorities set by the Steering Committee (SC). Projects in corrective action for two years, or with repeated monitoring visits showing significant concerns, are considered for reallocation by the SC. Projects are notified in writing of the potential for reallocation and provided technical assistance to address deficiencies; after a final warning, if deficiencies persist, non-conflicted SC members vote on reallocation. Reallocated funds that are not transition grants are awarded competitively through an RFP for project types the SC has prioritized as needed.

2. The CoC identified 10 low-performing projects through this process, and 3 projects were identified for reallocation due to provider agencies volunteering for that process.

3. Of these 10 lower performers, 9 are reallocating part or all of their funding to more highly prioritized project types, and the remaining project was required to submit a Corrective Action Plan has been offered technical assistance. Beyond these low performers, the SC approved two further reallocation actions this year reflecting current system priorities: 3 projects whose recipients voluntarily reallocated funding to support the SC's priority investments Supportive Services Only (SSO) Street Outreach and Transitional Housing projects, and 7 projects reallocating by way of transition grant into Transitional Housing (TH), a project type this year's NOFO specifically prioritizes and sets aside dedicated funding for. This larger number of projects reallocating this cycle reflect an active, priority-driven reallocation strategy responsive to both local performance data and this year's federal funding priorities.

4. The CoC did identify and reallocate lower-performing and less-needed projects this year, as described above; element 4 is therefore not applicable.

1D-3a. Reallocation Between FY 2021 and FY 2026.	
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Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes
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2A. Homeless Management Information System (HMIS) and 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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; 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.(limit 75 characters)	Caseworthy
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Statewide
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2A-3.	PIT Count—Methodology Change.	
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	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

1. CT Balance of State CoC's unsheltered Point in Time (PIT) count implementation largely stayed the same this year as it was in 2025. HMIS Street Outreach (SO) program data was imported directly from HMIS into the PIT database - which is the statewide system used to collect and aggregate Housing Inventory Count (HIC) and PIT data. Since 2022 SO and Youth Navigator program staff have been required to complete the HMIS Current Living Situation Assessment (CLA) for the night of the count for all active SO clients. In 2025 the PIT team created new 1-page guidance for unsheltered homeless providers to help ensure that everyone experiencing unsheltered homelessness was counted. That guidance was updated this year. New in 2026 - the Engage app was available for unsheltered homeless service providers to use in completing CLAs, which would then be captured in the PIT database. Engage is the new mobile application that can be used in the field to input homeless data. Its use was added to the 2026 methodology, giving providers another option for PIT data entry. Training was conducted on the Engage app as well as other ways to provide data necessary for the PIT count. This addition served as another means of improving data quality - providing a broader array of options for SO providers to input data for those living unsheltered on PIT night.

The PIT team enhanced the ticketing system in which providers request data changes to include an auto-response letting people know when their ticket had been addressed, which has potential positive effects on data quality. Another tool to enhance data quality is the new dashboard which enables SO providers to see how many participants have not been contacted in the past 90 days, and to identify those clients - prompting research into whether participants need additional or different engagement attempts or to be exited from programs. The dashboard is filterable by CoC, Coordinated Access Network region, agency and program.

2. The changes: updated 1-page guidance, addition of the Engage mobile app to collect data, enhanced ticketing system and dashboard showing participants not seen in the past 90 days improved the CoC's data results in that they all serve to increase the likelihood of staff entering data with greater ease and accuracy and having data issues and/or questions resolved quickly.

B) There were no changes to the CoCs sheltered PIT count implementation.

2A-4. Reduce Encampments—Actions to Reduce Encampments.

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period.

(limit 2,500 characters)

During the evaluation period, CT BOS used coordinated, housing-focused strategies to reduce encampments by engaging residents, concentrating housing, MH/SUD treatment & other services around targeted sites & coordinating responses across homeless services, state/local government, law enforcement & behavioral health partners.

Each Coordinated Access Network (CAN) has an outreach lead responsible for a CAN-wide outreach plan assigning coverage & provider roles, preventing gaps/duplication & coordinating case conferencing & housing connections. CT's Statewide Street Outreach Standards require outreach providers to participate in coordinated community efforts including encampment resolution. DMHAS, CT Department of Housing (DOH) & CT BOS review, monitor & update outreach practices/tools for continuous quality improvement, using an Encampment Resolution Guide & Prioritization Tool.

Encampment resolution integrates behavioral health treatment & public-safety partners. Outreach teams identify MH/SUD needs, make warm hand-offs to treatment providers & coordinate with clinical partners. Law enforcement & municipal partners help identify encampments, coordinate safe access & address public-safety concerns while outreach teams focus on engagement, treatment linkages & housing. CT DOT partners with DMHAS & CT DESPP through the Transit Homeless Outreach Program (T-HOP) to engage people experiencing homelessness/behavioral health needs at CT Rail/FasTrak locations & connect them to shelter, housing, MH/SUD treatment & other services.

Journey Home (JH) implemented Direct to Housing Encampment Resolution in Hartford, an intensive, site-specific approach moving residents directly from unsheltered locations to permanent housing rather than relocating them or relying on interim settings. At targeted encampments, multidisciplinary teams (housing, MH/SUD treatment, medical, outreach, local government/law enforcement & other partners) work on-site to identify residents, expedite document readiness, assign tasks, secure housing & support move-ins. Permanent housing staff begin engagement on the street. JH maintains a project-management plan & daily debriefs to address barriers, assign tasks & maintain momentum.

This approach resulted in 168 fewer encampments and 532 fewer people in encampments, helping build confidence that engagement leads to housing & willingness among people experiencing unsheltered homelessness (PEUH) to come inside.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	245
2. Enter the reduction in the number of encampments during your evaluation period.	168

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	706
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2. Enter the reduction in the number of people in encampments during your evaluation period.	532
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2A-4c.	Reduce Encampments—Plans to Reduce Encampments.
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If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

Not applicable - There has been a reduction in encampments and persons in encampments within the CoC.

2A-5. Reducing the Number of First Time Homeless—CoC's Plan.

Describe your CoC's plan to decrease the number of individuals and families becoming homeless for the first time.

(limit 2,500 characters)

CT BOS uses diversion as its primary strategy to decrease first-time homelessness & will continue to strengthen these efforts. 211 & local Hubs serve as the front door, connecting people in a housing crisis to alternatives before shelter: other housing arrangements, mediation, behavioral health referrals, utility/rent & eviction prevention assistance, & legal services. DOH funds these diversion efforts, including a legal services program for households facing eviction. Since Jan. 2023, Coordinated Access Networks (CAN) intervene earlier: individuals within 5 days of becoming unsheltered & youth/families within 14 days of homelessness are scheduled for a CAN assessment; a pilot found this did not increase shelter requests & allowed less crisis-driven responses. CT BOS is exploring validated prevention screening tools to better target these efforts.

CCEH strengthens diversion practice statewide: a 6/26 training refreshed CAN & provider staff on housing-focused, trauma-informed, strengths-based diversion, including the "6 Steps to Housing Problem-Solving Conversations," motivational interviewing, & identifying natural supports, shifting staff from program placement toward housing problem-solving. The CT CAN End Homelessness Systems Entry Committee addresses the causes of homelessness in each CAN & implements proven diversion & rapid-matching methods.

Prevention also occurs through targeted partnerships outside CANs. Reentry coordination keeps people leaving incarceration from becoming homeless: CMHA's Forensic Program, CRT's DOC-funded scattered-site housing, & similar partnerships at Access Community Action, Rushford, New Opportunities, & Mercy Housing connect people to housing, behavioral health, & employment before release or immediately after. Employment partnerships reduce first-time homelessness by stabilizing income: nearly every CT BOS provider connects participants to American Job Centers, & specific efforts like CRT's Fast Track to Employment for people leaving incarceration & Apex's Workforce Housing Program (integrating employment with housing stability) target this risk.

CCADV & CT BOS's DV providers prevent survivors from becoming literally homeless when fleeing violence via safety planning, emergency financial assistance, & legal advocacy; the reentry & DV systems intersect directly too, as Safe Futures receives referrals for women leaving incarceration with a DV history, preventing homelessness at that transition point as well.

2A-6. Reducing Length of Time Homeless—CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

CT BOS's plans to reduce Length of Time Homeless (LOTH) are showing measurable results. Average days homeless for people in ES, SH, & PH fell from 451 (FFY24) to 418 (FFY25), a 7.3% reduction; for ES, SH, TH, & PH, it fell from 440 to 413, a 6.1% reduction. CT BOS will continue & build on the strategies driving this improvement.

CT BOS identifies households with the longest LOTH using a By-Name List generated through HMIS, which tabulates cumulative LOTH & is used by CANs to prioritize the longest-homeless households for housing. Each CAN's Housing Placement team matches households to vacancies through regular Housing Solutions meetings, working with outreach, service, & housing providers to obtain documentation, locate housing, & remove access barriers. CT recently automated its homeless verification process within HMIS, replacing a more burdensome, time-consuming process.

CT BOS dedicates 100% of PSH beds to Dedicated PLUS, prioritizes PSH by LOTH, & prioritizes HCV vouchers for people moving on from PSH to increase turnover for the next household in need. In the renewal evaluation process, CT BOS tracks time from project entry to housing move-in to hold projects accountable for rapid exits. Per program standards, ES & SO providers must quickly develop Housing Plans using Motivational Interviewing & Person-Centered Planning focused on rapid exit to permanent housing; the CoC provides ongoing staff training on rapid, effective exits.

CT BOS continues expanding housing inventory to shorten LOTH: 692 Permanent Housing units were added 2019-2026. Between Aug. 2025 & June 2026, CHFA & DOH signed financing agreements across 4 funding rounds creating/preserving 266 new PSH units & nearly 1,900 total affordable units statewide most filled through the CAN & prioritized for those with the greatest LOTH. CT DOH also administers targeted voucher programs reducing LOTH for specific populations: Foster Youth to Independence (FYI) vouchers (38 in use, up to 24 more pursued) & Family Unification Program (FUP) vouchers (447 federal awarded, 388 active, plus ~800 state-funded), providing time-limited rental assistance to youth & families exiting homelessness. CT BOS continues pursuing additional affordable housing & landlord engagement to speed placements.

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.
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Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	53.51%
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Describe how you calculated the data for this response.

(limit 2,500 characters)

The universe of projects included in this calculation is all CT BOS CoC-funded Transitional Housing (TH), Rapid Rehousing (RRH), and Permanent Supportive Housing (PSH) projects, except victim service provider projects, which are tracked in a comparable database rather than CT BOS's HMIS. For the 12-month reporting period of 1/1/2025-12/31/2025, CT BOS ran an HMIS report counting all program participants who exited from a TH, RRH, or PSH project during this period, totaling 1,168 exits. Of these, CT BOS summed exits to the following HMIS Data Element 3.12 (Exit Destination) response options, which qualify as unsubsidized housing: staying or living with family, permanent tenure; staying or living with friends, permanent tenure; rental by client, no ongoing housing subsidy; and owned by client, no ongoing housing subsidy. 625 of the 1,168 total TH/RRH/PSH exits during the period met one of these four unsubsidized-housing definitions, resulting in a rate of 53.51%.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/27/2026
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2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes
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2A-8c.	System Performance Measures (SPM) Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes
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2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	
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Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	1,581	138	1,719	100.00%
2. Safe Haven (SH) beds	25	0	25	100.00%
3. Transitional Housing (TH) beds	157	105	262	100.00%
4. Rapid Re-Housing (RRH) beds	917	577	1,491	100.00%
5. Permanent Supportive Housing (PSH) beds	5,668	75	4,340	75.57%
6. Other Permanent Housing (OPH) beds	85	0	22	25.88%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	
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For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, 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 & OPH exceed the targeted bed coverage rate. All CoC & state-funded PSH projects enter data in HMIS, but coverage is only 76% because 984 HUD-VASH beds don't enter HMIS, accounting for nearly all missing PSH beds. VA data integration was written into the RFP for the HMIS Lead role filled last year, & Nutmeg (HMIS Administrator) & ACT (HMIS Lead) have been meeting with the VA to explore importing VA HOMES data via CSV upload, which could bring PSH coverage close to 100%.

CT BOS is also changing HMIS vendors, with full implementation of Bitfocus's Clarity targeted for July 2027. Clarity is used by CoCs with more direct, API-based VA HOMES/housing authority (HA) integrations, offering a faster path than manual CSV, & its modern interface gives CT BOS a fresh opening to re-engage the VA & OPH providers. Within 12 months, the HMIS Director will research how other Bitfocus CoCs handle VA/HA integration & develop CT BOS's own procedure, targeting PSH coverage above 85%; the Data Strategy Board will develop needed policies/agreements, & Nutmeg will continue the VA's read-only HMIS access meanwhile.

OPH beds from HA vouchers & LIHTC units were added to the HIC/PIT per HUD requirement but aren't yet entered in HMIS, as staff currently lack capacity. In the next 12 months, the HMIS Lead & Administrator will research methods to integrate or automate HA-to-HMIS data transfer, using the same Bitfocus-CoC research above.

2) To reach 85% PSH/OPH coverage: the HMIS Director will contact peer Bitfocus CoCs & VA/HA contacts to identify export models, prioritizing automated integration over manual CSV where possible. The Data Strategy Board & HMIS Director will create needed policies/agreements & facilitate meetings with the VA & HAS to answer questions & address hesitations, following up with documentation, peer best practices, & lead-to-lead connections. The HMIS Lead will meet regularly with the VA & HAS to plan & implement the data export, coordinate specifications with the System Administrator, & execute required MOUs. Provider training is built into this timeline: dedicated sessions for VA & OPH providers, alongside CT BOS's broader training plan, will cover system use & participation benefits (data quality, streamlined reporting, less duplicate entry), with dedicated time to raise & resolve concerns. The HMIS Lead will update the CoC Steering Committee regularly on integration & training progress.

3A. Policy Initiatives

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

3A-1.	Supporting Activities within an Opportunity Zone.	
	You must upload the HUD-2996 Certification for Opportunity Zone Preference Points attachment to the 4A. Attachments Screen.	

1.	Will the proposed activities/projects occur within Opportunity Zone Census Tracts?	Yes
2.	Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	Yes

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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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

4A. Attachments Screen For All Application Questions

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked 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.
8.	Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	List of TH/RRH/PS...	09/27/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	List of CoC Progr...	09/27/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	Language from Pro...	09/28/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Evidence of Coord...	09/27/2026
05. 1D-1. Local Competition Scoring Tool	Yes	Local Competition...	09/29/2026

06. 1D-2c. Local Competition Selection Results	Yes	Local Competition...	09/29/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	FY26 HDX Competit...	09/27/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	HUD-2996 Certific...	09/29/2026
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	CT BOS Policy to ...	09/27/2026
11. Other	No		

Attachment Details

Document Description: List of TH/RRH/PSH Projects & Treatment Providers with On-site Substance Use Treatment

Attachment Details

Document Description: List of CoC Program Projects & Number of Units that require Substance Abuse Treatment

Attachment Details

Document Description: Language from Project Supportive Service Agreements

Attachment Details

Document Description: Evidence of Coordination & Non-Interference w/ Local Efforts to Advance Public Safety

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description: FY26 HDX Competition Report

Attachment Details

Document Description: HUD-2996 Certification for Opportunity Zone
Preference Points

Attachment Details

Document Description:

Attachment Details

Document Description: CT BOS Policy to Advance Recovery

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/24/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/28/2026
1C. Coordination and Engagement	09/29/2026
1D. Project Review/Ranking	Please Complete
2A. HMIS Implementation	09/29/2026
3A. Policy Initiatives	09/27/2026
4A. Attachments Screen	09/29/2026
Submission Summary	No Input Required

List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment

Attachment for Question 1C-1: Treatment and Recovery Services –
On-site Substance Use Treatment Availability

Transitional Housing (TH) and Permanent Supportive Housing (PSH) Projects

#	Applicant Name	Project Name	Grant Number	Project Component
1	CT Department of Mental Health and Addiction Services	New Haven Columbus House Sojourners	CT0011L1E052518	TH
2	CT Department of Mental Health and Addiction Services	CT0012 New Haven Lucht Hall	CT0012L1E052518	PSH
3	CT Department of Mental Health and Addiction Services	CT0013 New Haven Cedar Hill	CT0013L1E052518	PSH
4	Liberty Community Services, Inc.	Safe Haven	CT0015L1E052518	PSH
5	ImmaCare Inc.	CDF Combo 1-4 FY2026	CT0019L1E052518	PSH
6	CT Department of Mental Health and Addiction Services	CT0022 Greater Hartford Rental Assistance Consolidated	CT0022L1E052518	PSH
7	CT Department of Mental Health and Addiction Services	CT0023 Hartford Mary Seymour Place	CT0023L1E052518	PSH
8	CT Department of Mental Health and Addiction Services	CT0052 Middletown Liberty Commons	CT0052L1E052518	PSH
9	CT Department of Mental Health and Addiction Services	CT0053 Middletown The Connection	CT0053L1E052518	PSH
10	CT Department of Mental Health and Addiction Services	CT0054 Middletown Rental Assistance	CT0054L1E052518	PSH
11	Community Renewal Team, Inc.	2026 CRT PSH Consolidated	CT0059L1E052518	PSH
12	CT Department of Mental Health and Addiction Services	CT0062 BHCare Rental Assistance	CT0062L1E052518	PSH
13	Chrysalis Center, Inc.	Family Matters CT0064	CT0064L1E052518	PSH
14	Chrysalis Center, Inc.	CT0066 Greater Hartford Chrysalis Rental Assistance	CT0066L1E052518	PSH
15	New Opportunities Inc.	Meriden SHP	CT0069L1E052518	PSH
16	CT Department of Mental Health and Addiction Services	CT0070 Meriden Wallingford Rushford Rental Assistance	CT0070L1E052518	PSH

#	Applicant Name	Project Name	Grant Number	Project Component
17	CT Department of Mental Health and Addiction Services	CT0073 Manchester CHR Rental Assistance	CT0073L1E052518	PSH
18	Windham Regional Community Council	Project Home C	CT0074L1E052518	PSH
19	CT Department of Mental Health and Addiction Services	CT0076 Windham United Services Rental Assistance	CT0076L1E052518	PSH
20	CT Department of Mental Health and Addiction Services	CT0077 Windham United Services Brick Row	CT0077L1E052518	PSH
21	Safe Futures, Inc.	Flora O'Neil Apartments	CT0087L1E052518	PSH
22	CT Department of Mental Health and Addiction Services	CT0089 Norwich New London Rental Assistance	CT0089L1E052518	PSH
23	Safe Futures, Inc.	Phoenix House Transitional Housing Program	CT0092L1E052518	TH
24	Thames River Community Service Inc.	Thames River Family Program	CT0093L1E052518	TH
25	Thames Valley Council for Community Action, Inc.	Homeless Collaborative Network	CT0094L1E052518	PSH
26	Friendship Service Center, Inc.	PEAK	CT0111L1E052518	PSH
27	Friendship Service Center, Inc.	TLP	CT0114L1E052518	TH
28	New Opportunities Inc.	Freedom Walk	CT0120L1E052518	PSH
29	Center for Human Development Inc.	PILOTS (CT0121)	CT0121L1E052518	PSH
30	St. Vincent DePaul Mission of Waterbury, Inc.	Society of Support (SOS)	CT0123L1E052518	PSH
31	CT Department of Mental Health and Addiction Services	CT0129 New Haven Safe Haven	CT0129L1E052517	PSH
32	CT Department of Mental Health and Addiction Services	CT0131 Hartford Hudson View Commons	CT0131L1E052517	PSH
33	CT Department of Mental Health and Addiction Services	CT0135 Hartford CHR Soromundi Commons	CT0135L1E052517	PSH
34	St. Vincent DePaul Place, Middletown, Inc.	SVD Middletown SHP	CT0137L1E052517	PSH
35	Chrysalis Center, Inc.	CT0139 Hartford Chrysalis Supportive Housing for Veterans	CT0139L1E052517	PSH

#	Applicant Name	Project Name	Grant Number	Project Component
36	CT Department of Mental Health and Addiction Services	CT0141 Torrington CHD Pilots	CT0141L1E052517	PSH
37	CT Department of Mental Health and Addiction Services	CT0142 Torrington Mental Health CT Rental Assistance	CT0142L1E052517	PSH
38	CT Department of Mental Health and Addiction Services	CT0151 Waterbury-Torrington Housing Plus	CT0151L1E052517	PSH
39	Liberty Community Services, Inc.	Liberty Consolidated Scattered Site Housing	CT0153L1E052515	PSH
40	CT Department of Mental Health and Addiction Services	CT0161 New Britain CMHA Rental Assistance	CT0161L1E052514	PSH
41	CT Department of Mental Health and Addiction Services	CT0164 New Haven Rental Assistance	CT0164L1E052516	PSH
42	Killingly Housing Authority	KILLINGLY CONSOLIDATED WRAP AROUND HOUSING PROGRAM	CT0165L1E052516	PSH
43	Prudence Crandall Center, Inc.	Permanent Supportive Housing for people with disabilities Rosehill	CT0167L1E052516	PSH
44	Prudence Crandall Center, Inc.	Rosehill transitional living program	CT0168L1E052516	TH
45	Columbus House, Inc	CT0171 CHI Consolidated SHP FY2026	CT0171L1E052513	PSH
46	CT Department of Mental Health and Addiction Services	CT0172 Hartford Sue Ann Shay Place	CT0172L1E052513	PSH
47	Friendship Service Center, Inc.	Arch Street Housing	CT0186L1E052515	PSH
48	Chrysalis Center, Inc.	CT0191 St. Philip House	CT0191L1E052515	PSH
49	CT Department of Mental Health and Addiction Services	CT0211 Waterbury Step-up	CT0211L1E052513	PSH
50	CT Department of Mental Health and Addiction Services	CT0237 Waterbury East Main Street	CT0237L1E052513	PSH
51	Chrysalis Center, Inc.	CT0240 Walking Into Wall Street	CT0240L1E052513	PSH

#	Applicant Name	Project Name	Grant Number	Project Component
52	CT Department of Mental Health and Addiction Services	CT0246 Greater Middletown Mercy Rental Assistance	CT0246L1E052512	PSH
53	Community Renewal Team, Inc.	2026 CRT Project Teach	CT0261L1E052511	PSH
54	CT Department of Mental Health and Addiction Services	CT0265 BOS DMHAS 2014	CT0265L1E052511	PSH
55	Community Renewal Team, Inc.	2026 CRT H-PASS	CT0272L1E052510	PSH
56	Connecticut Department of Housing	CT0278 New Reach Supportive Housing Project	CT0278L1E052510	PSH
57	Connecticut Department of Housing	Central CAN TH	CT0279L1E052510	TH
58	Connecticut Department of Housing	Liberty TH	CT0282L1E052510	TH
59	CT Department of Mental Health and Addiction Services	CT0286 BOS DMHAS 2015	CT0286L1E052510	PSH
60	My Sisters' Place, Inc.	Permanent Supportive Housing at MSP	CT0291L1E052509	PSH
61	Connecticut Department of Housing	DOH CT BOS TH 1	CT0294L1E052509	TH
62	CT Department of Mental Health and Addiction Services	Pendleton TH	CT0297L1E052509	TH
63	Connecticut Department of Housing	CT0306 CT BOS DOH PSH 1	CT0306L1E052508	PSH
64	Thames River Community Service Inc.	CT0307 TH YHDP	CT0307Y1E052507	TH
65	The Connection, Inc.	CT0312 YHDP CAN 8 Application - Crisis Housing	CT0312Y1E052507	TH
66	The Salvation Army, a New York Corporation	YHDP Crisis Housing, Greater Hartford	CT0319Y1E052507	TH
67	Connecticut Department of Housing	CT BOS CCADV TH 1	CT0330D1E052507	TH
68	Connecticut Department of Housing	CT BOS CCADV TH 2	CT0338D1E052506	TH
69	Connecticut Department of Housing	DOH CT BOS TH 2	CT0339L1E052506	TH
70	New Reach, Inc.	CT0351 Youth Permanent Supportive Housing	CT0351L1E052504	PSH
71	Connecticut Department of Housing	DOH YHDP TH	CT0352Y1E052504	TH
72	Connecticut Coalition to End Homelessness	CCEH - YHDP Shelter TH	CT0354Y1E052504	TH

#	Applicant Name	Project Name	Grant Number	Project Component
73	Connecticut Department of Housing	Prudence Crandall Center's Enhanced Housing	CT0356D1E052504	TH
74	CT Department of Mental Health and Addiction Services	CT0358 LCHF Rural PSH Project	CT0358R1E052501	PSH
75	CT Department of Mental Health and Addiction Services	CT0361 CHI Greater New Haven PSH Supplemental 2022	CT0361H1E052501	PSH
76	CT Department of Mental Health and Addiction Services	CT0363 New Reach New Haven PSH Supplemental 2022	CT0363H1E052501	PSH
77	CT Department of Mental Health and Addiction Services	CT0364 SVDP Middletown PSH Supplemental 2022	CT0364H1E052501	PSH
78	Connecticut Department of Housing	New Reach-Mercy TH	CT0383L1E052503	TH
79	CT Department of Mental Health and Addiction Services	CT0395 New Reach New Haven PSH Bonus 2023	CT0395L1E052502	PSH
80	Connecticut Department of Housing	Safe Futures TH Program 1	CT0398D1E052501	TH
81	Connecticut Department of Housing	FSC and AA TH Program	CT0407D1E052501	TH
82	Connecticut Department of Housing	Safe Futures TH Program 2	CT0408D1E052501	TH

List of CoC Program Projects and Number of Units that Require Substance Abuse Treatment

Proposed New CoC Program Projects

The following proposed CoC Program projects, submitted in the FY 2026 CoC Program Competition, will require program participant engagement in substance abuse treatment services as a condition of continued participation in the program.

CT BOS CoC (CT-505) – FY 2026 – Proposed New CoC Program Projects (Question 1C-1f)

Applicant Name	Project Name	Units Requiring Substance Abuse Treatment*
Continuum of Care, Inc	New Haven TH-Interim Housing 2026	42
Columbus House, Inc.	Meriden TH-Interim Housing 2026	20
Friendship Services Center	Central TH-Interim Housing 2026	18
My Sister's Place	Greater Hartford TH-Interim Housing 2026	8
New London Homeless Hospitality Center	Eastern TH-Interim Housing 2026	17
Total Units		105

* Number of units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program, in accordance with 24 CFR 578.75.

Language from Project Supportive Service Agreements

This document contains direct language from supportive service agreements demonstrating that all TH, and PH-PSH (there will be no PH-RRH or Joint TH-RRH) projects require program participants to take part in supportive services in line with 24 CFR 578.75(h).

The first agreement applies to PSH programs, the second agreement applies to all Renewal, Transition and DV Bonus TH projects, and the third agreement applies to all new CoC Bonus TH projects.



Service Agreement for CT BOS-Funded Permanent Supportive Housing Programs

This agreement explains what you and the housing program must do while you live in Permanent Supportive Housing (PSH) paid for by the Connecticut Balance of State (CT BOS) Continuum of Care (CoC). By signing this, you agree to take part in the services you need to stay housed. The PSH program commits to providing and/or linking you to these services and supports and any needed treatment. The combination of services, supports, treatment and affordable housing is designed to help all tenants assume the full rights and responsibilities of tenancy.

CT BOS PSH programs aim to help every person build a stable foundation in the community. Participants are encouraged to actively use the program's services and to connect with community resources that support increased independence.

Participant Responsibilities (What You Agree to Do)

Meet With My Case Manager

I will meet with my case manager on a regular schedule. My case manager will help me find resources that can make it possible for me to get and stay housed. They will also help me think about my goals and how I can become more independent. My case manager will also talk with my landlord, if I have one, to help make sure I am following my lease and to help me fix any problems that come up.

We will talk about how this housing program can be a step toward other housing options and my long-term goals. Together, we will make a housing plan. At each meeting, we will check my progress, talk about any setbacks, and look for services or resources that can help me. I agree to meet regularly and to use the services and resources they offer, so I can be successful in my housing.

Work on My Housing Plan

I will work with my case manager on a housing plan. I will follow through on the tasks that help me stay housed, like going to appointments, following up on services, and working on income or stability goals. I will turn in papers and documents needed for recertification or other program rules on time. I know these are requirements for continuing to get help from this housing program.

Use Supportive Services

I will take part in services the program offers or refers me to. These classes, support groups, and counseling. Participation will be required for me to stay in the program.

Follow House Rules and Lease Terms

I will follow the rules for the building and my lease. I will respect neighbors, keep my unit clean, and not break the law. I will not let people stay in my unit without permission. I will

allow staff to inspect my unit with proper notice. I understand that having a good record as a tenant and following the lease will give me more housing options in the future, such as a larger unit perhaps with family and friends or a place in a different neighborhood.

Pay My Share of Rent (if I have one)

If I must pay part of the rent, I will pay it on time every month. I will let the program know if my income or the number of people in my household changes. My case manager will go over how rent is figured out and help make sure the amount I pay is correct.

Act Safely and Respectfully

I will treat staff and other tenants with respect. I will not use violence or threats or do things that make others unsafe. I agree that everyone deserves to be treated with respect and to feel safe in their homes.

Program Responsibilities (What the Program Agrees To Do)

Provide Support and Case Management

The program will give me a case manager who will help me with my goals and connect me to services and treatment that can help me stay housed and reach my life goals.

Communicate Clearly

The program will explain the rules in simple language and will give me written copies of the rules and this agreement. If I break a rule, staff will explain the problem and work with me on solving it. The lease or occupancy agreement will be explained and the process to enforce it will be clear and consistent.

Provide a Fair Grievance Process

I have the right to file a grievance (a complaint) if I disagree with a decision or feel I was treated unfairly. The program will review my grievance and will not punish me for speaking up.

Non-Compliance: Steps and Consequences

If I do not follow the rules or meet my responsibilities, the program will take the steps below to address the issue before moving to terminate my housing contract:

1. Verbal Warning and Problem-Solving

If the issue is a lease violation the landlord or property manager will provide me with a written notice of the lease violation. If it is a program issue the program will provide written notice of the issue. My case manager will talk with me about the issue, discuss why this is a problem, discuss what needs to change, and help me work on fixing it.

2. Written Warning and Action Plan

If the issue continues, I will get a written warning or an action plan. The plan will list the problem, steps I must take, and a timeframe for resolution.

3. Case Conference

If the problem continues, I will meet with my case manager and a supervisor. They will explain what must change and that my housing may be at risk.

4. Final Notice of Termination

If I still do not follow the rules or the plan, the program may end my housing assistance. I will get a written notice explaining why and how I can appeal. I may ask for a review by someone not involved in the first decision. The program will connect me to other resources if possible.

Termination will only happen after the program has tried to fix the problem through these steps and following local landlord-tenant law.

Agreement and Acknowledgment

I have read this agreement (or had it explained to me). I understand what I must do to stay in the program. I can ask questions at any time if I need help.

Participant Name (Printed): _____

Participant Signature: _____ **Date:** _____

Case Manager Signature: _____ **Date:** _____

Project Name: _____ **CoC Grant ID:** _____



Service Agreement for CT BOS-Funded Transitional Housing Programs

This agreement explains what you and the housing program must do while you live in transitional housing (TH) paid for by the Connecticut Balance of State (CT BOS) Continuum of Care (CoC) using FY26 renewal, transition, and DV bonus funds. By signing this, you agree to take part in the services you need to stay housed. The TH program commits to providing these services and supports and linking you to any needed treatment. The combination of services, supports, treatment and affordable housing is designed to help all tenants assume the full rights and responsibilities of tenancy.

CT BOS housing programs aim to help every person build a stable foundation in the community. Participants are encouraged to actively use the program's services and to connect with community resources that support increased independence.

Participant Responsibilities (What You Agree to Do)

Meet With My Case Manager

I will meet with my case manager on a regular schedule. My case manager will help me find resources that can make it possible for me to get and stay housed. They will also help me think about my goals and how I can become more independent. My case manager will also talk with my landlord, if I have one, to help make sure I am following my lease and to help me fix any problems that come up.

We will talk about how this housing program can be a step toward other housing options and my long-term goals. Together, we will make a housing plan. At each meeting, we will check my progress, talk about any setbacks, and look for services or resources that can help me. I agree to meet regularly and to use the services and resources they offer so I can be successful in my housing.

Work on My Housing Plan

I will work with my case manager on a housing plan. I will follow through on the tasks that help me stay housed, like going to appointments, following up on services, and working on income or stability goals. I will turn in papers and documents needed for recertification or other program rules on time. I know these are requirements for continuing to get help from this housing program.

Use Supportive Services

I will take part in services the program offers or refers me to. These may include classes, support groups, counseling. Participation will be required for me to stay in the program.

Follow House Rules and Lease Terms

I will follow the rules for the building and my lease. I will respect neighbors, keep my unit clean, and not break the law. I will not let people stay in my unit without permission. I will allow staff to inspect my unit with proper notice. I understand that having a good record as a

tenant and following the lease will give me more housing options in the future, such as a larger unit perhaps with family and friends or a place in a different neighborhood.

Pay My Share of Rent (if I have one)

If I must pay part of the rent, I will pay it on time every month. I will let the program know if my income or the number of people in my household changes. My case manager will go over how rent is figured out and help make sure the amount I pay is correct.

Act Safely and Respectfully

I will treat staff and other tenants with respect. I will not use violence or threats or do things that make others unsafe. I agree that everyone deserves to be treated with respect and to feel safe in their homes.

Engage for a minimum of 20 hours per week

I will take part in employment, case management, counseling, treatment, volunteering, education, job training, and/or other services and activities provided or recommended by the program for at least 20 hours per week. This requirement does not apply if I am age 62 or over or I have a qualifying disability. My case manager will help me to determine if I have a qualifying disability.

Program Responsibilities (What the Program Agrees To Do)

Provide Support and Case Management

The program will give me a case manager who will help me with my goals and connect me to services and treatment that can help me stay housed and reach my life goals.

Communicate Clearly

The program will explain the rules in simple language and will give me written copies of the rules and this agreement. If I break a rule, staff will explain the problem and work with me on solving it. The lease or occupancy agreement will be explained and the process to enforce it will be clear and consistent.

Provide a Fair Grievance Process

I have the right to file a grievance (a complaint) if I disagree with a decision or feel I was treated unfairly. The program will review my grievance and will not punish me for speaking up.

Non-Compliance: Steps and Consequences

If I do not follow the rules or meet my responsibilities, the program will take the steps below to address the issue before moving to terminate my housing contract:

1. Verbal Warning and Problem-Solving

If the issue is a lease violation the landlord or property manager will provide me with a written notice of the lease violation. If it is a program issue the program will provide written notice of the issue. My case manager will talk with me about the issue, discuss why this is a problem, discuss what needs to change, and help me work on fixing it.

2. Written Warning and Action Plan

If the issue continues, I will get a written warning or an action plan. The plan will list the problem, steps I must take, and a timeframe for resolution.

3. Case Conference

If the problem continues, I will meet with my case manager and a supervisor. They will explain what must change and that my housing may be at risk.

4. Final Notice of Termination

If I still do not follow the rules or the plan, the program may end my housing assistance. I will get a written notice explaining why and how I can appeal. I may ask for a review by someone not involved in the first decision. If there is a safety emergency, I may have to leave right away, but I will still get written notice. The program will connect me to other resources if possible.

Termination will only happen after the program has tried to fix the problem through these steps and following local landlord-tenant law.

Agreement and Acknowledgment

I have read this agreement (or had it explained to me). I understand what I must do to stay in the program. I can ask questions at any time if I need help.

Participant Name (Printed): _____

Participant Signature: _____ **Date:** _____

Case Manager Signature: _____ **Date:** _____

Project Name: _____ **CoC Grant ID:** _____



Service Agreement for CT BOS-Funded Transitional Housing Programs

This agreement explains what you and the housing program must do while you live in transitional housing (TH) paid for by the Connecticut Balance of State (CT BOS) Continuum of Care (CoC) using FY26 CoC Bonus funds. By signing this, you agree to take part in the services and substance use disorder (SUD) treatment, if that applies, you need to stay housed. The TH program commits to providing these services and supports and linking you to any needed SUD treatment. The combination of services, supports, SUD treatment and affordable housing is designed to help all tenants assume the full rights and responsibilities of tenancy.

CT BOS housing programs aim to help every person build a stable foundation in the community. Participants are encouraged to actively use the program's services and to connect with community resources that support increased independence.

Participant Responsibilities (What You Agree to Do)

Meet With My Case Manager

I will meet with my case manager on a regular schedule. My case manager will help me find resources that can make it possible for me to get and stay housed. They will also help me think about my goals and how I can become more independent. My case manager will also talk with my landlord, if I have one, to help make sure I am following my lease and to help me fix any problems that come up.

We will talk about how this housing program can be a step toward other housing options and my long-term goals. Together, we will make a housing plan. At each meeting, we will check my progress, talk about any setbacks, and look for services or resources that can help me. I agree to meet regularly and to use the services and resources they offer, including SUD treatment, if that applies to me, so I can be successful in my housing.

Work on My Housing Plan

I will work with my case manager on a housing plan. I will follow through on the tasks that help me stay housed, like going to appointments, following up on services, and working on income or stability goals. I will turn in papers and documents needed for recertification or other program rules on time. I know these are requirements for continuing to get help from this housing program.

Use Supportive Services

I will take part in services the program offers or refers me to. These may include SUD treatment, classes, support groups, counseling. Participation will be required for me to stay in the program.

Follow House Rules and Lease Terms

I will follow the rules for the building and my lease. I will respect neighbors, keep my unit clean, and not break the law. I will not let people stay in my unit without permission. I will allow staff to inspect my unit with proper notice. I understand that having a good record as a

tenant and following the lease will give me more housing options in the future, such as a larger unit perhaps with family and friends or a place in a different neighborhood.

Pay My Share of Rent (if I have one)

If I must pay part of the rent, I will pay it on time every month. I will let the program know if my income or the number of people in my household changes. My case manager will go over how rent is figured out and help make sure the amount I pay is correct.

Act Safely and Respectfully

I will treat staff and other tenants with respect. I will not use violence or threats or do things that make others unsafe. I agree that everyone deserves to be treated with respect and to feel safe in their homes.

Engage in Substance Use Treatment

I will take part in treatment or counseling that the program requires. I understand that taking part in these services helps me keep my housing.

Engage for a minimum of 20 hours per week

I will take part in employment, case management, counseling, treatment, volunteering, education, job training, and/or other services and activities provided or recommended by the program for at least 20 hours per week. This requirement does not apply if I am age 62 or over or I have a qualifying disability. My case manager will help me to determine if I have a qualifying disability.

Program Responsibilities (What the Program Agrees To Do)

Provide Support and Case Management

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Provide a Fair Grievance Process

I have the right to file a grievance (a complaint) if I disagree with a decision or feel I was treated unfairly. The program will review my grievance and will not punish me for speaking up.

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the issue. My case manager will talk with me about the issue, discuss why this is a problem, discuss what needs to change, and help me work on fixing it.

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Participant Name (Printed): _____

Participant Signature: _____ **Date:** _____

Case Manager Signature: _____ **Date:** _____

Project Name: _____ **CoC Grant ID:** _____

Evidence of Coordination and Non-Interference with Local Efforts
to Advance Protecting Public Safety

Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety

Connecticut Balance of State Continuum of Care (CT-505)

This attachment indexes the evidence that CT BOS cooperates with, and does not interfere with or impede, local efforts to advance the four public safety objectives, and that CT BOS providers assist first responders. It is organized as: (1) the state outreach policy that directs coordination with law enforcement; (2) the state and local laws CT BOS operates alongside for each objective; (3) the programs through which coordination occurs; (4) published documents and news coverage verifying that coordination in practice; and (5) the records CT BOS holds.

1. State Policy Directing Coordination with Law Enforcement

Connecticut Statewide Street Outreach Standards (Department of Mental Health and Addiction Services, updated 2025). These Standards govern Department of Housing (DOH), DMHAS, and CT BOS-funded Street Outreach projects. They do not merely permit coordination with law enforcement — they name police departments as outreach partners and require each Coordinated Access Network (CAN) outreach plan to encompass police initiatives. Applicable language is highlighted below.

Standards section	Applicable text (operative language highlighted)	What it evidences
Section 3 — CAN roles and project responsibilities	<i>“Together with informal outreach partners like soup kitchens, locally funded outreach teams....police departments, and other municipal departments, Street Outreach projects work to identify and engage people living unsheltered to move toward housing.”</i>	State policy names police departments as outreach partners for the same projects CT BOS funds. Coordination is the expected posture, not a local exception.
Section 3 — Outreach Planning	<i>“Projects are required to: Establish a single outreach plan per CAN following a template that encompasses all outreach activities within the CAN, including locally funded outreach teams or other informal outreach partners like feeding programs, police homeless initiatives, etc.”</i>	A binding requirement that each CAN's outreach plan account for police homeless initiatives — documentary proof the CoC is structured to coordinate, not to work around law enforcement.
Section 3 — Project responsibilities	<i>“Participating in any coordinated community efforts to assist people living in encampments, including efforts to bring sanitation or other municipal services to encampments.”</i>	Directs participation in municipally led encampment efforts — evidence of non-interference with local clearance and sanitation operations.
Section 3 — Project responsibilities	<i>“Providing information to CAN and 211 for the public on how to report concerns regarding an unsheltered person and maintaining a process for prioritizing response to public concerns ... e.g., frontline staff following up on calls about a person who appears to be experiencing unsheltered homelessness.”</i>	Establishes a public and first-responder referral channel into outreach, assisting responders with encounters they cannot resolve alone.
Section 1 — Field safety	<i>“Know your backup plan. How close will your outreach partner be? How long will it take for the police, ambulance, or a crisis team to get there? Plan any interventions accordingly.”</i>	Operational integration of first responders into outreach planning at the field level.

2. State and Local Laws CT BOS Operates Alongside

CT BOS has adopted no policy or practice opposing, delaying, or obstructing enforcement of any authority below. Rows marked “Constraint” identify laws or gaps that limit the CoC's ability to advance an objective, with the CoC's mitigation.

2.1 Objective 1 — Clearing tents and encampments on public property

Authority	Citation	Source link	Relevance
Municipal powers act	C.G.S. §7-148	cga.ct.gov — Chapter 98	Legal basis for enforceable local park-hours, trespass, and loitering ordinances.
Simple trespass	C.G.S. §53a-110a	cga.ct.gov — Chapter 952	The provision most CT BOS municipalities use, together with park-closure hours, in place of dedicated camping bans.
New Haven park rules — camping, overnight stays, temporary structures; controlled substances and alcohol	New Haven Code of Ordinances, Ch. 19	library.municode.com — New Haven	Local ordinance example, enforced including on the New Haven Green. Also supplies the public-use hook under Objective 2.
New Milford park rules — overnight camping barred except by permit	New Milford Code, Art. IV, §§14-62–14-65	newmilfordct.myrec.com — park rules	Second CT BOS local ordinance example (Litchfield County), enforceable by fine.
CT DOT commuter facilities — camping and establishing residence prohibited	Regs. Conn. State Agencies §13b-29-4	regulations.justia.com — §13b-29-4	Covers commuter lots and transit property, a common encampment location; pairs with the T-HOP outreach partnership in §3.

2.2 Objective 2 — Decreasing public use of illicit drugs

Authority	Citation	Source link	Relevance
Possession and drug paraphernalia / use offenses	C.G.S. §§21a-279, 21a-267	cga.ct.gov — Chapter 420b	Enforcement authority for public possession and use.
Police protective custody of intoxicated persons	C.G.S. §17a-683	cga.ct.gov — Chapter 319j	The treatment-not-jail pathway CT BOS providers support at the point of police contact.
Pretrial drug education and community service program	C.G.S. §54-56i	cga.ct.gov — Chapter 960	Statutory diversion that remains active and does not depend on specialty court dockets.
Simple possession reclassified as a misdemeanor	P.A. 15-2 (June Sp. Sess.); §21a-279 as amended	cga.ct.gov	The reclassification of simple possession as a misdemeanor rather than a felony supports the CoC's lower barrier use of the §17a-683 protective custody pathway, helping police connect people found in possession with treatment, rather than felony arrest.

2.3 Objective 3 — Standards addressing danger to self or others

Authority	Citation	Source link	Relevance
Emergency examination custody — police and licensed clinicians, including Mobile Crisis	C.G.S. §17a-503	cga.ct.gov — Chapter 319i	The authority CT BOS outreach staff are trained to activate; extends emergency-certificate authority to Mobile Crisis clinicians, tying outreach directly to lawful commitment authority.
Physician's emergency certificate; probate commitment	C.G.S. §§17a-502, 17a-497, 17a-498	cga.ct.gov — Chapter 319i	Inpatient commitment framework following emergency examination.
Probate commitment for inpatient substance use treatment	C.G.S. §17a-685	cga.ct.gov — Chapter 319j	Commitment pathway where a person is dangerous when intoxicated or gravely disabled.

2.4 Objective 4 — Information sharing in accordance with SORNA

Authority	Citation	Source link	Relevance
Connecticut sex offender registry — including transient and homeless registrants	C.G.S. Ch. 969, §§54-250–54-261	cga.ct.gov — Chapter 969	Registration duty extends to registrants with no fixed address, who must describe where they habitually live — the provision most relevant to this population.
DESPP public registry and national data sharing	DESPP Sex Offender Registry	communitynotification.com — CT registry	Public site searchable by name, town, and ZIP; DESPP transmits data to NCIC and the national public website.
Family-shelter admission bar; residence verification on law enforcement request	P.A. 09-7 (Sept. Sp. Sess., §118); Regs. Conn. State Agencies §17b-800-4	cga.ct.gov	Requires CoC shelter registry checks at intake and establishes the procedure for releasing residence information to officers.
Connecticut sex offender registry framework (Megan's Law-based)	DOJ SMART Office jurisdiction status	smart.ojp.gov — implementation status	CT operates a conviction-based registry; The information-sharing objective is still met through NCIC/NSOPW transmission and the transient-registrant reporting provisions.
HMIS privacy and confidentiality framework	HUD HMIS Data Standards; 24 CFR 578.103; VAWA	hudexchange.info — HMIS	Registrants' independent statutory duty to report to DESPP operates outside of HMIS; providers use releases of information and prompt registrants at intake.

3. Programs Through Which Coordination Occurs

Program	Operator and law enforcement partner	Source link	How it coordinates with law enforcement
Transit Homeless Outreach Program (T-HOP)	CT DOT, DMHAS, and DESPP; Connecticut Harm Reduction Alliance outreach workers	DMHAS — Housing and Homeless Services	Badged outreach workers engage unsheltered individuals at CT Rail and CT fastrak stations in evening hours. Per DMHAS: “State Troopers will also be available during evening outreach to support the safety of the CT Rail, CT fastrak employees, outreach teams, and riders.” Began with Hartford and New Britain stations.
Connecticut CLEAR (Community and Law Enforcement for Addiction Recovery)	DMHAS-supported, BJA COSSUP-funded; McCall Behavioral Health Network (Litchfield County). CT BOS police partners: Torrington, Winsted, Watertown	DMHAS — CLEAR program overview (PDF)	Pre-arrest deflection. Police partners refer individuals via MOU through a shared data platform; a deflection-trained officer and a CLEAR outreach specialist co-respond within 24–36 hours. Officers complete a POST-accredited two-day Deflection Academy.
988 / Mobile Crisis	DMHAS statewide crisis system; local police and CIT-trained officers	DMHAS	Statewide crisis response. Mobile Crisis clinicians who have completed required training may take a person into custody for emergency examination under C.G.S. §17a-503, and co-respond with police on behavioral health calls.
Elm City COMPASS	Continuum of Care, Inc., with the City of New Haven; responds to 911 calls	City of New Haven — Housing & Homelessness Services	Non-police crisis response team of social workers and peer counselors dispatched to 911 calls involving mental health, substance use, and homelessness; accompanies New Haven police on behavioral health crisis calls.
CMHC Law & Psychiatry Unit; Jail Diversion Coordinator; REST	Connecticut Mental Health Center (DMHAS/Yale), Greater New Haven	DMHAS	Local diversion infrastructure where CLEAR does not operate. REST provides a medically supervised safe place during crisis, including for intoxication, as an alternative to custody.
PATH (Projects for Assistance in Transition from Homelessness)	DMHAS, SAMHSA-funded	DMHAS — PATH	Outreach and engagement to unsheltered individuals with serious mental illness; a service destination for first-responder referrals.
Severe Cold Weather Protocol	State of Connecticut; DOH and DMHAS with municipalities and first responders	CT Department of Housing	Activates coordinated sheltering during cold-weather emergencies; outreach workers engage unsheltered individuals alongside police and municipal personnel.
Opioid settlement investments; naloxone distribution	Opioid Settlement Advisory Committee; providers and police departments	CT Opioid Settlement	Funds risk mitigation, naloxone saturation, and post-overdose follow-up capacity used jointly by providers and first responders.

4. Published Documents and News Coverage Verifying Coordination

The following are independent or agency-published sources — not CoC self-report — showing law enforcement and CoC-aligned providers operating together.

Source	Date	Link	What it verifies
DMHAS, “Police Deflection with Harm Reduction & Outreach: Connecticut’s Multi-Site Approach” (CLEAR program overview)	Presented to ADPC; data through Feb. 2024	portal.ct.gov/dmhas (PDF)	Documents police partnership by MOU, officer deflection training, and co-response within 24–36 hours. Law enforcement voices include Chief Bernegger, Watertown Police Department (a CT BOS jurisdiction): <i>“Officers feel good about trying to help people rather than arresting them.”</i> Reports 543 new referrals and 4,074 completed interactions statewide, Aug. 2022–Feb. 2024.
DMHAS, Housing and Homeless Services — Transit HOP program description	Current	portal.ct.gov/dmhas	State agency description of a CT DOT / DMHAS / DESPP outreach partnership in which State Troopers are assigned to <i>“support the safety of the CT Rail, CT fastrak employees, outreach teams, and riders.”</i>
McCall Behavioral Health Network — Connecticut CLEAR joins National Day of Deflection	July 18, 2023	mccallbhn.org	Names the CLEAR police partners in CT BOS geography (Torrington, Winsted, Watertown) and quotes Watertown’s chief describing deflection as a tool that lets officers <i>“better serve the members of our community.”</i>
New Haven Independent, “Lamberton Bridge Encampment Bulldozed”	Aug. 2023	newhavenindependent.org	Independent account of a state-led clearance in CT BOS geography in which CT DOT, state, city, and MTA police were joined on site by outreach workers from COMPASS, the Connecticut Mental Health Center, and Columbus House. Reports that the state deferred action for roughly six months because the city sought time to arrange outreach, and that a city official attended to signal that the city <i>“support[s] what they’re doing”</i> while ensuring people were <i>“connected with resources.”</i>
FOX61, “CT DOT evicts around 20 people from homeless encampment in New Haven, citing safety concerns”	Aug. 2023	fox61.com	Broadcast coverage of the same clearance confirming that shelter was offered to residents and that <i>“local advocacy and intervention groups were there to help the residents,”</i> including the Elm City COMPASS team; the DOT spokesperson describes waiting for shelter capacity before acting.

5. CoC Records Evidencing Coordination

The following records are held by CT BOS or its member agencies and are available to HUD on request.

- **CT BOS Provider Survey on Public Safety Coordination (July 2026).** A 16-item survey of front-line outreach and housing agencies across six CAN regions on law enforcement contact frequency, encampment clearance coordination, crisis and overdose response, deflection, and sex-offender registry support. Instrument, response file, and summary findings are on file. Results are cited in the CoC Application narrative responses.
- **CAN meeting minutes and attendance records.** Documenting law enforcement participation in regular CoC convenings, including weekly encampment meetings.
- **Street outreach logs and encounter records.** Documenting pre-clearance engagement, service offers, and joint response with officers.

- **Safety in Outreach training materials and rosters.** Documenting staff preparation for crisis engagement and coordination with first responders.

Local Competition Scoring Tool

Connecticut Balance of State (BOS) Continuum of Care

FY2026 CoC Program Competition: Attachment to Question 1D-1

This attachment includes the following components of CT BOS's local competition scoring process:

1. Renewal Project Evaluation Tool — Adult Programs (PSH, RRH, TH)
2. Renewal Project Evaluation Tool — Youth Programs (Youth PSH/RRH/TH, YHDP RRH, YHDP RRH Div/RE, YHDP Crisis TH)
3. New Project Scoring Tool — Transitional/Interim Housing
4. New Project Scoring Tool — Transitional/Interim Housing & Coordinated Entry (Category 4 / DV Bonus)

 **Notes Objective Criteria**  **Notes System Performance Criteria**

Connecticut Balance of State (BOS) CoC — 2026 Renewal Evaluation, Adult Programs

Scored Criteria Only

REQUIRED — Supportive Services Participation

All projects must require participation in services for all project participants.

Projects not meeting this requirement will receive a score of 0 points.

Evaluation Criteria	2026 Benchmark / Standard & Data Source	2026 Points — 1st Tier			2nd 2026 Standard	2026 Points — 2nd Tier			3rd 2026 Standard	2026 Points — 3rd Tier		
		PSH	RRH	TH		PSH	RRH	TH		PSH	RRH	TH
PERFORMANCE												
Spending on last year's HUD grant. ¹ Projects over \$2M: leave <\$75k unspent. Projects \$250K–\$2M: spend 95% & leave <\$50k unspent. Projects under \$250K: spend 85%.	See box to the left / Zengine	15	15	15	All projects spend at least 80%.	10	10	10		N/A	N/A	N/A
Occupancy (based on quarterly unit utilization). ²	90% / HMIS & Zengine	25	25	25	80%	15	15	15		N/A	N/A	N/A
EMPLOYMENT INCOME: Percentage of adult participants who increased earned income from entry to exit/follow-up. ⁴	25% PSH / 25% RRH / 40% TH	50	50	55	15% PSH / 15% RRH / 30% TH	25	25	28		N/A	N/A	N/A
All adult participants with NON-CASH benefits excluding health insurance. ³ (allowance for DV)	95% / DV only – 76% / HMIS	20	20	20	85% / DV only – 71%	15	15	15	75% / DV only – 66%	5	5	5
TH Only (DV Projects): Length of stay is 2 years or less. (Special for DV)	100% / HMIS	N/A	N/A	10	90%	N/A	N/A	6		N/A	N/A	N/A
PSH Only: Percentage of participants who remain in PSH or exited to permanent housing. ⁵	95% / HMIS	25	N/A	N/A	90%	15	N/A	N/A	85%	5	N/A	N/A
RRH and TH Only: Percentage of leavers who exited to Permanent Housing. ⁵	95% / HMIS	N/A	25	25	85%	N/A	15	15	80%	N/A	5	5
RETURNS TO HOMELESSNESS: Percentage of leavers who returned to homelessness within 12 months or less.	PSH: ≤7% / RRH & TH: ≤11%	50	50	55	PSH: ≤14% / RRH & TH: ≤22%	25	25	28		N/A	N/A	N/A
Consumer Surveys – Response Rate. ⁶	35% / Survey Monkey & DMHAS	15	15	15	25%	5	5	5		N/A	N/A	N/A
Lateness Penalty: 5 points deducted for each document submitted late.	Submitted on-time / RED	-5	-5	-5		N/A	N/A	N/A		N/A	N/A	N/A
Contacts Penalty: 2 points deducted for not updating/confirming Zengine Contacts semi-annually.	Update/Confirm contacts / Zengine	-2	-2	-2		N/A	N/A	N/A		N/A	N/A	N/A
TOTAL POINTS AVAILABLE		200	200	220								

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

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- ² Excludes new projects and projects transferred to a new provider.
- ³ Excludes participants who are not yet required to have an annual assessment. Non-Cash Benefits in HMIS include SNAP, WIC, TANF childcare services, TANF transportation services, other TANF-funded services, and other sources.
- ⁴ Excludes participants not yet required to have an annual assessment or exit assessment.
- ⁵ Excludes deceased participants, programs with only 1 exit with a bad outcome, and exits from housing to seek safety, foster care/group home, hospital, long-term care/nursing home, & substance abuse treatment.
- ⁶ 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.

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

FY26 Required Point Disclosures — Maximum Points Available

Maximum Points Available: Adult PSH = 200 | Adult RRH = 200 | Adult TH = 220
Objective Criteria Points Available: 200 (PSH) | 200 (RRH) | 220 (TH) - all Renewal Evaluation criteria are objective, data-driven measures (HMIS/Zengine).
System Performance Points Available: 125 (PSH) | 125 (RRH) | 138 (TH) - from the Earned Income, Exit-to-Permanent-Housing, and Returned-to-Homelessness measures, each tied to HUD System Performance Measures.
Returns to Homelessness performance: 50 pts (Adult PSH) | 50 pts (Adult RRH) | 55 pts (Adult TH)
Employment Income performance: 50 pts (Adult PSH) | 50 pts (Adult RRH) | 55 pts (Adult TH)
Supportive Services Participation: required of all participants — see gate requirement above (0 points if not met).

 = Objective Criteria  = System Performance Criteria (tied to HUD System Performance Measures)

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Connecticut Balance of State (BOS) CoC — 2026 Renewal Evaluation, Youth Programs

Scored Criteria Only

Column key: Y-PSH = Youth PSH | Y-RRH = Youth RRH | Y-TH = Youth TH | H-RRH = YHDP RRH | H-D/RE = YHDP RRH Rapid Exit/Diversion | H-CTH = YHDP Crisis TH | Y-Nav = YHDP Youth Navigators (not scored)

REQUIRED — Supportive Services Participation

All projects must require participation in services for all project participants.

Projects not meeting this requirement will receive a score of 0 points.

Evaluation Criteria	2026 Benchmark / Standard	2026 Points — 1st Tier							2nd 2026 Standard	2026 Points — 2nd Tier							3rd 2026 Standard	2026 Points — 3rd Tier						
		Y-PSH	Y-RRH	Y-TH	H-RRH	H-D/RE	H-CTH	Y-Nav		Y-PSH	Y-RRH	Y-TH	H-RRH	H-D/RE	H-CTH	Y-Nav		Y-PSH	Y-RRH	Y-TH	H-RRH	H-D/RE	H-CTH	Y-Nav
PERFORMANCE																								
* Spending on last year's HUD grant.¹ Projects over \$2M: leave <\$75k unspent. \$250K–\$2M: spend 95% & leave <\$50k unspent. Under \$250K: spend 85%.	See box to the left / Zengine	15	15	15	15	15	15	0	All projects spend at least 80%.	10	10	10	10	10	10	0		N/A	N/A	N/A	N/A	N/A	N/A	N/A
* Youth TH & RRH and YHDP RRH & RRH Div/RE: Occupancy (based on quarterly unit utilization).²	90%	N/A	25	25	25	25	N/A	0	80%	N/A	15	15	15	15	N/A	0		N/A	N/A	N/A	N/A	N/A	N/A	N/A
* YHDP Crisis TH & Youth PSH: Occupancy (based on quarterly unit utilization).²	1 empty bed per quarter	25	N/A	N/A	N/A	N/A	25	N/A	1.5 empty beds per quarter	10	N/A	N/A	N/A	N/A	10	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A
* Youth TH: All participants with NON-CASH benefits excluding health insurance.³	95%	N/A	N/A	20	N/A	N/A	N/A	N/A	85%	N/A	N/A	15	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A
* # EMPLOYMENT INCOME: Youth PSH, RRH & TH, YHDP Crisis TH, RRH — % of participants who increased earned income from entry to exit/follow-up.⁴	PSH/RRH/TH 25%	40	45	55	45	N/A	50	N/A	PSH/RRH/TH 15%	20	23	28	23	N/A	25	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A
* # YHDP Crisis TH: Length of stay is 60 days or less.	55%	N/A	N/A	N/A	N/A	N/A	10	N/A	45%	N/A	N/A	N/A	N/A	N/A	5	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A
* # Youth TH Only: Length of stay is 1 year or less.	90%	N/A	N/A	10	N/A	N/A	N/A	N/A	80%	N/A	N/A	5	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A
* # PSH: Percentage of participants who remain in PSH or exited to permanent housing.⁵	95%	25	N/A	N/A	N/A	N/A	N/A	N/A	85%	15	N/A	N/A	N/A	N/A	N/A	N/A	80%	5	N/A	N/A	N/A	N/A	N/A	N/A
* # Youth/YHDP RRH & RRH Div/RE and Youth/YHDP TH: % of leavers who exited to Permanent Housing.⁵	95% Youth TH / 85% Youth/YHDP RRH, RRH Div/RE / 60% YHDP Crisis TH	N/A	25	25	25	25	25	N/A	85% Youth TH / 75% Youth/YHDP RRH, RRH Div/RE / 50% YHDP Crisis TH	N/A	15	15	15	15	15	N/A	75% Youth TH / 70% Youth/YHDP RRH, RRH Div/RE / 45% YHDP Crisis TH	N/A	5	5	5	5	5	N/A
* # Youth/YHDP RRH, RRH Div/RE, YHDP Crisis TH: % of leavers who exited to homeless shelter, unsheltered, or unknown.⁵	Less than 5%	N/A	10	N/A	10	10	10	N/A	Less than 10%	N/A	6	N/A	6	6	6	N/A	Less than 15%	N/A	3	N/A	3	3	3	N/A
* # RETURNED TO HOMELESSNESS: % of leavers who returned to homeless within 12 months or less.	PSH ≤7% / YHDP RRH, RRH Div/RE, Youth TH, YHDP Crisis TH ≤11%	40	45	55	45	30	50	N/A	PSH ≤14% / YHDP RRH, RRH Div/RE, Youth TH, YHDP Crisis TH ≤22%	20	23	28	23	15	25	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A

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Evaluation Criteria	2026 Benchmark / Standard	2026 Points — 1st Tier							2nd 2026 Standard	2026 Points — 2nd Tier							3rd 2026 Standard	2026 Points — 3rd Tier						
		Y-PSH	Y-RRH	Y-TH	H-RRH	H-D/RE	H-CTH	Y-Nav		Y-PSH	Y-RRH	Y-TH	H-RRH	H-D/RE	H-CTH	Y-Nav		Y-PSH	Y-RRH	Y-TH	H-RRH	H-D/RE	H-CTH	Y-Nav
* Consumer Surveys – Response Rate. ⁶	35%	15	15	15	15	15	15	0	25%	5	5	5	5	5	5	0		N/A	N/A	N/A	N/A	N/A	N/A	N/A
* Lateness Penalty: 5 points deducted for each document submitted late.	Submitted on-time	-5	-5	-5	-5	-5	-5	0		N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A
Contacts Penalty: 2 points deducted for not updating/confirming Zengine Contacts semi-annually.	Update/Confirm contacts in past 6 months	-2	-2	-2	-2	-2	-2	0		N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTAL POINTS AVAILABLE		160	180	220	180	120	200	0																

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. Non-Cash Benefits in HMIS include SNAP, WIC, TANF childcare services, TANF transportation services, other TANF-funded services, and other sources.

⁴ Excludes participants not yet required to have an annual assessment or exit assessment.

⁵ Excludes deceased participants, programs with only 1 exit with a bad outcome, and exits from housing to seek safety, foster care/group home, hospital, long-term care/nursing home, & substance abuse treatment.

⁶ 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.

YHDP Youth Navigators is not a scored project type under this tool (0 points available).

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

FY26 Required Point Disclosures — Maximum Points Available

Maximum Points Available: Youth PSH = 160 | Youth RRH = 180 | Youth TH = 220 | YHDP RRH = 180 | YHDP RRH Div/RE = 120 | YHDP Crisis TH = 200 | YHDP Youth Navigators = not scored

Objective Criteria Points Available: 100% of total points in every column - all Renewal Evaluation criteria are objective, data-driven measures (HMIS/Zengine).

System Performance Points Available: 105 (Youth PSH, 66%) | 125 (Youth RRH, 69%) | 145 (Youth TH, 66%) | 125 (YHDP RRH, 69%) | 65 (YHDP RRH Div/RE, 54%) | 145 (YHDP Crisis TH, 73%) - from the Earned Income, Length-of-Stay, Exit-to-Permanent-Housing, Exit-to-Shelter/Unsheltered, and Returned-to-Homelessness measures, each tied to HUD System Performance Measures.

Returns to Homelessness performance: 40 pts (Youth PSH) | 45 pts (Youth RRH) | 55 pts (Youth TH) | 45 pts (YHDP RRH) | 30 pts (YHDP RRH Div/RE) | 50 pts (YHDP Crisis TH)

Employment Income performance: 40 pts (Youth PSH) | 45 pts (Youth RRH) | 55 pts (Youth TH) | 45 pts (YHDP RRH) | 50 pts (YHDP Crisis TH) | N/A (YHDP RRH Div/RE)

Supportive Services Participation: required of all participants — see gate requirement above (0 points if not met).

* = Objective Criteria # = System Performance Criteria (tied to HUD System Performance Measures)

New Project Scoring Tool — Transitional/Interim Housing

Minimum Threshold Criteria — must PASS to be scored (all Objective *)
1. Application was submitted by the deadline.
2. Applicant submitted a cover sheet containing all required information: legal name, applicant type, EIN, address, contact person, title, phone, and email.
3. Proposal included all required sections: S1 Organizational Experience & Capacity; S2 Program Design; S3 Performance Outcomes; S4 Implementation Timeline.
4. Applicant submitted the required budget template and requested funds for CoC Program eligible expenses only.
5. Proposal met format requirements (6 pages excluding cover sheet/budget; 12-pt font or larger; PDF format except budget in Excel; applicant name in header, page number in footer).
6. Project proposes the eligible program type: Transitional/Interim Housing for up to 24 months.
7. Project operates exclusively within the CT BOS region (Hartford, Litchfield, Middlesex, New Haven, New London, Windham, and Tolland counties).
8. Applicant is an eligible entity: nonprofit organization, State, local government, instrumentality of State/local government, PHA, Native American Tribe, or TDHE.
9. Project serves an eligible population meeting HUD's definition of homelessness under Category 1, 2, or 4.
10. Applicant demonstrates a history of providing housing and/or services to people experiencing homelessness.
11. Project has the ability to input client data into HMIS (or, for DV providers, a comparable database).
12. Application meets HUD's 25% match requirement (minimum 25% of the total grant request, including administrative costs, excluding leasing costs).
13. Project participates in and accepts referrals only through the applicable local Coordinated Access Network (CAN).
14. Project operates in line with HUD's CoC Program rule (24 CFR 578).
REQUIRED — SUPPORTIVE SERVICES PARTICIPATION: Project requires participation in supportive services as a condition of continued program participation for all program participants. Projects that do not have this requirement in place will receive a score of 0.

SCORING — 100 points total

1. Organizational Experience (include experience of subs/contractors if applicable)	30 pts
* The organization's history and experience providing services to people experiencing homelessness and the target populations proposed to be served.	8
* The organization's experience providing housing services, including emergency shelter, stabilization beds, transitional housing, rapid re-housing, street outreach, and medical respite, with a focus on the types of housing and services proposed.	8
* Examples of the organization's experience managing federal, state, or local grants of similar size and scope; experience managing federal grants scored favorably.	6
* The organization's staffing structure, including key staff positions, qualifications, and supervision.	4
* The organization's governance and financial management systems that ensure accountability and compliance.	4

2. Program Design	40 pts
* Overview of the proposed project: number of units/households served at a point-in-time, target population (including any special populations such as medically fragile, 62+, and/or unsheltered as a % of total), and primary program goals.	6
* Description of the facility/housing setting where units will be located (size, layout, accessibility).	3
* # LENGTH OF STAY / RAPID PH CONNECTION: Plan to ensure the briefest possible length of stay and rapidly connect participants to permanent housing options — directly measures HUD's Length-of-Time-Homeless and Successful Placement/Retention SPMs.	8
* # SUPPORTIVE SERVICES: Description of supportive services to be provided — case management, assessment/housing planning, behavioral health, substance-use treatment, medical care, income supports, and life-skills training — suited to the proposed population(s). Comprehensive, well-executed supportive services are the primary driver of shorter lengths of stay, income growth, and successful exits to permanent housing.	10
* # Approach to working with participants who have high service needs (older adults, unsheltered individuals, medically fragile individuals, long-term homeless histories, serious mental illness, substance-use disorders, domestic violence, and/or justice-system involvement) — effectively serving high-need participants is what allows a project to still achieve strong SPM outcomes with its hardest-to-house households.	8
* Strategy for working with law enforcement, health care providers, treatment providers, and other community partners as warranted by the target population(s).	5

3. Performance & Outcomes for the Proposed Project	10 pts
* # Projected point-in-time capacity, annual occupancy rate, and average length of stay.	2
* # EXITS TO PERMANENT HOUSING: Target outcome for the percentage of participants exiting to permanent housing.	2
* # EMPLOYMENT INCOME: Target outcome for the percentage of participants increasing employment income.	2

3. Performance & Outcomes for the Proposed Project		10 pts
* #	RETURNS TO HOMELESSNESS: Target outcome for reduced returns to homelessness.	2
* #	Description of how the organization will collect/report data in HMIS or a comparable database and use data for continuous program improvement.	1
*	Approach to evaluating participant satisfaction and incorporating feedback into program operations.	1

4. Implementation Timeline		10 pts
*	Detailed implementation timeline — site/unit acquisition, hiring, program start-up, and anticipated full-occupancy date; is the timeline reasonable/realistic and does it include a comprehensive staff onboarding process?	10

5. Budget and Match		10 pts
*	Required Excel budget spreadsheet with a detailed annual budget delineating leasing, operating, rental assistance, supportive services, VAWA, and administrative costs; are proposed costs eligible/reasonable and is administration ≤10% of the total budget?	5
*	Sources and amounts for the required 25% match (cash or in-kind), equal to 25% of the total budget minus leasing costs.	5

* = Objective Criteria # = System Performance Criteria (tied to HUD System Performance Measures)

TH/Interim Housing New Project Tool	Points
Sum Total of Points Available	100
Total Objective Criteria Points Available	100
Total System Performance Points Available	35
Returns to Homelessness performance	2
Employment Income performance	2

FY26 Required Point Disclosures

Supportive Services Participation: REQUIRED as a Threshold Review pass/fail gate (see Threshold Criteria above) - projects without this requirement in place score 0 and are not scored further; the underlying services are also evaluated for quality under the scored Program Design criterion (10 pts).

New Project Scoring Tool — Transitional/Interim Housing & Coordinated Entry (Category 4 / DV Bonus)

Minimum Threshold Criteria — must PASS to be scored (all Objective *)	
1. Application was submitted by the deadline.	
2. Applicant submitted a cover sheet containing all required information: legal name, applicant type, EIN, address, contact person, title, phone, and email.	
3. Proposal included all required sections: S1 Organizational Experience & Capacity; S2 Program Design; S3 Performance Outcomes; S4 Implementation Timeline.	
4. Applicant submitted the required budget template and requested funds for CoC Program eligible expenses only.	
5. Proposal met format requirements (6 pages excluding cover sheet/budget; 12-pt font or larger; PDF format except budget in Excel; applicant name in header, page number in footer).	
6. Project proposes an eligible program type: Transitional/Interim Housing for up to 24 months, or Supportive Services Only – Coordinated Entry (SSO-CE).	
7. Project operates exclusively within the CT BOS region (Hartford, Litchfield, Middlesex, New Haven, New London, Windham, and Tolland counties).	
8. Applicant is an eligible entity: nonprofit organization, State, local government, instrumentality of State/local government, PHA, Native American Tribe, or TDHE.	
9. Project serves an eligible population meeting HUD's definition of homelessness under Category 4.	
10. Applicant demonstrates a history of providing housing and/or services to people experiencing homelessness.	
11. Project has the ability to input client data into HMIS (or, for DV providers, a comparable database).	
12. Application meets HUD's 25% match requirement (minimum 25% of the total grant request, including administrative costs, excluding leasing costs).	
13. Project participates in and accepts referrals only through the applicable local Coordinated Access Network (CAN).	
14. Project operates in line with HUD's CoC Program rule (24 CFR 578).	
15. REQUIRED — SUPPORTIVE SERVICES PARTICIPATION: Project requires participation in supportive services as a condition of continued program participation for all program participants. Projects that do not have this requirement in place will receive a score of 0.	
16. Project complies with additional federal requirements beyond standard CoC regulations, including VAWA mandates for strict confidentiality, survivor choice, nondiscrimination, and emergency transfer protections.	

SCORING — 100 points total

1. Organizational Experience (include experience of subs/contractors if applicable)	30 pts
* The organization's history and experience providing services to people fleeing or attempting to flee domestic violence, dating violence, stalking, and human trafficking who qualify under HUD's Category 4 definition of homelessness.	8
* The organization's experience providing housing services (emergency shelter, stabilization beds, transitional housing, rapid re-housing, street outreach, medical respite) and experience working within CT's existing Coordinated Entry System.	8
* Examples of the organization's experience managing federal, state, or local grants of similar size and scope; experience managing federal grants scored favorably.	6
* The organization's staffing structure, including key staff positions, qualifications, and supervision.	4
* The organization's governance and financial management systems that ensure accountability and compliance.	4

Additional DV-specific factors evaluated within Organizational Experience & Program Design (not separately pointed — folded into the sections above per CT BOS scoring practice):

DV-Specific Factors — Survivor Safety, Trauma-Informed CE Process & Confidentiality	— pts
* # How well has the organization evaluated its ability to ensure the safety of survivors in existing projects, and will it improve safety in the proposed project using objective, measurable criteria (e.g., increased income from enrollment to exit, decreased DV/IPV incidents or trauma symptoms, increased intentional safety planning, ability to meet basic needs/social connectedness)?	—
* Extent to which the coordinated-entry process incorporates trauma-informed, victim-centered approaches maximizing client choice (prioritizing safety, using emergency transfer plans, ensuring confidentiality).	—
* Extent to which the organization provided examples of how it ensures survivor safety (staff safety-planning training; private intake spaces; separate interviews for couples; survivor input on unit safety features; confidential unit/congregate-space locations).	—

2. Program Design — Transitional Housing track	40 pts
* [Transitional Housing track] Overview of the proposed project: units/households served at a point-in-time, target population (special populations beyond Category 4 as a % of total), and primary program goals.	5
* Description of the facility/housing setting where units will be located (size, layout, accessibility).	3
* # LENGTH OF STAY / RAPID PH CONNECTION: Plan to ensure the briefest possible length of stay and rapidly connect participants to permanent housing options — directly measures HUD's Length-of-Time-Homeless and Successful Placement/Retention SPMs.	6

2. Program Design — Transitional Housing track		40 pts
* # SUPPORTIVE SERVICES: Description of supportive services provided — case management, assessment/housing planning, behavioral health, substance-use treatment, medical care, income supports, life-skills training — suited to the target population(s). Comprehensive, well-executed supportive services are the primary driver of shorter lengths of stay, income growth, and successful exits to permanent housing.		6
* # EMPLOYMENT INCOME: Plan to ensure at least 50% of participants exit with employment income — directly measures HUD's Income Growth SPM.		6
* Plan to supplement CoC resources with other public/private sources (mainstream health, behavioral health, social, and employment programs).		3
* # Demonstration that the project will provide 40 hours/week of customized services per participant (may include offsite/leveraged services; reduced proportionately for employed participants; does not apply to participants over 62 or with a physical/developmental disability other than SUD) — service intensity at this level is what drives measurable stabilization and income outcomes.		5
* # Approach to working with participants who have high service needs (older adults, unsheltered individuals, medically fragile individuals, long-term homeless histories, serious mental illness, substance-use disorders, domestic violence, and/or justice-system involvement) — effectively serving high-need survivors is what allows a project to still achieve strong SPM outcomes with its hardest-to-house households.		4
* Strategy for working with law enforcement, employment providers, health care providers, treatment providers, and other community partners as warranted.		2

2. Program Design — SSO-CE track (alternative to TH track above)		40 pts
* [SSO-CE track — alternative to TH track above] Overall approach to operating a HUD-compliant Coordinated Entry System (CES) — designing/implementing policies, procedures, and practices for standardized, trauma-informed, client-centered access, assessment, prioritization, engagement, and referral for survivors.		10
* # REFERRAL TIMELINESS: Plan to work with the existing CES to staff/operate access points with equitable access; administer consistent, client-choice-honoring assessment & prioritization; and ensure well-coordinated referral/case-conferencing with timely, transparent, accurate referrals and warm hand-offs — timely, accurate referrals are what drive reduced length of time homeless and successful housing placement system-wide.		15
* Plan to involve survivors in policy and program development throughout the project's operation.		8
* # Approach to CE data management — HMIS/comparable database entry, data quality monitoring, confidentiality protections, and how performance data will be used to guide continuous system improvement.		7

3. Performance & Outcomes for the Proposed Project		10 pts
* # Projected point-in-time capacity, annual utilization/occupancy rate, and average length of stay/service.		2
* # EXITS TO PERMANENT HOUSING: Target outcome for the percentage of participants exiting to permanent housing.		2
* # EMPLOYMENT INCOME: Target outcome for the percentage of participants increasing employment income.		2
* # RETURNS TO HOMELESSNESS: Target outcome for reduced returns to homelessness.		2
* # Description of how the organization will collect/report data in an HMIS-comparable database and use data for continuous program improvement.		1
* How the program will evaluate participant satisfaction and incorporate feedback into program operations.		1

4. Implementation Timeline		10 pts
* Detailed implementation timeline — site/unit acquisition (TH/IH only), hiring, program start-up, and anticipated full-occupancy date; is the timeline reasonable/realistic with a comprehensive staff onboarding process?		10

5. Budget and Match		10 pts
* Required Excel budget spreadsheet with a detailed annual budget delineating leasing, operating, rental assistance, supportive services, VAWA, and administrative costs; are proposed costs eligible/reasonable and is administration ≤10% of the total budget?		5
* Sources and amounts for the required 25% match (cash or in-kind), equal to 25% of the total budget minus leasing costs.		5

* = Objective Criteria # = System Performance Criteria (tied to HUD System Performance Measures)

DV TH/IH & SSO-CE New Project Tool	Points	Notes
Sum Total of Points Available	100	
Total Objective Criteria Points Available	100	
Total System Performance Points Available — TH track	35	

Total System Performance Points Available — SSO-CE track	30	
Returns to Homelessness performance	2	
Employment Income performance	2	TH track only — 6 additional pts scored under Program Design's employment-income target; SSO-CE track scores income indirectly through referral/placement quality

FY26 Required Point Disclosures

Supportive Services Participation: REQUIRED as a Threshold Review pass/fail gate (see Threshold Criteria above) — projects without this requirement in place score 0 and are not scored further; the underlying services are also evaluated for quality under the scored Program Design criterion (40 pts).

Local Competition Selection Results

Local Competition Selection Results

Applicant Name	Project Name	Score	Rank	Status	Requested Funding Amount	Reallocated Funds
CT Department of Mental Health and Addiction Services	CT0012 New Haven Lucht Hall	100	1	Accepted	\$ 197,243	0.00
New London Homeless Hospitality Center, Inc.	Housing for Health FY2024	100	Not Ranked	Fully Reallocated	\$ -	(56,338.00)
Killingly Housing Authority	KILLINGLY CONSOLIDATED WRAP AROUND HOUSING PROGRAM	90	2	Reduced	\$ 179,894	(63,479.00)
Thames Valley Council for Community Action, Inc.	Homeless Collaborative Network	88	3	Reduced	\$ 900,645	(125,219.00)
YWCA Hartford Region, Inc.	Soromundi Commons Supportive Housing	88	Not Ranked	Fully Reallocated	\$ -	(198,638.00)
Safe Futures, Inc.	Flora O'Neil Apartments	88	4	Reduced	\$ 75,631	(46,802.00)
St. Vincent DePaul Mission of Waterbury, Inc.	Society of Support (SOS)	85	5	Reduced	\$ 358,834	(89,854.00)
CT Department of Mental Health and Addiction Services	CT0070 Meriden Wallingford Rushford Rental Assistance	83	6	Accepted	\$ 784,412	0.00
CT Department of Mental Health and Addiction Services	CT0380 Hartford My Sisters' Place PSH 2022	83	Not Ranked	Fully Reallocated	\$ -	(127,260.00)
CT Department of Mental Health and Addiction Services	CT0054 Middletown Rental Assistance	80	7	Accepted	\$ 406,424	0.00
CT Department of Mental Health and Addiction Services	CT0076 Windham United Services Rental Assistance	80	8	Accepted	\$ 157,886	0.00
Community Renewal Team, Inc.	2026 CRT H-PASS	78	9	Reduced	\$ 546,416	(260,565.00)
CT Department of Mental Health and Addiction Services	CT0089 Norwich New London Rental Assistance	75	10	Accepted	\$ 854,400	0.00
My Sisters' Place, Inc.	Permanent Supportive Housing at MSP	75	11	Accepted	\$ 374,174	0.00
Alliance for Living	Alliance for Living-Supportive Housing Program	75	Not Ranked	Fully Reallocated	\$ -	(222,904.00)
Friendship Service Center, Inc.	Arch Street Housing	75	12	Accepted	\$ 196,458	0.00
CT Department of Mental Health and Addiction Services	CT0161 New Britain CMHA Rental Assistance	73	13	Reduced	\$ 1,177,993	(77,310.00)
CT Department of Mental Health and Addiction Services	CT0135 Hartford CHR Soromundi Commons	73	14	Accepted	\$ 294,995	0.00
CT Department of Mental Health and Addiction Services	CT0053 Middletown The Connection	73	15	Accepted	\$ 251,741	0.00
CT Department of Mental Health and Addiction Services	CT0142 Torrington Mental Health CT Rental Assistance	73	16	Accepted	\$ 223,463	0.00
Chrysalis Center, Inc.	Family Matters CT0064	73	17	Reduced	\$ 182,552	(107,795.00)
Columbus House, Inc	CT0171 CHI Consolidated SHP FY2026	70	18	Reduced	\$ 1,161,205	(125,609.00)
CT Department of Mental Health and Addiction Services	CT0359 CHI The Tyler Projects PSH Supplemental 2022	68	Not Ranked	Fully Reallocated	\$ -	(211,680.00)
New Opportunities Inc.	Meriden SHP	67	19	Reduced	\$ 51,895	(9,137.00)
CT Department of Mental Health and Addiction Services	CT0246 Greater Middletown Mercy Rental Assistance	65.2	20	Accepted	\$ 561,927	0.00
CT Department of Mental Health and Addiction Services	CT0265 BOS DMHAS 2014	65.1	21	Reduced	\$ 3,239,457	(538,029.00)
Community Renewal Team, Inc.	2026 CRT PSH Consolidated	65	22	Reduced	\$ 984,313	(197,942.00)
ImmaCare Inc.	CDF Combo 1-4 FY2026	65	23	Reduced	\$ 949,964	(194,400.00)
Chrysalis Center, Inc.	CT0139 Hartford Chrysalis Supportive Housing for Veterans	65	24	Reduced	\$ 298,769	(124,031.00)
CT Department of Mental Health and Addiction Services	CT0151 Waterbury-Torrington Housing Plus	63	25	Accepted	\$ 1,400,835	0.00
Liberty Community Services, Inc.	Liberty Consolidated Scattered Site Housing	63	26	Reduced	\$ 689,828	(101,743.00)
CT Department of Mental Health and Addiction Services	CT0062 BHCare Rental Assistance	63	27	Reduced	\$ 549,556	(131,065.00)
Friendship Service Center, Inc.	PEAK	63	28	Reduced	\$ 538,501	(223,036.00)
Community Renewal Team, Inc.	2026 CRT Project Teach	63	29	Reduced	\$ 385,901	(251,594.00)
CT Department of Mental Health and Addiction Services	CT0364 SVDP Middletown PSH Supplemental 2022	63	30	Accepted	\$ 246,912	0.00
CT Department of Mental Health and Addiction Services	CT0286 BOS DMHAS 2015	60.1	31	Reduced	\$ 2,841,544	(1,067,527.00)
CT Department of Mental Health and Addiction Services	CT0022 Greater Hartford Rental Assistance Consolidated	58	32	Reduced	\$ 4,280,757	(730,538.00)
Connecticut Department of Housing	CT0306 CT BOS DOH PSH 1	57.3	33	Reduced	\$ 790,876	(320,591.00)
Prudence Crandall Center, Inc.	Permanent Supportive Housing for people with disabilities Rosehill	57	34	Reduced	\$ 495,854	(31,973.00)
CT Department of Mental Health and Addiction Services	CT0052 Middletown Liberty Commons	57	35	Accepted	\$ 311,313	0.00
CT Department of Mental Health and Addiction Services	CT0077 Windham United Services Brick Row	57	36	Accepted	\$ 189,807	0.00
CT Department of Mental Health and Addiction Services	CT0395 New Reach New Haven PSH Bonus 2023	55	37	Reduced	\$ 512,875	(283,784.00)

Local Competition Selection Results

Applicant Name	Project Name	Score	Rank	Status	Requested Funding Amount	Reallocated Funds
Liberty Community Services, Inc.	Safe Haven	53	38	Reduced	\$ 614,011	(406,032.00)
CT Department of Mental Health and Addiction Services	CT0376 CHI Village at Park River and The Jefferson	53	Not Ranked	Fully Reallocated	\$ -	(246,575.00)
St. Vincent DePaul Place, Middletown, Inc.	SVD Middletown SHP	53	39	Reduced	\$ 234,836	(40,091.00)
CT Department of Mental Health and Addiction Services	CT0129 New Haven Safe Haven	53	40	Accepted	\$ 228,437	0.00
CT Department of Mental Health and Addiction Services	CT0013 New Haven Cedar Hill	53	41	Accepted	\$ 222,899	0.00
CT Department of Mental Health and Addiction Services	CT0131 Hartford Hudson View Commons	53	42	Accepted	\$ 207,431	0.00
CT Department of Mental Health and Addiction Services	CT0073 Manchester CHR Rental Assistance	50	43	Reduced	\$ 745,364	(119,764.00)
Windham Regional Community Council	Project Home C	50	44	Reduced	\$ 466,225	(140,819.00)
CT Department of Mental Health and Addiction Services	CT0141 Torrington CHD Pilots	50	45	Accepted	\$ 351,156	0.00
CT Department of Mental Health and Addiction Services	CT0023 Hartford Mary Seymour Place	50	46	Accepted	\$ 276,557	0.00
CT Department of Mental Health and Addiction Services	CT0172 Hartford Sue Ann Shay Place	50	47	Accepted	\$ 163,905	0.00
CT Department of Mental Health and Addiction Services	CT0237 Waterbury East Main Street	50	48	Reduced	\$ 109,321	(17,570.00)
CT Department of Mental Health and Addiction Services	CT0164 New Haven Rental Assistance	48	49	Accepted	\$ 4,028,377	0.00
New Opportunities Inc.	Freedom Walk	48	50	Reduced	\$ 448,879	(121,057.00)
CT Department of Mental Health and Addiction Services	CT0382 CHI The Tyler, Rockview II and Mather Street	47	Not Ranked	Fully Reallocated	\$ -	(364,061.00)
Chrysalis Center, Inc.	CT0191 St. Philip House	47	51	Reduced	\$ 145,140	(81,783.00)
CT Department of Mental Health and Addiction Services	CT0355 St. Mary's Place	47	Not Ranked	Fully Reallocated	\$ -	(43,969.00)
Center for Human Development Inc.	PILOTS (CT0121)	45	52	Accepted	\$ 840,762	0.00
CT Department of Mental Health and Addiction Services	CT0358 LCHF Rural PSH Project	44	53	Reduced	\$ 191,020	(87,580.00)
Chrysalis Center, Inc.	CT0066 Greater Hartford Chrysalis Rental Assistance	40	54	Accepted	\$ 1,622,959	0.00
Chrysalis Center, Inc.	CT0240 Walking Into Wall Street	40	55	Reduced	\$ 560,707	(192,166.00)
CT Department of Mental Health and Addiction Services	CT0378 Chrysalis Oxyboxo Lofts	38	Not Ranked	Fully Reallocated	\$ -	(144,949.00)
CT Department of Mental Health and Addiction Services	CT0361 CHI Greater New Haven PSH Supplemental 2022	33	56	Reduced	\$ 763,680	(416,332.00)
CT Department of Mental Health and Addiction Services	CT0362 CRT Hartford PSH Supplemental 2022	30	Not Ranked	Fully Reallocated	\$ -	(385,200.00)
CT Department of Mental Health and Addiction Services	CT0363 New Reach New Haven PSH Supplemental 2022	30	57	Reduced	\$ 57,734	(180,982.00)
St. Vincent DePaul Place, Middletown, Inc.	St Vincent's Commons	27	Not Ranked	Fully Reallocated	\$ -	(92,914.00)
CT Department of Mental Health and Addiction Services	CT0211 Waterbury Step-up	25	58	Accepted	\$ 150,168	0.00
Connecticut Department of Housing	CT0278 New Reach Supportive Housing Project	Not Scored	59	Reduced	\$ 115,248	(156,916.00)
New Reach	CT0351 Youth Permanent Supportive Housing	Not Scored	60	Reduced	\$ 65,856	(43,286.00)
CT Department of Mental Health and Addiction Services	CT0365 CT BOS Unsheltered Outreach 2022	Not Scored	61	Accepted	\$ 2,260,653	0.00
Safe Futures, Inc.	Phoenix House Transitional Housing Program	100	62	Accepted	\$ 51,596	0.00
Thames River Community Service Inc.	Thames River Family Program	81	63	Accepted	\$ 195,983	0.00
Prudence Crandall Center, Inc.	Rosehill transitional living program	75	64	Accepted	\$ 191,723	0.00
The Salvation Army, a New York Corporation	YHDP Crisis Housing, Greater Hartford	72	65	Accepted	\$ 66,882	0.00
Friendship Service Center, Inc.	TLP	70	66	Accepted	\$ 210,007	0.00
Thames River Community Service Inc.	CT0307 TH YHDP	63	67	Accepted	\$ 108,336	0.00
The Connection, Inc.	CT0312 YHDP CAN 8 Application - Crisis Housing	61	68	Accepted	\$ 54,789	0.00
New Reach	CT0314 Youth Navigators Expansion	Not Scored	69	Accepted	\$ 117,018	117,018.00
Journey Home, Inc.	YHDP Greater Hartford and Central 2026 Renewal	Not Scored	70	Accepted	\$ 197,576	0.00
New Reach	CT0314 Youth Navigators	Not Scored	71	Accepted	\$ 121,415	0.00
Thames River Community Service Inc.	CT0308 YHDP Youth Navigator Eastern	Not Scored	72	Accepted	\$ 80,728	0.00
Women and Families Center	CT0309 YHDP CAN 8 Youth Navigator	Not Scored	73	Accepted	\$ 56,043	0.00

Local Competition Selection Results

Applicant Name	Project Name	Score	Rank	Status	Requested Funding Amount	Reallocated Funds
The Housing Collective	CT0318 Waterbury Litchfield CAN Youth Navigator	Not Scored	74	Accepted	\$ 51,292	0.00
The ACCESS Agency, Inc.	CT0316 YHDP Youth Navigator NE	Not Scored	75	Accepted	\$ 37,758	0.00
Connecticut Department of Housing	CT0360 BOS Unsheltered Coordinated Entry 2022	Not Scored	76	Accepted	\$ 1,616,110	0.00
Connecticut Department of Housing	CT0295 DOH CT BOS CAN SSO	Not Scored	77	Accepted	\$ 868,191	0.00
Connecticut Department of Housing	CT0379 CT BOS CCADV CE	Not Scored	78	Accepted	\$ 573,512	0.00
Advancing Connecticut Together	CT HMIS - BOS 2026	Not Scored	79	Accepted	\$ 294,061	0.00
CT Department of Mental Health and Addiction Services	CT BOS Supportive Services 2026	Not Scored	80	Accepted	\$ 9,686,228	9,200,889.00
Connecticut Department of Housing	Prudence Crandall Center's Enhanced Housing	86	81	Accepted	\$ 495,823	495,823.00
CT Department of Mental Health and Addiction Services	New Haven Columbus House Sojourners	75	82	Accepted	\$ 305,114	305,114.00
Connecticut Department of Housing	DOH CT BOS TH 2	74.8	83	Accepted	\$ 880,335	880,335.00
Connecticut Department of Housing	New Reach-Mercy TH	73	84	Accepted	\$ 612,614	612,614.00
CT Department of Mental Health and Addiction Services	Pendleton TH	68	85	Accepted	\$ 243,529	243,529.00
Connecticut Department of Housing	DOH CT BOS TH 1	63.2	86	Accepted	\$ 3,796,701	3,796,701.00
Connecticut Department of Housing	CT BOS CCADV TH 2	63	87	Accepted	\$ 3,496,051	3,496,051.00
Connecticut Department of Housing	DOH YHDP TH	61.5	88	Accepted	\$ 2,834,586	0.00
Connecticut Department of Housing	CT BOS CCADV TH 1	53	89	Accepted	\$ 6,975,995	0.00
Connecticut Department of Housing	Liberty TH	50	90	Accepted	\$ 400,928	400,928.00
Connecticut Coalition to End Homelessness	CCEH - YHDP TH	24.7	91	Accepted	\$ 456,338	456,338.00
Connecticut Department of Housing	Central CAN TH	18	92	Accepted	\$ 486,877	486,877.00
Connecticut Department of Housing	FSC and AA TH Program	Not Scored	93	Accepted	\$ 912,935	912,935.00
Connecticut Department of Housing	Safe Futures TH Program 2	Not Scored	94	Accepted	\$ 468,633	468,633.00
Connecticut Department of Housing	Safe Futures TH Program 1	Not Scored	95	Accepted	\$ 437,684	437,684.00
Continuum of Care	New Haven TH-Interim Housing 2026	90.5	96	Accepted	\$ 654,926	0.00
Friendship Service Center, Inc.	Central TH-Interim Housing 2026	82.5	97	Accepted†	\$ 358,732	0.00
New London Homeless Hospitality Center, Inc.	Eastern TH-Interim Housing 2026	81	98	Accepted	\$ 612,855	0.00
My Sisters' Place, Inc.	Greater Hartford TH-Interim Housing 2026	80.5	99	Accepted	\$ 192,721	0.00
Columbus House, Inc	Meriden TH-Interim Housing 2026	77.5	100	Accepted†	\$ 1,179,025	0.00
CT Department of Mental Health and Addiction Services	CT0365 CT BOS Unsheltered Outreach 2022 Expansion	Not Scored	101	Accepted	\$ 1,516,402	0.00
CT DOH - CCADV	CT BOS DV Transitional Housing 2026	78	102	Accepted	\$ 2,862,590	0.00
Chrysalis Center, Inc.	Hartford DV Transitional Housing 2026	76	103	Accepted	\$ 1,441,322	0.00
CT Department of Mental Health and Addiction Services	BOS Planning Grant	Not Scored	Not Ranked	Accepted	\$ 1,500,000	0.00
Connecticut Department of Housing	CT0356 Prudence Crandall Center's Enhanced Housing Options	86	Not Ranked	Fully Reallocated	\$ -	(495,823.00)
CT Department of Mental Health and Addiction Services	CT0011 New Haven Columbus House Sojourners	75	Not Ranked	Fully Reallocated	\$ -	(305,114.00)
Connecticut Department of Housing	CT0339 CT BOS RRH Bonus 2019	74.8	Not Ranked	Fully Reallocated	\$ -	(880,335.00)
Connecticut Department of Housing	CT0383 New Reach New Haven RRH 2022	73	Not Ranked	Fully Reallocated	\$ -	(612,614.00)
CT Department of Mental Health and Addiction Services	CT0297 Pendleton PSH	68	Not Ranked	Fully Reallocated	\$ -	(243,529.00)
Connecticut Department of Housing	CT0294 DOH CT BOS RRH	63.2	Not Ranked	Fully Reallocated	\$ -	(3,796,701.00)
New Reach	CT0315 Youth Crisis Housing	Not Scored	Not Ranked	Fully Reallocated	\$ -	(117,018.00)
Connecticut Department of Housing	CT0338 CT BOS CCADV RRH	63	Not Ranked	Fully Reallocated	\$ -	(3,496,051.00)
Connecticut Department of Housing	CT0330 CT BOS CCADV RRH	53	Not Ranked	Fully Reallocated	\$ -	(6,975,995.00)
Connecticut Department of Housing	Liberty Consolidated Rapid Rehousing	50	Not Ranked	Fully Reallocated	\$ -	(400,928.00)
Connecticut Department of Housing	CT0279 Central CAN RRH	18	Not Ranked	Fully Reallocated	\$ -	(486,877.00)

Local Competition Selection Results

Applicant Name	Project Name	Score	Rank	Status	Requested Funding Amount	Reallocated Funds
Connecticut Department of Housing	FSC and AA RRH 2024 (CT0407)	Not Scored	Not Ranked	Fully Reallocated	\$ -	(912,935.00)
Connecticut Department of Housing	Safe Futures Joint TH-RRH Program (CT0408)	Not Scored	Not Ranked	Fully Reallocated	\$ -	(468,633.00)
Connecticut Department of Housing	Safe Futures Joint TH-RRH Program (CT0398)	Not Scored	Not Ranked	Fully Reallocated	\$ -	(437,684.00)

† Accepted - CoC Bonus projects submitted original budgets which were corrected/reduced in order to comply with CT BOS CoC's & HUD's competition requirements

HMIS, Coordinated Entry & YHDP Youth Navigator projects are not scored. Also, projects not yet having a full year of operation (e.g. 1st time renewals, 1st year of recipient or change of component type) are not scored.

DOH YHDP TH and CCEH YHDP TH are YHDP Replacement Projects for CT0352 and CT0354, submitted by the same recipients. Per HUD's YHDP process, replacements are not reallocations and are show without reallocated funds.

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CT BOS Policy to Advance Recovery



Substance Use and Recovery Housing Policy

Adopted July 2026

Purpose

The Connecticut Balance of State Continuum of Care (CT BOS CoC) is committed to ensuring that CoC-funded housing projects operate in compliance with federal law, HUD requirements, the FY 2026 CoC Notice of Funding Opportunity (NOFO), and future CoC Program NOFOs. The CoC also recognizes that substance use disorders are treatable medical conditions and supports access to evidence-based treatment, recovery services, and recovery-oriented housing opportunities.

Prohibited Activities in CoC-funded housing projects

All CT BOS CoC-funded **housing projects** must comply with the following requirements:

1. Shall not operate drug injection sites or "safe consumption sites."
2. Shall not knowingly distribute drug paraphernalia on or off property under their control.
3. Shall not knowingly permit the use or distribution of illicit drugs on property under their control.
4. Shall not conduct, permit, encourage, facilitate, or allow any of the activities described above under the pretext of "harm reduction."

All project applicants and recipients must comply with all certifications and assurances required by HUD in the applicable CoC Program Competition.

Recovery and Treatment Services

The CT BOS CoC urges all CoC-funded projects to:

- Assist participants in accessing substance use disorder (SUD) treatment when requested or clinically appropriate;
- Establish referral relationships with licensed treatment providers within or outside of the CoC;
- Connect participants to medication-assisted treatment, outpatient treatment, inpatient treatment, peer recovery supports, recovery coaching, and other evidence-based services within or outside of the CoC;
- Coordinate with recovery housing providers and recovery-oriented systems of care within or outside of the CoC;
- Support participants pursuing recovery goals consistent with their individual needs and preferences.



Recovery Housing and Treatment-Based Programs

Nothing in this policy restricts or prohibits CoC-funded housing projects that require program participants, as a condition of assistance, to maintain sobriety or participate in SUD treatment or recovery programming. Nothing in this policy restricts or prohibits projects from partnering with treatment providers, recovery programs, or recovery housing operators.

Participant Rights

Nothing in this policy shall be interpreted as requiring:

- Program participants to be sober to receive assistance;
- Program participants to participate in treatment to receive assistance; or
- Automatic eviction, termination, or program exit for a violation of a drug-related lease or program requirement.

Though individual CoC projects may implement the requirements above, the CoC does not require that they do so. Applicants may opt to decline an offer for assistance if the project does not meet their needs. Doing so will not impact their position on the By Name List.

Projects may establish and enforce program rules and lease requirements consistent with 24 CFR Part 578, fair housing laws, disability rights requirements, and applicable due process protections.

Compliance Monitoring and Remedies

The CT BOS CoC will monitor compliance with this policy through its established monitoring and compliance oversight processes.

If the CoC determines that a project has violated this policy, the CoC may take one or more of the following actions:

1. Require corrective action and submission of a corrective action plan;
2. Require staff training or technical assistance;
3. Place the project on a performance improvement plan;
4. Consider the violation during local competition scoring, project review, or ranking processes;
5. Pursue any additional remedies available under CoC governance documents, grant agreements, or federal regulations.

Serious, repeated, or unresolved violations may be considered in future funding decisions and may be referred to the CoC Board (i.e., Steering Committee) for review.



Connecticut Balance of State Continuum of Care

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

Applicability

This policy applies:

- To all housing projects submitted by the CT BOS CoC for funding
- To all recipients and subrecipients operating CoC-funded projects within the CT BOS CoC geographic area.
- Beginning with projects funded through 2026 Continuum of Care Program competition (i.e., with operating start dates in CY2027)