

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 2023 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2023 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 2023 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

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

1A. Continuum of Care (CoC) Identification

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

1A-3. CoC Designation: CA

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

1B. Coordination and Engagement–Inclusive Structure and Participation

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2022 to April 30, 2023:	
	1. select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC's coordinated entry system; or	
	2. select Nonexistent if the organization does not exist in your CoC's geographic area:	

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing CoC Board Members	Participated in CoC's Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
3.	Disability Advocates	Yes	Yes	Yes
4.	Disability Service Organizations	Yes	Yes	Yes
5.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
6.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
7.	Hospital(s)	Yes	Yes	Yes
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes	No	Yes
9.	Law Enforcement	Yes	No	Yes
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
11.	LGBTQ+ Service Organizations	Yes	Yes	Yes
12.	Local Government Staff/Officials	Yes	Yes	Yes
13.	Local Jail(s)	Yes	No	Yes
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	Yes

16.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
17.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
18.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
19.	Other homeless subpopulation advocates	Yes	Yes	Yes
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	Yes
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	Yes	Yes
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	Yes
28.	Other Victim Service Organizations	Yes	Yes	Yes
29.	State Domestic Violence Coalition	Yes	Yes	Yes
30.	State Sexual Assault Coalition	Yes	No	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.	CT Department of Labor	Yes	Yes	Yes
35.	US Department of Veterans Affairs	Yes	Yes	Yes

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

	Describe in the field below how your CoC:
1.	communicated a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;
2.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
3.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 characters)

1) Public invitations to join the CoC were announced via email blast (to over 500 people) and on the CoC website (www.ctbos.org) at least twice/year. But anyone can join the CoC at any time and sign up for multiple free email listservs via the CoC website. All CoC Steering Committee (SC) meetings & Coordinated Access Network (CAN) meetings and work groups were open to the public. Meeting materials were posted on the CoC website. Each CoC meeting announcement went out to over 300 people. 2) The CoC posted a commitment to Section 508 compliance on its website, has updated the website and content reflecting same, and published documents in accessible format ensuring effective communication with people with disabilities. Interpreters (including sign language), TRS phone services & large print materials were available as needed. 3) The CoC listserv included organizations serving culturally specific groups (i.e., Black, Latino, Indigenous, other People of Color, persons with disabilities) as well as numerous People with Lived Experience of Homelessness (PWLEH) to address equity. The listserv has continually grown as new organizations have engaged in the process. As a part of the CoC's participation in the HUD Race Equity Demo, the CoC has reached out to culturally specific organizations to address equity and be more representative of the homeless population. Latino and black-led organizations have been a focus of outreach as the data shows those groups overrepresented in the homeless population in CT.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section V.B.1.a.(3)	
	Describe in the field below how your CoC:	
	1. solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;	
	2. communicated information during public meetings or other forums your CoC uses to solicit public information;	
	3. ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and	
	4. took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.	

(limit 2,500 characters)

1) The CoC solicited & considered input from a broad array of stakeholders via the CoC Steering Committee (SC) & a variety of subcommittees (e.g., HMIS, Youth Advisory Board (YAB), Policy & Advocacy, HMIS and Data Leadership, Outreach & Engagement, Systems Operations). The SC includes 8 state/federal agencies, 12 representatives for 6 different CoC regions, 5 advocacy organizations & 8 community representatives who are people with lived experience of homelessness (PWLEH) including 2 Youth designated seats. The SC held open public monthly meetings. Most committees met monthly. Participants included people w/extensive knowledge of homelessness from housing, health, mental health, substance use treatment, education, employment, DV, food insecurity, advocacy, philanthropy, faith, business, government & non-profit sectors & PWLEH. The CoC communicated info via monthly meetings, email listserv & CoC website & sought stakeholder & public input on policies, evaluation criteria & methodologies, priorities for new funding & other key decisions. The stakeholders described above provided feedback on policy proposals, program standards, resource allocation & other important topics. 2) All CoC meetings were public. SC meetings convened via Zoom. Announcements of public forums & comment opportunities were disseminated through the CANs (600+ recipients) & CoC (500+ recipients) email listservs. All SC meeting agendas, policy/planning documents & minutes were also posted on the website. 3) The CoC posted a commitment to Section 508 compliance on its website, has updated the website & content reflecting same, & published documents in accessible format ensuring effective communication w/people with disabilities. Interpreters (including sign language), TRS phone services & large print materials were available as needed. 4) The CoC considered input to address new approaches/improvements as follows: committees (including all listed above) convened stakeholders, synthesized their feedback to the SC (for example, CAN reps gather input from other regional stakeholders & report back); CoC staff compiled feedback & presented to the SC. Examples of changes from input from PWLEH on the CoC's CLIP (Consumer Leadership Involvement Project) Committee are revisions to the CoC's by-laws to make them more consumer-friendly. CLIP also recommended updating the CoC's Participant Satisfaction survey and recently completed a revision that will be used in the 2024 CoC renewal evaluation.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section V.B.1.a.(4)	
	Describe in the field below how your CoC notified the public:	
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
2.	about how project applicants must submit their project applications—the process;	
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and	
4.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.	

(limit 2,500 characters)

1) CTBOS notified the public about the request for applications by distributing the application for new projects via its website, listserv (500+ persons) & websites/listservs (6K+ recipients) of other statewide organizations. Anyone can join the CoC's email list via the web. The application was also posted on Facebook. The RFP notice reached hundreds of organizations. Application instructions (publicly posted on the web and linked to emails) state that "all entities that meet HUD eligibility criteria are encouraged to apply, including those that have not previously received CoC funds". Technical assistance was provided to ensure the process was accessible to all applicants. 2) Written instructions and a live, publicly accessible, webinar (recorded and posted to CoC website) provided a deadline, steps for application submission, detailed instructions/information, and opportunity for question/answer to ensure accessibility of the process to all organizations, including those not previously funded. Applications for new projects are submitted through an online database specially built for this process. Use of this system is free to any applicant and simply requires a web browser. Assistance and Technical assistance to use this system was provided to all applicants and was reviewed in the RFP webinar. 3) The CoC notified the public about how applications were chosen for submission to HUD in the publicly posted application instructions and scoring rubric posted to the website, and explained in a public webinar, which was also posted to the CTBOS site. 4) The CoC has implemented a plan to ensure accessible communication, posting a statement on the website regarding commitment to Section 508 electronic format accessibility. The website has been remediated and documents posted/published have been reviewed to meet accessibility requirements. The new project application instructions, along with submission instructions were reviewed for accessibility prior to distribution. The webinar included visual and audio guidance on applicant eligibility, instructions on application completion and submission. Interpreters (including sign language), TRS phone services & large print materials have been available as needed.

1C. Coordination and Engagement

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

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section V.B.1.b.	
	In the chart below:	
1.	select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
2.	select Nonexistent if the organization does not exist within your CoC's geographic area.	

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

18.		
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section V.B.1.b.	

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

(limit 2,500 characters)

1) ESG recipients include the CT Department of Housing (DOH) & the jurisdictions of Waterbury, Hartford, New Britain & New Haven. At Steering Committee (SC) meetings, DOH reported on ESG monitoring activities, services and outcomes and sought input on the planning and allocation of ESG funds. Steve DiLella, SC Co-Chair & DOH representative to the SC brought feedback, including funding priorities, from the SC to DOH and used this information in planning and allocating ESG funds. At BOS SC mtgs, the CoC provided feedback on resources needed and weighed in on the allocation of ESG-CV funds and DOH reported out on the status of the ESG-CV spending. Con Plan jurisdictions receiving ESG funds presented Action Plans annually at SC meetings, which include ESG allocations, including Michael Santoro of DOH presenting the State of CT Action Plan. The SC provided feedback. The SC also provided consultation to DOH throughout the year on their ESG proposed services, including identification of any concerns or gaps in the plan. The CoC also gave input on the allocation of ESG through the local Coordinated Access Networks (CANs). In Waterbury, Hartford, New Britain and New Haven, ESG entitlement communities, CAN SC representatives worked with ESG recipients on planning, allocation, performance standards and monitoring for ESG projects. 2) All ESG projects entered data in the CT HMIS. The CoC reviewed ESG performance through quarterly SPMs review and analysis. CCEH, a CT BOS SC member, monitored performance of ESG recipients under contract with CT DOH. CAN staff along with CoC funded agencies provided feedback and suggestions to ESG recipients on subrecipient performance. Performance outcome data for ESG funded RRH and ES projects were publicly available at ctcandata.org. 3) The CoC provided 2023 HIC/PIT homeless counts for inclusion in Con Plan updates for all 17 Con Plan jurisdictions & regions covered by the State Con Plan. 4) Additional local data, including average length of stay, income changes, exit destination, returns, and number of households served was available for each CAN and all HMIS participating projects at ctcandata.org. DOH ensured local information was addressed in state Con Plan updates. CANs worked with the other jurisdictions to ensure local info was communicated and addressed in Con Plan updates.

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

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

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

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

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

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

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

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

(limit 2,500 characters)

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

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
	NOFO Section V.B.1.d.	

Describe in the field below written policies and procedures your CoC uses to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

The CoC has adopted and regularly updated written policies that summarize educational rights and eligibility for educational services and require all projects to inform families with children and youth of those rights & eligibility at intake and as necessary. These policies are informed by and in compliance with the McKinney-Vento Education Act and the Every Student Succeeds Act (ESSA). The policy requires that all projects serving families and youth have a dedicated educational liaison to coordinate with the local school district and to advocate for educational services for participants in their programs. The policies also require that Coordinated Access Networks (CANs) help to ensure that all families and youth who qualify are informed about their educational rights and service eligibility and that they receive those services. The policy requires that each project designate a staff person responsible for: helping participants to understand their educational rights; ensuring enrollment in school and early childhood education; ensuring that students get access to all services, programs, and extracurricular activities for which they are eligible; and ensuring that children & young adults receive the required transportation services. The policy also requires that each program take additional actions, such as, ensuring that the designated staff person is involved in the development of service plans where there are significant unmet educational needs. The policy requires that each program ensures that all children and youth are enrolled in school immediately, even if they lack the paperwork normally required, are unable to pay fines/fees, or have missed deadlines. Young people who are not required by law to enroll in school must be encouraged and assisted to enroll, and families must be encouraged and assisted to enroll children in early childhood education programs. The CoC provides a sample educational rights and services policy that all projects are required to adopt. Project sites are required to hang posters in English & Spanish targeted to parents and youth, describing educational rights and providing local contact information for people who can assist in accessing services and supports. The CoC provides annual training on these policies and monitors compliance through its monitoring programs.

1C-4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section V.B.1.d.	

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	Yes	Yes
2.	Child Care and Development Fund	Yes	No
3.	Early Childhood Providers	Yes	Yes
4.	Early Head Start	Yes	Yes
5.	Federal Home Visiting Program—(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes	No
6.	Head Start	No	Yes
7.	Healthy Start	No	Yes
8.	Public Pre-K	Yes	Yes

9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.	School Readiness Council	No	Yes

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Collaboration with Federally Funded Programs and Victim Service Providers.
	NOFO Section V.B.1.e.

In the chart below select yes or no for the organizations your CoC collaborates with:

	Organizations	
1.	state domestic violence coalitions	Yes
2.	state sexual assault coalitions	Yes
3.	other organizations that help this population	Yes

1C-5a.	Collaboration with Federally Funded Programs and Victim Service Providers to Address Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC regularly collaborates with organizations indicated in Question 1C-5 to:

1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

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

1C-5b.	Coordinated Annual Training on Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC coordinates to provide training for:	
1.	project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and	
2.	Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).	

(limit 2,500 characters)

1) CT Coalition Against Domestic Violence (CCADV) provides high-quality training to CoC project staff. Through the CCADV Training Institute, CoC project staff receive comprehensive training on best practices in increasing victims' safety and planning protocols, enhancing advocacy skills, coordination of services, and others using trauma-informed and victim-centered methodologies. The CoC via CCADV provides training to CoC project staff on trauma informed care and victim-centered services at least annually. At their most recent CoC-wide homeless/housing system training, CCADV presented "Understanding the Basics of Domestic Violence and Safety Planning". 95 were in attendance. Partners from CCADV, CT Coalition to End Homelessness, CT Dept. of Children and Families, CT Children's Medical Center also provides training semi-annually to CoC project staff on best practices and planning for survivors using a trauma-informed and victim centered lens. 2) The CoC via CCADV provides training to Coordinated Access Network (CAN) staff on trauma informed care and victim-centered services at least annually. Trainings include: semi-annual safety planning and annual victim centered care. As stated above, these trainings focused on trauma-informed and victim centered care offering strategies to increase victims' safety, provide planning protocols, enhance advocacy skills and coordinated services. Trainings highlighted the availability of Safe Connect, a statewide 24-hour hotline available to survivors and providers specializing in intimate partner violence and the provision of information, options, and services available. At the most recent CoC-wide homeless/housing system training, CCADV presented "Understanding the Basics of Domestic Violence and Safety Planning". 95 were in attendance, including numerous coordinated entry staff.

1C-5c.	Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC's coordinated entry includes:	
1.	safety planning protocols; and	
2.	confidentiality protocols.	

(limit 2,500 characters)

1) The CoC's Coordinated Access Network (CAN) system includes safety planning protocols by incorporating the following practices: training all CAN staff on DV-related issues, including risk assessment and trauma-informed care; providing trauma-informed services (e.g. reducing number of times survivors must repeat stories); providing a "front-door" DV screening at the 211 level, which is the entry point to the CANs, and referring to DV services when needed; providing safety assessment options for survivors and/or immediate referral to domestic violence (DV) services as needed; providing the option for survivors to access the statewide network of DV providers; using the mode of communication preferred by the survivor and maintaining flexibility in communication (e.g. text, call, email, Zoom, etc.); and allowing self-certification of homelessness/actively fleeing status for DV survivors as required by federal law. 2) The CoC's CAN system includes confidentiality protocols as described here: when meeting in person, providing a space to talk that preserves privacy and confidentiality; taking steps to limit hard copy personal private information (PII) and following confidentiality protocols when hard copy PII exists (e.g. turning over any papers on desk; keeping such information in a locked file cabinet in a locked office when staff is not in office; all CAN staff receive training in confidentiality and privacy rights afforded to DV survivors under VAWA and CT law and staff follow those laws; enabling survivors to decline having their personal identifying information put into HMIS (an anonymous record can be created) without limiting access to programs, and explaining rights and options related to this; as warranted and in keeping with client choice, placing survivors on the CoC's by name list anonymously.

1C-5d.	Used De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below:	
1.	the de-identified aggregate data source(s) your CoC used for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and	
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.	

(limit 2,500 characters)

1) The CoC used Efforts to Outcomes (ETO), an HMIS comparable system managed by the CT Coalition Against Domestic Violence (CCADV), to source de-identified aggregate data on survivors. 2 other sources used are HMIS & CCADV admin data 2) The CoC uses the de-identified data from ETO (which allows for collection of data while ensuring VAWA compliance), to identify special needs related to DV, dating violence, sexual assault, and stalking to understand their demographic makeup, prior living situations, sources & amounts of employment & nonemployment income, and disabling conditions. Data from ETO is exported for CoC DV program evaluations with respect to performance on the SPMs (exits to PH, increase in earned & other cash income) for each project. This enables comparisons across populations and the development of similar but also unique evaluation standards based on the needs of survivors. For example, victims may require a longer length of stay in RRH because of the sudden change in household income, ineligibility for public benefits due to abusers' income & the trauma that results from the violence. Data has been used to assess receipt for non-cash benefits & to identify locations from which survivors are entering the system. As a result, staff increased efforts to connect clients with benefits & the system is developing different PH prioritization criteria for survivors in shelters & in the community while factoring in risk, needs & access to services. Data from this system is used to evaluate the extent to which CoC funded DV projects are achieving outcomes & meeting the needs of survivors, e.g., increasing earned & other income, enrolling in non-cash benefits, exiting participants to permanent housing (PH), & helping participants maintain PH. DV providers are trained on entering data into ETO to ensure data quality & client confidentiality. The CoC uses 2 other data systems to assess survivor needs: 1) All HUD required data is collected & entered by non-victim service providers about survivors into HMIS. Survivors sign a consent to be entered into HMIS or can be entered anonymously & are counseled around any potential risks to safety. 2) Data from the DV coalition data system are also used. For example, data revealed that outside of basic needs at 22.1%, survivors identified housing as their next greatest need at 17.2%. The CoC uses the data from all three systems to assess survivors needs, understand gaps, and plan project and systems improvements.

1C-5e.	Implemented Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:	
1.	whether your CoC has policies and procedures that include an emergency transfer plan;	
2.	the process for individuals and families to request an emergency transfer; and	
3.	the process your CoC uses to respond to individuals' and families' emergency transfer requests.	

(limit 2,500 characters)

1) The CTBOS CoC has adopted the Model Emergency Transfer Plan (HUD-5381). The CoC Emergency Transfer Plan requires all providers and Coordinated Access Networks (CANs) to use consistent procedures prioritizing safety & facilitating access to a new unit as needed. All projects regardless of funding source are required to follow the Emergency Transfer Plan, which has been incorporated into CoC Policies & Procedures. The CoC has also adopted a policy that requires the CANs and all CoC, ESG and locally funded homeless services projects to inform all individuals and families seeking or receiving homelessness assistance, regardless of known survivor status, of the emergency transfer plan and their rights under it. 2) The CoC created a brief, user friendly notice available in English and Spanish that clearly explains the Emergency Transfer Plan policies and procedures, including the process for individuals and families to request an emergency transfer. All homeless services projects are required to briefly explain the transfer policy and provide the notice upon application for assistance, at project intake, and at annual recertification. 3) The CoC has adopted a policy that requires CANs and all CoC-funded homeless services projects to inform all individuals and families seeking or receiving homelessness assistance, regardless of known survivor status, of the emergency transfer process. The CoC created a brief, user friendly notice in English and Spanish that clearly explains the process that the CoC uses to respond to individuals' and families' Emergency Transfer requests, including timing of responses, what happens if the housing provider receiving the request does not immediately have a new unit available or if resident believes the new unit would not be safe, and information on accessing a unit outside of the CoC. CoC-funded programs and CANs are required to briefly explain the transfer process and provide the notice upon application for assistance, at project intake, and at annual recertification.

1C-5f.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC:	
1.	ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within the CoC's geographic area; and	
2.	proactively identifies systemic barriers within your homeless response system that create barriers to safely house and provide services to survivors of domestic violence, dating violence, sexual assault, or stalking.	

(limit 2,500 characters)

1) To ensure safe access to all housing & services for DV survivors, the CoC uses 3 primary strategies: 211, its 6 regional Coordinated Access Networks (CANs) & a 24-hour Statewide DV Hotline operated by SafeConnect. 211 has regular communication w/SafeConnect and a designated DV housing advocate attends all local CAN meetings & actively participates in case conferencing of all cases. All DV survivors are included (anonymously) on the State's BNL (By Name List) ensuring victims get equitable access to resources whether they enter through the DV or the CAN CES. This ensures that survivors can access the full range of available housing & services. CAN protocols include screening all clients & referring any w/ indications of DV, dating violence, sexual assault, trafficking or stalking to the Hotline for safety planning & referral. If the Hotline determines that a household is not eligible or cannot be accommodated in the survivor-specific system, or the survivor prefers not to pursue services from that system, the Hotline refers the client to the appropriate CAN for assessment & referral in accordance w/ the same protocols applied to non-survivor applicants. Survivors consider options & determine what is safest & best aligned with their needs/preferences. Survivors can receive assistance from any project for which they are eligible, including those funded by the CoC, ESG, DOH, DMHAS, etc. CAN policies explicitly prohibit denial of access due to DV survivor status, ensuring they have safe & confidential access to all CAN & victim services, & equal access & choice to seek the full array of housing and services available either through the survivor-specific system or CANs. CAN & HMIS policies & procedures outline protocols to ensure survivor choice while maintaining safety & confidentiality, including the ability to create anonymous HMIS records 2) Active participation by CT's statewide DV Coalition, & other DV service providers in the CoC's Steering Committee (SC), plus regular meetings among stakeholders at the CAN level help identify systemic barriers in the system. SC members review, provide feedback, discuss, & vote on all CoC-wide policies including CAN policies, Emergency Transfer, & more. Examples of resulting action taken include: development of partnerships with law enforcement to identify & assist youth connected to human trafficking, community education & outreach related to human trafficking, & adjustments to outreach/CAN access service days/hours.

1C-5g.	Ensuring Survivors With a Range of Lived Expertise Participate in Developing CoC-Wide Policy and Programs.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC:	
1.	ensured survivors with a range of lived expertise are involved in the development of your CoC-wide policy and programs; and	
2.	accounted for the unique and complex needs of survivors.	

(limit 2,500 characters)

1) The CoC ensured survivors with a range of lived expertise participate in developing CoC-wide policy and programs as follows: The CoC has 3 Consumer Representatives (CR) who are DV survivors with lived experience of homelessness who are voting members on the Steering Committee (SC). These individuals have participated in CT homeless programs and provide their expertise in that area when reviewing, providing feedback and voting on CoC-wide policies and plans including, for example, the Emergency Transfer Plan, and new project priorities. CRs are safely engaged via a voluntary recruitment process that includes access to a provider which can guide participation decisions. They are trained at a 2-session CT BOS Orientation w/ CT BOS staff and encouraged to view the Intro to BOS webinar and reach out with questions. They are compensated on an hourly basis (\$25/hour) for CoC work (training, meeting prep & attendance, etc.) by check, Venmo or direct deposit for services provided on a monthly basis. An example of integration of survivor feedback is the creation of the Emergency Transfer Plan notice in which survivors suggested a plain language version of the plan to provide program participants an easy-to-understand guide to the plan. Additional examples of survivor roles are: members of provider agency senior staff, boards of directors, tenant/advisory councils, focus groups, and program recipients. All program participants, including survivors, are requested to complete a consumer satisfaction survey annually to provide feedback on the program and services received. Feedback from providers also led to a partnership w/ Aurora Foundation and creation of wraparound services for survivors pursuing a local community college degree whereby flexible funds are used to meet basic needs and remove barriers to success. 2) The CoC has accounted for the unique and complex needs of survivors by asking name preferred and pronouns used and providing multiple options for safe communication (e.g. phone, text, Zoom, email). The CoC does not request anyone to disclose victim status. Any such disclosure is voluntary and kept confidential. We have asked CRs via anonymous survey and requested non-identifying information from providers.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+—Anti-Discrimination Policy and Training.	
	NOFO Section V.B.1.f.	

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

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

Describe in the field below:

1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;
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2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1) The CoC adopted a CoC-wide anti-discrimination policy in 2018, & in 2021 reviewed a sample policy that included robust guidance for provider agencies on ensuring housing and service provision that is safe, trauma-informed, healthy, affirming, discrimination-free, & meets the needs of persons identifying as LGBTQIA+. That policy contains guidance on topics including terminology, requirements for professionalism, confidentiality, chosen titles/pronouns, gender separated facilities/services, safety, healthcare, & dress codes. It describes sanctions & penalties for violations & a grievance process. The CoC circulated the sample policy among members, including LGBTQIA+ & other organizations, sought feedback, then adopted a local version of the policy supplementing the existing 2018 policy. Voting members of the SC identify as LGBTQIA+ organizations/persons & encourage the CoC to update policies as needed. Factors impacting this include consumer & provider feedback, & updates to local, statewide, national, &/or best practice policy/guidance. 2) The CoC provided a sample project-level antidiscrimination policy consistent with both the original & new supplemental CoC-wide anti-discrimination policies. The sample project-level CoC policy ensures that persons identifying as LGBTQIA+ receive supportive services, shelter, & housing free from discrimination. The CoC provided annual Equal Access trainings, including overviews of both the CoC-wide & project-level anti-discrimination policies. Webinars are led by an LGBTQIA+ identified trainer & provide opportunities for questions about implementation of the sample project-level policy. 3) The CoC's monitoring program evaluates project compliance w/ anti-discrimination & Equal Access policies by reviewing agency policies, participant handbooks, case notes, & by interviewing project staff. Per the anti-discrimination policy, participants may file a grievance if they believe their rights have been violated & the CoC will follow up on any noncompliance identified through this process to ensure corrective action (CA). 4) Failure to adhere to anti-discrimination requirements results in a finding. The monitoring team makes recommendations to correct the finding & the provider must submit a CA plan to the CoC. CoC consultants are available to provide support as agencies work to correct findings. If subsequent monitoring indicates that a project is unable to make the necessary changes, the project could risk being reallocated.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area—New Admissions—General/Limited Preference—Moving On Strategy.	
	NOFO Section V.B.1.g.	
	<p>You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.</p> <p>Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC's geographic area, provide information on the one:</p>	

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2022 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
CT Department of Housing	59%	Yes-HCV	Yes
Housing Authority of the City of Hartford	23%	Yes-HCV	Yes

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section V.B.1.g.	
	Describe in the field below:	
	1. steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or	
	2. state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.	

(limit 2,500 characters)

1) The CoC has coordinated closely with all PHA's in the geographic area. Both of the noted PHAs in the CoC, CT Department of Housing (DOH) and the Housing Authority of the City of Hartford have successfully implemented homeless preferences in their HCV programs and a preference for persons moving on from PSH. CT DOH is/has been represented on the CoC Steering Committee (SC) and the HA of the City of Hartford works/has worked closely with the Coordinated Access Network (CAN) in that area, which has two representatives on the CoC Steering Committee. This has enabled regular and close communication around unmet needs and the continued need for affordable housing resources for those experiencing homelessness. Each of the 6 Coordinated Access Networks throughout the CoC has had PHAs as active members to foster those partnerships and improve system-wide ability to meet the need for affordable housing resources for homeless people. PHAs in BOS regions have worked with the CoC and the CANs to develop policies and procedures to verify homeless status and process applications submitted and/or recommended through the local CANs. The CoC has continued to promote the use of HCVs for Moving On from PSH and the CT Department of Mental Health and Addiction Services, the CoC Applicant and Recipient of many PSH projects, has done trainings on this topic in the past year, which has been available to all CoC recipients and posted to the CoC website. Roundtables have been held to bring together PHAs, providers and government representatives providing a forum for each (CoC and PHA) to understand the other's system, promoting the development of common goals, providing the steps necessary to implement a preference and some insight as to what to expect once the preference for homeless households has been enacted. 2) N/A.

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored—For Information Only	

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

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

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

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

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

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

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

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).	
	NOFO Section V.B.1.g.	

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored—For Information Only	

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

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

Name of PHA: Connecticut Department of Housing

1D. Coordination and Engagement Cont'd

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1D-1.	Discharge Planning Coordination.	
	NOFO Section V.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

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

1D-2.	Housing First—Lowering Barriers to Entry.	
	NOFO Section V.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition.	113
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition that have adopted the Housing First approach.	113
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2023 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.

	Describe in the field below:
1.	how your CoC evaluates every project—where the applicant checks Housing First on their project application—to determine if they are using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation; and
3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1) The CoC requires all projects to use the Housing First (HF) approach as a condition of funding and has defined what that means by adopting CT BOS CoC Housing First principles, that are aligned with and go beyond the HF commitments included in project applications. Evaluation of compliance with HF is ongoing and year-round through the CoC's Coordinated Access Policies monitored by the Coordinated Access Networks (CANs), data analysis on program entries and exits, and the CoC's ongoing monitoring process. All vacancies in CoC-funded projects are required to be filled through the CANs which prioritize persons with low or no income, substance use and mental health issues and preclude rejections based on criminal history (unless restricted by other federal, state or local law). CANs require case conferencing (CC) when projects reject applicants to ensure that reasons for rejection do not conflict with HF. In the past 6 years, the CoC has reallocated 2 projects that were not using a HF approach and assisted with a change in providers in another project. 2) To evaluate whether programs are using a HF approach, the CoC looks at policies such as admission and discharge criteria and lease requirements; exit destination data; housing stability rates; length of time from match to housing; and program participation requirements. The CANs monitor rejections and returns that reflect conflicts with HF and address through CC. Admission criteria may not reject eligible applicants due to criminal history, substance use, lack of income, poor credit, eviction history, reluctance to engage in services or other barriers. 3) The CoC's monitoring tool and ongoing program, evaluates project compliance with its HF Principles by reviewing leases, policies, participant handbooks, case notes, service plans, etc. to ensure that participation in services is voluntary and that participants are not terminated due to substance use, non-engagement with services, lack of progress on goals, or other impermissible reasons. The monitoring team also interviews program staff and participants to assess alignment with HF. Failure to adhere to HF results in a finding. The monitoring team makes recommendations to correct the finding and, if subsequent monitoring indicates that a project is unable to comply with HF, the project risks being reallocated. Through its annual renewal evaluation process, the CoC also monitors rapid placement and housing stability outcomes.

1D-3.	Street Outreach—Scope.	
	NOFO Section V.B.1.j.	

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

(limit 2,500 characters)

1) CT BOS has a well-coordinated CoC-wide street outreach (SO) strategy. Federal PATH & COVID-related funds and state resources are used to provide SO in each of the 6 Coordinated Access Networks (CANs) with additional resources for larger cities. All SO teams meet quarterly in a statewide meeting to coordinate efforts and share information. VA Outreach & other specialized teams (e.g., youth, HIV) are included in these meetings to ensure all persons are engaged. All publicly funded SO projects use the HMIS ensuring continuity as people move around the State and maintenance on the by-name-list (BNL) in spite of changes in location. Each SO project is required to coordinate outreach with their local CAN, including development of comprehensive outreach plans. Agencies receive training, TA & are monitored yearly. Teams identify and engage unsheltered people by using assertive engagement, canvassing regularly in locations such as: streets, woods, underpasses, encampments, etc., coordinate with community partners (e.g., police, libraries, soup kitchens, shelters) & maintaining a visible presence in the community. Upon ID of unsheltered persons, teams assess, refer to CANs and BNL, and stay connected until housing is obtained. SO teams use a client centered approach promoting choice, creating housing plans, and linking clients to resources (e.g. harm reduction, physical/behavioral health, employment, benefits, etc). 2) SO covers 100% of CoC's area. 3) SO is conducted M-F & weekends as needed, including early mornings & late evenings. CANs determine the most strategic schedule for their area in outreach plans, adjusting locations & frequency as needed. 911, 211 & mobile crisis cover after hours calls. 4) Multi-lingual outreach teams & translation services (including sign-language) have ensured access for people with LEP, which is/was monitored. They have used motivational interviewing to build trust & engage persons least likely to request assistance. The CoC website has publicized commitment to digital accessibility and the CoC has ensured print materials are Section 508 compliant. It has provided TRS phone service & materials in various formats (e.g., large print, Braille) when needed. 211 has provided translated materials, places advertisements for services in media outlets that target all ages & racial/ethnic/linguistic minorities, & conducted multi-lingual outreach at places serving high levels of those minorities, LGBTQIA+ people, &/or those with disabilities.

1D-4. Strategies to Prevent Criminalization of Homelessness.

NOFO Section V.B.1.k.

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

	Your CoC's Strategies	Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	No
2.	Engaged/educated law enforcement	Yes	No
3.	Engaged/educated local business leaders	Yes	No
4.	Implemented community wide plans	Yes	No

5. Other:(limit 500 characters)	

1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS.	
	NOFO Section V.B.1.i.	

		HIC Longitudinal HMIS Data	2022	2023
	Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	Longitudinal HMIS Data	3,203	2,793

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

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

	Mainstream Benefits	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	Yes
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	Yes
7.	Other (limit 150 characters)	
	SNAP	Yes

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

Describe in the field below how your CoC:

1.	systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, SSDI, TANF, substance abuse programs) within your CoC's geographic area;
2.	works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
3.	works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

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

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

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

(limit 2,500 characters)

Since before the COVID-19 pandemic, the State of CT has used non-congregate sheltering in hotels /motels for especially vulnerable households and in times of extreme cold. This use of hotels and motels expanded greatly to add a couple hundred units at any point in time during the COVID pandemic. Under contracts with the State, providers in each Coordinated Access Network (CAN) worked with local hotel/motel operators to increase capacity and secure units for persons who were unsheltered, older than age 60 and/or otherwise highly vulnerable; persons exposed to infectious diseases who need to quarantine; and to de-concentrate congregate settings to prevent the spread of disease. In addition to State resources, FEMA and COVID-19 CARES ACT funding was dedicated to increasing capacity for non-congregate sheltering. In each Coordinated Access Network (CAN), local providers have forged relationships with hotel/motel operators to locate additional units as needed and developed service models to assist people living in non-congregate settings. While funds used to increase capacity have waned, the CoC has been able to utilize some alternative funds and these relationships with hotel/motel operators to continue shelter people in non-congregate settings under special circumstances such as for particularly vulnerable people, for persons fleeing violence or stalking, for unsheltered families and during cases of extreme cold weather. For this, there are two main hotels are in use now – one in Hartford and one in Danbury and there are scattered units throughout the rest of the State. Relationships with hotel/motel operators continue to be maintained and developed. With lessons learned from these, the CoC continues to explore opportunities (both funding and non-congregate settings) to expand, particularly for people experiencing unsheltered homelessness as an alternative to other shelter options, to prevent the spread of infectious diseases and to protect highly vulnerable people from infectious diseases. In addition, the program interventions developed during the pandemic ensure best practices for non-congregate sheltering are in place now and that as expansion continues, the system has the tools in place to rapidly mobilize to increase capacity.

ID-8.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:	
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

1) The CoC improved readiness to respond to infectious disease outbreaks by establishing new policies and procedures as a result of partnerships with the CT Department of Public Health (DPH), municipal public health departments, and CT Division of Emergency Management & Homeland Security established during the COVID-19 pandemic. CoC members became part of the Command Structure which meets as needed to identify client and provider needs, and to overcome barriers and promote best practices related to preventing the spread of COVID-19 and other infectious diseases among people experiencing homelessness (PEH). The CoC has used guidance from these partner agencies to establish policies and protocols that can be used to respond to infectious disease outbreaks. These policies and procedures ensure readiness to: monitor and disseminate information from DPH, the CDC and local public health authorities; deconcentrate shelters; rapidly stand-up non-congregate beds; promptly adjust Coordinated Entry prioritization criteria; expedite housing placements; ensure the continuation of services and stakeholder coordination using videoconferencing technology; secure and disseminate PPE and disinfecting products and promote the use of masks and other measures to prevent disease transmission among staff and clients; rapidly enroll PEH in newly available public benefits; and partner with health care providers to promote vaccine/treatment confidence and ensure convenient vaccine/treatment access to project staff and clients. 2) Local FQHC's and public health officials coordinate regularly with the six BOS Coordinated Access Networks and providers are able to efficiently coordinate services to prevent and rapidly respond to infectious disease outbreaks using these established partnerships. CoC leaders and providers have improved understanding of the State's emergency response system and have built strong working relationships with key leaders in that system. CoC agencies have either developed or revised existing Infection Control Policies that can be adapted for use in future infectious disease outbreaks. When there was a surge in COVID infections in emergency shelters in the Spring of 2022, CoC providers were able to quickly mobilize with public health partners to contain the infection to prevent further spread and additional outbreaks.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC:	
1.	shared information related to public health measures and homelessness, and	
2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

(limit 2,500 characters)

1) A robust public health communications strategy ensured regular CoC communication with homeless service providers using multiple strategies: memos & other written guidance (e.g., on public health measures and related CoC protocols); CoC meetings held virtually, enabling remote attendance; emails to CoC listserv (550 + emails); By Names List case conferencing; coordination meetings; and websites maintained by the CoC & CCEH with the most up-to-date guidance about local disease protocols. The CoC shared information about public health measures needed to prevent & limit infectious disease outbreaks with homeless service providers (e.g., disseminating the latest guidance/resources from CDC & State/Local Public Health agencies). The CoC shared information from & encouraged participation in public health-related trainings & participated in HUD and HHS sponsored trainings/meetings. Relevant information has been incorporated in written guidance & reviewed in CoC meetings. Protocols have been distributed to partners. As information has become available about local public health measures (e.g., transmission precautions, vaccination strategies & availability, treatment options, stay at home orders, states of emergency), the CoC disseminated info to homeless service providers via emails to the CoC listservs & updates to the website. These have been reviewed during CoC meetings. 2) The local Coordinated Access Networks (CANs) have established robust partnerships with the FQHC's in each region of the state to respond to infectious disease outbreaks. Local healthcare & public health officials coordinated closely with the 6 BOS CANs. Partners have been able to rapidly respond & coordinate services as a result of these ongoing relationships. The CoC facilitated communication between public health agencies & homeless service providers to ensure street outreach, shelter & housing providers are equipped to prevent/limit infectious disease outbreaks among participants and ensure continuity of services. This includes facilitating: public health agency consultation on prevention and mitigation protocols; use of emergency funds to increase capacity to serve more people in decompressed space such as hotels/motels; & access to needed supplies such as additional cots, blankets, cleaning supplies, testing, treatment, & vaccinations. CoC agencies have developed and revised existing Infection Control Policies that can be adapted in response to infectious disease outbreaks.

1D-9.	Centralized or Coordinated Entry System—Assessment Process.	
	NOFO Section V.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	covers 100 percent of your CoC's geographic area;	
2.	uses a standardized assessment process; and	
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.	

(limit 2,500 characters)

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

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section V.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;	
2.	prioritizes people most in need of assistance;	
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and	
4.	takes steps to reduce burdens on people using coordinated entry.	

(limit 2,500 characters)

1) The CoC Coordinated Access Networks (CANs) affirmatively market the coordinated entry system to reach persons least likely to apply for homeless assistance targeting diversity factors including race, color, national origin, English proficiency, religion, sex, sexual orientation, gender identity/expression, age, familial status, and disability. All services are marketed in English and Spanish. Other translation services are available when needed. 211, which is the entry point to the CANs, markets through newspapers, social media, billboards and on the web. Marketing is targeted to populations cited above and outreach conducted at organizations serving those populations. CANs reach out to local agencies likely to be serving people not connecting through 211 who need special outreach, e.g., Latino service organizations, LGBTQIA+ services, etc.) 2) All CANs use a common assessment tool to prioritize those most in need of assistance (e.g., households with higher severity of mental health needs are prioritized; RRH prioritizes people at risk of severe COVID complications, chronically homeless needing a bridge to PSH, DV survivors at imminent safety risk and households without income; PSH prioritizes in accordance with Notice CPD 16-11 (i.e., based on score, length of homelessness, and level of functioning). 3) CAN policies outline timelines for each step in the process (i.e., eligibility, assessment, prioritization, referral, & placement) and the CoC monitors to ensure timely PH placement for those most in need. The CoC tracks length of time to housing placement for persons on the statewide By Name List (BNL) and includes that as an evaluation factor in renewal projects. To help ensure that participants are placed in PH that is consistent with their preferences, the CoC uses the Critical Time Intervention model to ensure housing is tailored to individual self-defined goals and needs. 4) Over the past 30 months, the CANs have worked to streamline their assessment and prioritization processes to remove invasive/unnecessary questions. Other steps to reduce barriers on people using CANs include: initial focus on problem-solving & addressing urgent needs; obtaining least amount of info necessary to prioritize & make referrals; HMIS data sharing to minimize repeat questions and reduce eligibility verification burdens; requiring low barrier documentation and providing assistance obtaining them; providing virtual and community-based CAN access.

1D-9b.	Informing Program Participant about Rights and Remedies through Centralized or Coordinated Entry—Reporting Violations.	
	NOFO Section V.B.1.p.	
	Describe in the field below how your CoC through its centralized or coordinated entry:	
1.	affirmatively markets housing and services provided within the CoC's geographic area and ensures it reaches all persons experiencing homelessness;	
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and	
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.	

(limit 2,500 characters)

1) The CoC, via its Coordinated Access Networks (CANs), affirmatively markets housing & services to all eligible persons regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, age, family status or disability through print materials at locations likely to be visited by PEH (e.g. soup kitchens, social service agencies, libraries, etc.), newspapers, social media, billboards & on the web. Marketing is multi-lingual & is more concentrated in regions experiencing higher rates of homelessness with additional targeting to those least likely to apply for assistance. Multi-lingual outreach is also conducted at unsheltered locations likely to be visited by PEH. CANs reach out to local agencies likely to be serving people not already connected to 211 which need special outreach (e.g. Latino & LGBTQIA+ orgs, etc.) The CoC also ensures that it is reaching all PEH by monitoring race equity data annually through its Race Equity & CAN dashboards. 2) The CoC requires CANs & all CoC/ESG projects to provide each applicant/participant with a Bill of Rights informing them in accessible language of their rights under federal, state, & local fair housing & civil rights laws. The Bill of Rights includes information about how to report violations & project staff assist participants to understand their rights & report violations. The CoC's monitoring program reviews client charts to assess compliance & may require submission of a follow up plan when projects have not provided the Bill of Rights. The CoC offers an annual Equal Access training covering fair housing & civil rights topics for CAN & CoC project staff. The CoC also educates project staff regarding these rights during Steering Committee meetings, helping to prepare staff to inform participants of them & support participants to pursue available remedies. 3) Through regular CoC meetings, the CoC monitors conditions/actions impeding fair housing choice for CoC/ESG participants & applicants & works with project staff to ensure that any impediments are promptly reported to the appropriate Con Plan jurisdiction. The CoC's monitoring program also reviews client charts & interviews staff to ensure programs are affirmatively furthering fair housing, including reporting any fair housing infractions to the jurisdiction responsible for certifying consistency with the Con Plan. Follow-up plans may be required from providers who do not follow this process.

1D-10.	Advancing Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section V.B.1.q.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	08/29/2023

1D-10a.	Process for Analyzing Racial Disparities—Identified Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section V.B.1.q.	

Describe in the field below:

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

(limit 2,500 characters)

1) The CoC regularly analyzes data on racial disparities in the provision of CoC funded homeless assistance and includes a race equity standard in the annual performance evaluation of CoC-funded programs. The annual performance analysis is conducted using HMIS data on returns to homelessness (RTH) by race and ethnicity and compares RTH for whites as compared to other racial and ethnic groups. In addition, the CoC has reviewed the CoC Race Equity Analysis tool in SC meetings and it has been used to inform strategies to address disparities and in the HUD Race Equity Demo work of the CoC. CT Coalition to End Homelessness (CCEH), the CoC HMIS lead agency, has created a searchable online "CT Race Equity Dashboard" that compares CT population counts to CoC by name list counts in HMIS. This dashboard can be accessed in real time by anyone and is searchable/sortable by region, race, gender, family type and age. These data are compared to 2020 Census Data. The CoC also analyzes Coordinated Access Network (CAN) data for racial disparities and has several dashboards at www.ctcandata.org that are searchable by program type/CAN. These dashboards show CAN appointments and enrollments, diversion, program entries, exits returns to homelessness, changes in income and exit destinations by race, age, gender and ethnicity. All CoC and ESG funded projects are included in these analyses. Additionally, the CoC has analyzed participant satisfaction survey results for CoC-funded projects (close to 2000 surveys per year) by race and ethnicity. The CoC looks at data on race equity at Steering Committee (SC) meetings at least twice per year. 2) Analysis of data on racial disparities reveals that Black & Hispanic persons are overrepresented in the homeless system as compared to the general population. Additionally, among young adult families with children, Hispanic persons are found at double the rate of their representation in the general population. Income in shelter is found to be lower for black people than other races, and exits to PH from TH is disproportionately low for Black people. Also, blacks were shown to have slightly higher rates of return to homelessness from TH and RRH. The CoC has also analyzed: exits to PH from ES, RRH and PSH; rates of return to homelessness from ES and PSH; and changes in income in TH, RRH and PSH by race/ethnicity and found no racial disparities but continues to monitor these metrics.

1D-10b. Implemented Strategies that Address Racial Disparities.	
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NOFO Section V.B.1.q.

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	No
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes

6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1D-10c.	Implemented Strategies that Address Known Disparities.	
	NOFO Section V.B.1.q.	

Describe in the field below the steps your CoC is taking to address the disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

The CoC is maintaining a consistent focus on addressing disparities identified through the HUD Race Equity (RE) Demo project, the HUD CoC (RE) Analysis Tool & additional analysis of data on SPMs, coordinated entry, consumer satisfaction surveys, system utilization & outcomes by race & ethnicity. To address identified disparities, the CoC has focused on increasing participation in decision-making in the CoC Steering Committee (SC) by BIPOC, young adults, Hispanic persons & persons with lived experience of homelessness (PLE). There is now a BIPOC SC Co-Chair & 8 PLE voting seats on the SC (¼ of SC voting members, 3 designated for Young Adults aged 18-24). The Consumer Leadership Involvement Project (CLIP), the CoC's vehicle for greater PLE involvement, has & continues to work to engage more BIPOC & Hispanic PLE to participate in the work of the CoC & various related committees. The CoC tracks race & ethnicity of all SC voting members & encourages the 6 Coordinated Access Networks (CANS) to identify at least 1 BIPOC and/or Hispanic representative. The CoC is focusing on RE training for providers & encouraging agencies to review their program data & identify action steps to address disparities. The CoC evaluates RE standards through CoC Monitoring. Agencies address areas of non-compliance in follow-up plans. The CoC also uses a renewal evaluation standard for projects related to rates of return to homelessness among BIPOC/Latinx as compared to other races/ethnicities. The CoC new project application includes a series of questions on addressing RE in the project and applicant agency, which are factored into each final project score. The CoC's HUD RE Demo project convened people from the homeless sector including BIPOC & PLE & reviewed data, highlighting areas with disparities; scanned all committees, workgroups, etc. with a focus on engaging more PLE, BIPOC, & Latinx people & identified a goal to deepen the engagement of PLE who are in decision-making bodies in each CAN. The CT CAN End Homelessness initiative is using a structure centering a commitment to RE & inclusion to develop a new statewide plan to prevent & end homelessness. The CoC is focused on fostering an environment of cultural humility & anti-racism & using an RE lens to view all system, agency & program level activities, centering the voices of BIPOC, youth, Hispanic & PLE while using data to inform actions.

1D-10d.	Tracked Progress on Preventing or Eliminating Disparities.	
	NOFO Section V.B.1.q.	
	Describe in the field below:	
	1. the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance; and	
	2. the tools your CoC uses.	

(limit 2,500 characters)

1) The measures the CoC has in place to track progress on preventing/eliminating disparities in the provision of homeless assistance include tracking program enrollments, exit destinations, and returns to homelessness by race, age, gender and ethnicity. CCEH, the COC HMIS lead, developed an online searchable/sortable "Race Equity Dashboard" that captures all person in the HMIS and allows for analysis for all participants by program type and By Name List (BNL) status, and to view performance on these measures across various racial groups and ethnicities. This dashboard uses 2020 census data and real-time HMIS data essentially providing instant updates on HUD CoC Race Equity Tool domains. The RE dashboard includes all CoC and ESG funded programs. The CoC also analyzes system data to track progress on preventing/eliminating disparities using various other dashboards at ctcanada.org. Data can be sorted by project type, organization, Coordinated Access Network (CAN) region, individual project, household type (family or individual), gender, age, race and ethnicity. These dashboards show people entering/exiting programs, households served, returns to homelessness, changes in income, pre-entry and post-exit living situations. The CAN appointment dashboard shows CAN appointments, enrollments, and diversion rates by race, age, gender and ethnicity. These dashboards enable the CoC to monitor progress on metrics stated and compares those rates across racial and ethnic groups to identify disparities in the provisions or outcomes of assistance. For the annual performance evaluation of CoC-funded renewal projects, the CoC is tracking rates of return to homelessness among BIPOC and Latinx persons as compared to white persons and has set a standard for performance on that measure. 2) The tools the CoC uses include the Race Equity Dashboard, the Project Performance Dashboards, and the CT CAN Appointment Dashboard. The tool used for annual performance evaluations of CoC-funded projects, is the Renewal Evaluation Database, developed by the HMIS System Administrator, into which the CoC imports HMIS and comparable database data.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC's Outreach Efforts.	
	NOFO Section V.B.1.r.	
	Describe in the field below your CoC's outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decision making processes.	

(limit 2,500 characters)

The CoC uses a variety of methods to outreach and engage those with lived experience of homelessness (PLE) in leadership roles and decision-making processes including having 8 PLE as voting members on the CoC's decision-making body, the Steering Committee (SC), and sponsoring the Consumer Leadership involvement Project (CLIP) which is a program to engage and support PLE in meaningful involvement in the decision-making of the SC and participation as leaders in other committees and advocacy efforts in the State. The CoC conducts outreach for Community Representative (CR), the 8 PLE SC voting members, by distributing applications via e-mail to the CoC listserv, announcement at SC meetings, posting to the CoC website and targeted individual CoC-recipient program outreach. CLIP outreaches to PLE's through emails, flyers, announcements at CoC and other meetings, visits to programs, targeted outreach to providers and networking of current CLIP members to their contacts through social media, word of mouth etc. The CLIP Fellow is a PLE and has/uses a vast network of contacts throughout the state. The Fellow visits programs, attends meetings in the community and conducts other targeted outreach. CLIP provides members with access to technology to participate in videoconferences, enabling them to attend SC and other decision-making meetings. CoC SC members attend CLIP meetings to provide education around CoC policies and engage input on key CoC decisions such as policies on coordinated entry, services and housing. CRs vote on CoC-wide policies regarding funding priorities, project evaluation criteria, NOFO ranking and rating factors, and program and services standards. To increase access to information for all people, especially PLE, all CoC materials are posted to the website which is mobile-friendly. Anyone can sign up for the CoC's e-mail lists which are free and used to distribute information on decisions to be made and the process to make them (all posted to the website as well). This year, the CoC recruited PLE to participate in the new project application review and scoring process, the Scoring Committee (SC) and the Grievance Committee process which resulted in great benefit to the CoC. Recruitment for PLE participation in new project review/scoring and Grievance Committee consisted of communication with the CRs and CLIP requesting volunteers. The CoC will continue such recruitment & appointment efforts.

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

You must upload the Letter Signed by Working Group attachment to the 4B. Attachments Screen.

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included in the decisionmaking processes related to addressing homelessness.	53	36
2.	Participate on CoC committees, subcommittees, or workgroups.	23	36
3.	Included in the development or revision of your CoC's local competition rating factors.	8	4
4.	Included in the development or revision of your CoC's coordinated entry process.	19	6

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

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

(limit 2,500 characters)

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

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

Describe in the field below:

1.	how your CoC routinely gathers feedback from people experiencing homelessness;
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2.	how your CoC routinely gathers feedback from people who have received assistance through the CoC or ESG Programs; and
3.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness.

(limit 2,500 characters)

1) The CoC Steering Committee (SC) includes 8 of 33 voting seats for people with lived experience of homelessness (PLE). These Community Representatives (CRs) provide regular feedback & recommendations (recs) on program & policy development at monthly SC meetings. The CoC also has a Consumer Leadership Involvement Project (CLIP), a working group of PLE who meet bi-weekly & share feedback in SC meetings. Members participate in other CoC committees such as Scoring & Grievance providing valuable input. CLIP reviewed CoC Governance documents from the PLE lens & provided recs to the SC for revisions to make them more "consumer-friendly". CLIP also gave input into the CoC Participant Survey Form & their recs were adopted. 2) Via focused recruitment efforts, many CLIP & CR are recruited by CoC agencies & have been in CoC/ESG funded projects, providing feedback as described above. The CoC requires all projects to administer satisfaction surveys at least annually to participants who have received assistance through CoC/ ESG programs. Anonymous surveys are provided in English & Spanish, & can be completed on paper, online (including on a mobile device) or verbally. Questions address access to/satisfaction with services, quality of life, confidentiality, cultural sensitivity, gaps/unmet needs, opportunities for input into services received & provide opportunities for narrative responses. Agencies provide participants with access to the survey via community meetings, email, texts & in case management meetings. Surveys are analyzed & the CoC provides: each project with aggregated participant feedback reports; a CoC-wide aggregate report; and a findings report for the SC. 3) Participant feedback indicates that the majority of people are getting their needs met. Challenges raised by PLE relate to input into how programs are run, understanding CoC processes, & SSI & employment service access. The CoC adopted policies requiring processes for ongoing input from PLE, including recs for staff & leadership, & requirements for Board positions. The CoC has provided TA on this & projects are monitored on it. The CoC has also avoided use of acronyms in meetings & held debrief meetings post SC meetings for CLIP to review &/or clarify anything necessary. In response to SSI feedback, the CoC lead agency has added 8 new SSI SOAR Specialists to improve the rate of successful SSI applications. The CoC has provided training & resources to promote employment services in funded agencies.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.t.	
	Describe in the field below at least 2 steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
1.	reforming zoning and land use policies to permit more housing development; and	
2.	reducing regulatory barriers to housing development.	

(limit 2,500 characters)

1) The Partnership for Strong Communities (PSC), a voting CoC Steering Committee member, coordinates the HomeConnecticut (HomeCT) campaign & leads the efforts for the CoC. HomeCT, seeks to ensure everyone in CT has access to safe, accessible & affordable housing in the community of their choice, provides statewide convening to increase rental assistance & investment in affordable housing & remove barriers to affordable housing production. In the last 12 months, CoC members continued to engage in advocacy meetings w/elected officials, public testimony & shared info to increase public awareness of a state bill to reform zoning rules to allow higher-density development near transit hubs (Transit-Oriented Communities). This bill, Work, Live, Ride Act, was re-introduced in the last legislative session and allows 2% of residential land in CT allow 4 or more units of multi-family housing as of right, mandate higher affordability in high opportunity communities, encourages local planning, and provide TA and funding to create TOC districts that work for individual circumstances. The bill failed, but TOC continues to garner attention & will be re- introduced at a future legislative session. The CoC & its members will continue to provide testimony & meet w/public officials to support this zoning reform & land use policy & increasing public awareness of this effort 2) Every town in CT submits an affordable housing plan to the CT Office of Policy Management. Plans require towns to identify their affordable housing needs & develop plans for future affordable housing development. CoC members participate in their local town planning processes to develop these plans to address zoning reform & removal of regulatory barriers to development. CoC members attended public hearings, submitted comments on the town plans and met w/local officials. PSC is the CoC lead on Desegregate CT, which also includes many CoC members and is advocating on the statewide level to address regulatory barriers to housing development related to current permitting laws. All 169 CT towns are required to maintain several land use commissions & processes, which particularly burdens small towns and is a barrier to housing development. The campaign seeks to allow towns to choose to create unified land use commissions w/other towns allowing housing developers to benefit from streamlined permitting. CoC members have been supporters of this effort writing letters to & meeting w/local officials & state reps.

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

1.	Enter your CoC's local competition submission deadline date for New Project applicants to submit their project applications to your CoC—meaning the date your CoC published the deadline.	04/14/2023
2.	Enter the date your CoC published the deadline for Renewal Project applicants to submit their project applications to your CoC's local competition—meaning the date your CoC published the deadline.	07/27/2023

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section V.B.2.a., 2.b., 2.c., 2.d., and 2.e.	
	You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.	
	Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:	

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes

5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes
6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	Yes

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

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.

Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	100
2.	How many renewal projects did your CoC submit?	104
3.	What renewal project type did most applicants use?	PH-PSH

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

Describe in the field below:

1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,500 characters)

1) The CoC evaluation process included criteria, standards and scores related to exits to permanent housing for all TH, PSH and RRH project types, including DV projects. The data source is/was the CT HMIS, from which the Renewal Evaluation Database (RED) (new last year) imports performance data to calculate the rate of exits to PH for every project. (DV projects export a comparable database CSV file to the RED.) The RED assigned a score based on the results, which accounts for 20% of the project's score. 2) The 2023 evaluation standards included a criterion that measured the avg length of time from a household's match to a housing resource to move-in. Data was imported to RED directly from HMIS using data on enrollment & housing move-in dates. The benchmark was set at 85% of PSH & 50% of RRH households being housed within 30 days of match. 3) The CTBOS Review & Ranking process considered each project's success in achieving measurable outcomes for people with the highest service needs & longest experience of homelessness in a "housing first" model. The CoC has funded only low barrier PSH serving exclusively the highest need and most vulnerable as prioritized by a CAN. PSH has been 100% DedPlus with majority fitting HUD chronic homeless criteria, often having criminal backgrounds & serious behavioral health disabilities, & therefore, has a lower benchmark for earned income. TH has been reserved exclusively for youth & DV survivors & has had higher length of stay thresholds, due to population specific barriers impacting rapid placement. Projects were also exempt from the maintain/exit to PH metric if a client left for safety reasons. New projects served 100% people exiting homelessness, who are likely to be actively using substances, have criminal histories, be fleeing DV, & have no income. When ranking/selecting projects, CT BOS considered these needs/vulnerabilities: chronic homelessness/dedicated Plus criteria, victimization/abuse/DV, low/no income. 4) CT BOS used different performance targets to evaluate & rank projects for different component types (PSH, RRH, TH) &/or populations served. Criteria differed for new projects & those serving youth & DV survivors. DV projects had lower benchmarks for receipt of non-cash benefits due to: ineligibility based on abuser's income, prioritization of safety, custody & legal issues over benefits. These approaches ensured that the review & ranking process was not biased against projects serving vulnerable populations.

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
	NOFO Section V.B.2.e.	
	Describe in the field below:	
1.	how your CoC used the input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;	
2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and	
3.	how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	

(limit 2,500 characters)

1) In BOS, African Americans (AA) are overrepresented in the homeless population; 13% of the population is AA compared with 34% of people experiencing homelessness (PEH). The Steering Committee (SC) determines and votes on rating factors used to evaluate projects annually. SC members come from a broad range of racial & ethnic backgrounds (21% AA; 36% BIPoC). BOS has sought to ensure that persons over-represented in the homeless population have leadership positions. BOS By-laws have had diversity criteria for SC Co-chairs; 1 of 4 SC chairs is AA. The 6 Coordinated Access Networks (CANs) were encouraged to select at least 1 person of color of the 2 SC reps per CAN (25% are BIPoC). Of the persons with lived experience (PLE) on the SC (Community Representatives (CRs)), 6 of 8 were BIPoC. Input of persons of varied races resulted in the CoC adding a rating factor to the annual renewal evaluation - rate of return to homelessness among white/non Latinx as compared to BIPoC, Latinx, & Multi-racial households. RFPs for new projects required applicants to answer questions on racial equity efforts in their agencies and programs, which is a rating factor in the new project score. 2) Ranking, selection & review processes have been established & voted on by the SC annually. BOS ensured that persons of different races have leadership roles & voting SC seats by: having diversity criteria for SC Co-chairs in BOS By-laws (1 of the 4 (25%) chairs is AA); encouraging the 6 CANs to select at least 1 person of color of the 2 reps per CAN; and encouraging the whole SC, including CRs, to mirror the racial/ethnic makeup of PEH in the CoC. Of the CRs, 50% are AA and 6 (75%) are BIPoC. The BOS Scoring Committee (25% AA/BIPoC) reviewed new project applications and provided recommendations to the SC (21% AA/36% BIPoC); 3) BOS has reviewed how projects promote racial equity & identify disparate outcomes among BIPoC & Latinx people as compared to White/Non-Latinx (accounted for approx. 5% new project points). Higher points increased chances that projects were selected and ranked higher. CoC Renewal Evaluation Standards included Rate of Return to Homelessness Among Latinx, BIPoC & Multi-Race Groups as compared to Whites/Non-Latinx. The CoC is using this data to set future scoring standards for future renewals, which will affect placement in the project rankings. In the renewal evaluation, BOS also analyzed agency consumer survey results by race and ethnicity.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section V.B.2.f.	

Describe in the field below:

1.	your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
2.	whether your CoC identified any 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.

(limit 2,500 characters)

1) The CoC has a written reallocation policy that is used to determine when to reallocate lower performing projects to create new higher performing projects. The CoC uses HIC, PIT, by-name list, project performance, system performance, monitoring results, cost effectiveness and spending data to determine how to best use resources. Projects may opt to voluntarily reallocate funds or be required to reallocate in part or in full based on non-performance or lack of need. Projects that have been in corrective action for two years or have two consistent CoC monitoring visits that demonstrate significant concerns are considered for reallocation by the BOS Steering Committee (SC). Projects are notified in writing of the potential for reallocation and provided with TA by CoC support staff to address deficiencies. After a final warning, if deficiencies persist, the SC will vote on whether to reallocate. All reallocation decisions are made by non-conflicted parties. Projects slated for mandatory full or partial reallocation may submit an appeal. A Grievance Committee reviews appeals and makes decisions. Reallocated funds are awarded competitively through an RFP. 2) The CoC identified thirteen low performing and no less needed projects this year. 3) During this competition, the CoC did not reallocate any projects. 4) The CoC Chairs and SC considered all project system performance & spending data along with the by-name list, HIC & PIT data to identify gaps in inventory & determined that there remains a critical need for all projects currently funded. The CoC has had a robust process and history of reallocating projects to fund better performers or address changes in need (6 projects reallocated in 2021 competition and all TH has been reallocated over time, except TH targeted to youth or DV). Efforts at improving performance and compliance have been successful. No projects met the criteria for mandatory reallocation this year; but as noted, thirteen low performing projects were identified. The CoC provided a Corrective Action Plan (CAP) template and requested each of those projects to submit a CAP addressing each evaluation criteria for which the performance standard was not met along with a timeframe for completion and responsible party. CAPs were reviewed and follow-up and/or feedback was provided as warranted for each program. TA was also offered to help support performance improvement.

1E-4a.	Reallocation Between FY 2018 and FY 2023.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2018 and FY 2023?	No
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	Yes
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	Yes
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes
4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	09/07/2023

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	09/07/2023
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1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project accepted or rejected status; 4. Project Rank—if accepted; 5. Requested Funding Amounts; and 6. Reallocated funds.	Yes
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting—CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/22/2023
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1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/22/2023
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2A. Homeless Management Information System (HMIS) Implementation

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Enter the name of the HMIS Vendor your CoC is currently using.	CaseWorthy
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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.	HIC Data Submission in HDX.	
	NOFO Section V.B.3.a.	

	Enter the date your CoC submitted its 2023 HIC data into HDX.	04/21/2023
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2A-4.	Comparable Database for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

In the field below:

1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in HMIS comparable databases;
2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database—compliant with the FY 2022 HMIS Data Standards; and

3. state whether your CoC's HMIS is compliant with the FY 2022 HMIS Data Standards.

(limit 2,500 characters)

1) The CoC has a comparable database (CDB) with a 100% participation rate among VSP CoC/ESG beds. The CDB is administered by the CT Coalition Against Domestic Violence (CCADV) and is used to provide de-identified LSA data to HUD, and aggregated HUD System Performance Measures and other APR data to the CoC and HMIS lead for each applicable project. The HMIS Lead has provided TA, as needed, to ensure CDB adherence to HUD's comparable database standards, including data element collection and reporting, continued submission of aggregate LSA, SPM, and APRs for each project, and improvements to SPM data quality. Though the existing CDB (ETO – Efforts to Outcomes) is generally compliant with HUD requirements, the system demands a high level of administrator & user resources. CCADV has decided to acquire a new product rather than continuing to invest in the existing system. After testing alternative products, CCADV has decided to change to CaseWorthy in order to improve efficiency, tighten compliance with HUD Data Standards, and ensure a better user and administrator experience when reporting system performance data from the CDB to the HMIS lead and CoC. These improvements are anticipated to strengthen data & reporting quality. The CoC has supported these efforts by helping CCADV to secure funding, for example, through movement of funds within an existing grant, adding eligible expenses to the HMIS budget line item in DV Bonus applications, and planning for how best to meet CDB financing needs through future CoC Competitions and/or alternative sources. This strategy has supported roll-out of an upgraded CDB, including data transfer, report testing, and user training. CCADV, the CoC and the HMIS Lead, anticipate that the efforts described above to launch an upgraded CDB will be complete by January 2024. 2) The DV housing and service providers in the CoC are using a HUD-compliant comparable database – compliant with the FY2022 HMIS Data Standards. 3) The CT Statewide HMIS is compliant with the FY2022 HMIS data standards.

2A-5. Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.

NOFO Section V.B.3.c. and V.B.7.

Enter 2023 HIC and HMIS data in the chart below by project type:

Project Type	Total Year-Round Beds in 2023 HIC	Total Year-Round Beds in HIC Operated by Victim Service Providers	Total Year-Round Beds in HMIS	HMIS Year-Round Bed Coverage Rate
1. Emergency Shelter (ES) beds	1,540	227	1,289	98.17%
2. Safe Haven (SH) beds	20	0	20	100.00%
3. Transitional Housing (TH) beds	321	65	228	89.06%
4. Rapid Re-Housing (RRH) beds	1,129	389	733	99.05%
5. Permanent Supportive Housing (PSH) beds	5,398	75	4,205	79.00%
6. Other Permanent Housing (OPH) beds	646	0	0	0.00%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section V.B.3.c.	
	For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:	
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and	
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.	

(limit 2,500 characters)

1) All bed types except PSH and OPH exceed the targeted bed coverage rate. All CoC funded PSH projects enter in HMIS but the coverage rate is only 79%. This is because the CoC has 991 HUD-VASH beds which do not enter into HMIS & significantly reduce the bed coverage rate, making up almost 100% of the PSH beds that are not included in the HMIS. The CoC has been working with the VA for some time to resolve this issue. Coordination had been ongoing with work on an MOU to share data, but efforts stalled during COVID & a change in HMIS Lead Agency staff. Work with the VA has resumed and will continue over the next 12 months with the CT Coalition to End Homelessness (CCEH), the CoC HMIS Lead, taking the lead on moving things forward to include HUDVASH units in the HMIS. Nutmeg, the HMIS administrator, has been meeting with the VA and will be exploring importing data from the VA HOMES system into the HMIS through a CSV upload, which could occur regularly and would ensure bed coverage of close to 100% for PSH. Additionally, over the next 12 months, CCEH will continue to provide "read only" access to HMIS to the VA so that the VA sees the benefits of integrating their data with the HMIS. OPH beds from new homeless-dedicated Housing Authority Vouchers were added to the HIC and PIT per HUD best practice recommendation. However, those projects are not entering data in HMIS, as, at this time, staff do not have the capacity to do so. In the next 12 months, the HMIS Lead and Administrators will research methods to integrate and/or automate data transfers in from Housing Authority systems to HMIS. 2) To increase PSH & OPS bed coverage to at least 85 percent, the CoC will implement these steps by reaching out to other VA and Housing Authority (HA) systems wherein data is exported to HMIS and facilitate a meeting with that system and our local providers (VA and HA) to discuss any questions or hesitations and follow up with action steps as needed (e.g., share documents, best practices, engage HMIS leads, etc.). CCEH will meet regularly with the VA and HAs to plan and implement the CSV export from the VA HOMES and HA system into HMIS. CCEH will coordinate with Nutmeg on specifications for the upload and other technical issues. CCEH will also work with the VA and HAs to create and execute any agreements/MOUs required for the export. CCEH will provide regular updates to the CoC Steering Committee on the progress of the integration of the HUD-VASH and HA units into the CT HMIS.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2023 HDX Competition Report to the 4B. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by February 28, 2023, 8 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2023 PIT count.	01/24/2023
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2B-2.	PIT Count Data—HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2023 PIT count data in HDX.	04/21/2023
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2B-3.	PIT Count—Effectively Counting Youth in Your CoC's Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

	Describe in the field below how your CoC:
1.	engaged unaccompanied youth and youth serving organizations in your CoC's most recent PIT count planning process;
2.	worked with unaccompanied youth and youth serving organizations to select locations where homeless youth are most likely to be identified during your CoC's most recent PIT count planning process; and
3.	included youth experiencing homelessness as counters during your CoC's most recent unsheltered PIT count.

(limit 2,500 characters)

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

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

	In the field below:
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable;
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable; and
3.	describe how the changes affected your CoC's PIT count results; or
4.	state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2023.

(limit 2,500 characters)

1) Sheltered Methodology: Methodology largely stayed the same as last year. As in 2022, this year all HMIS participating agency data was imported directly from HMIS into the Point in Time (PIT) database (DB) as compared to prior years when users would manually enter the PIT data. New this year, Non-HMIS program staff entered data into a prepared spreadsheet which was de-duplicated by the HMIS administrator prior to staff manually entering aggregate data into the PIT DB. A revised comprehensive data quality report improved de-duplication including people found in more than one program on the night of the count and other data quality efforts such as over and under-utilization. 2) Unsheltered Methodology: This also largely stayed the same as last year. HMIS street outreach (SO) program data was set up to import directly from HMIS into the PIT database. As in 2022, program staff were required to complete the HMIS Current Living Assessment (CLA) on the night of the count for any active SO clients. New - Non-HMIS SO programs were provided a spreadsheet in which to enter data. This was submitted to the HMIS administrator for de-duplication/data checks prior to staff entering their aggregate counts into PIT database for the night of PIT. Data Quality: An additional report was created this year indicating SO clients without contacts in 90 days. This assisted data quality efforts to ensure SO enrollments were current. For the unsheltered methodology described above, there was more follow-up with providers to verify up-to-date enrollments and data. De-duplication methods increased between SO and other programs as described in HMIS administrator step above. 3) Overall, both counts were more accurate due to the improvements to the PIT database, updated guidance to providers, increased ability to de-duplicate, improved data quality reports the follow-up conducted on those reports.

2C. System Performance

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1.	Reduction in the Number of First Time Homeless--Risk Factors Your CoC Uses.	
	NOFO Section V.B.5.b.	
	In the field below:	
1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;	
2.	describe your CoC's strategies to address individuals and families at risk of becoming homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time	

(limit 2,500 characters)

1) To understand the first-time homeless population, the HMIS administrator ran a report from HMIS on the first-time homeless cohort. Data were analyzed to identify patterns for possible risk factors. Results from FY22 SPMs indicate, for example, that of the first-time homeless, 19% were living w/mental health issues, 5% were domestic violence survivors & 40% had no income. 2) The CoC has made a concerted effort, using state, federal, local & private resources to prevent households from experiencing homelessness. The CoC has successfully been using diversion as a strategy to prevent homelessness & will continue these efforts. 211 serves as the "front door to the system" and connects callers facing a housing crisis w/resources to prevent them from becoming homeless. Diversion is the first intervention provided for all people seeking homeless assistance and includes: identifying alternative housing arrangements, connecting to conflict resolution & mediation, referrals to behavioral health services, utility & short-term rent and eviction prevention assistance, and legal services. Diversion will also continue to occur at the 6 local CANs for anyone who presents for a CAN appointment. In the past year, 32% of people who had a Coordinated Access Network (CAN) appointment were diverted. CT Dept. of Housing (DOH) will continue to fund diversion efforts and has established a legal services program for households facing eviction. Beginning in Jan 2023, CANs have the ability to intervene at an earlier point in the housing crisis to prevent homelessness; individuals within 5 days of becoming unsheltered & youth & families within 14 days of becoming homeless can be scheduled for a local CAN assessment. A pilot project showed that providing services at this point did not increase requests for shelter and allowed for less crisis driven interventions. Planning efforts are also exploring implementing validated prevention screening tools to ensure those most likely to become homeless are served by these expanded prevention efforts. CT Coalition to End Homelessness will continue to provide ongoing diversion training to staff and to facilitate diversion learning collaboratives for both adult and YHDP programs. CT CAN End Homelessness Systems Operations Committee is working to respond to the causes of homelessness in each CAN, implement proven methods to divert people from homelessness and quickly match people to housing. 3) CT DOH is responsible for overseeing the strategy.

2C-1a.	Impact of Displaced Persons on Number of First Time Homeless.	
	NOFO Section V.B.5.b	

Was your CoC's Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:

1.	natural disasters?	No
2.	having recently arrived in your CoCs' geographic area?	No

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

In the field below:

1.	describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
----	--

2.	describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

1) BOS monitors Length of Time Homeless (LOTH) by reviewing Systems Performance Measure outcomes quarterly at Steering Committee meetings. The average LOTH for persons in ES, SH & TH was 89 days in FY 22, a slight decrease from FY21. The CoC uses multiple strategies to reduce LOTH: dedicates 100% of PSH beds to Dedicated Plus; adopted CPD Notice 16-11 to ensure prioritization for PSH based on LOTH; requires Housing First approach at 100% of projects; provides training to staff on rapid exit, evaluates LOTH measures in program evaluations; prioritizes HCV vouchers for people moving on from PSH to increase turnover in PSH, & increases housing inventory thru the CoC as well as other federal, state & local resources (e.g., CoC added 393 RRH units and 325 PSH units from 2019 to 2023 and is applying for 4 new PSH projects and 8 new RRH projects in the 2023 NOFO, this year, DOH committed 175 new Section 8 vouchers to families experiencing homelessness). The CT Housing Finance Agency (CHFA) has and will continue to prioritize LIHTC projects creating new PSH. In 2023, CHFA awarded funds for 393 new affordable units, 168 of which are PSH for homeless people; all units go thru the CAN and serve those with the greatest LOTH. To encourage rapid exits, in the renewal evaluation process, BOS tracks length of time from project entry to housing move-in. The Housing Collective provides training to ES staff to provide housing- focused services w/the goal of reducing LOTH via rapid exits to PH. Per program standards, ES develop Housing Plans for all clients and use Motivational Interviewing and Person-Centered Planning to engage consumers in housing plans focused on rapid exit to PH. BOS has an incredibly tight housing market; CCEH Annual Training Institute in May 2023 provided training on the use of shared housing and the CoC continues to explore other affordable options to speed up placements as well as additional landlord engagement efforts. 2) The CoC identifies households with the longest LOTH using a by-name list generated by HMIS. This list tabulates the cumulative LOTH & is used to prioritize households with the longest LOTH through the Coordinated Access Networks (CAN). The Housing Placement teams in each CAN match the long-term homeless households w/vacancies & CAN staff work w/outreach, service providers, and the housing provider to obtain required documentation & remove barriers to housing access. 3) CT Dept of Housing is responsible for overseeing this strategy.

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

In the field below:

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

(limit 2,500 characters)

1)CT BOS uses multiple strategies to increase PH exits from ES, SH, TH, & RRH. Quarterly, Steering Committee (SC) reviews SPMs including exits to PH & adjusts interventions to improve performance. Performance on this metric declined slightly from 59% in FY 21 to 55% in FY 22 & strategies to increase the rate include: monitoring program performance on exits to housing, increasing subsidies & subsidized units available to homeless people, providing training to staff on strategies to rapidly rehouse & support housing stabilization & increasing focus on promoting new housing options. Successful PH exits is an evaluation criterion in the annual performance review process & is assessed during monitoring visits. Poor performers are offered TA & required to submit corrective action plans. To expand exit options the SC works w/ local PHAs to implement existing homeless preferences & request new & turnover units be allocated to the Coordinated Access Networks and the State housing agency pursues all federal opportunities and uses State bond financing to expand affordable housing units. In 2023, the CT Housing Finance Agency awarded funding for 168 new PSH homeless set-aside units in LIHTC projects. Since 2021, 380 EHV's were allocated to homeless people & 100% have been utilized. CCEH trained on shared housing in 2023 and in the next year, the CoC will be providing more training on senior housing & other housing options that might be more sustainable for people. New DOH contract standards for housing-based CM services require the rate of exits to PH increases by greater than 5% over the prior year or is at 75%. 2) BOS has a 98% rate at which people in PH projects (non-RRH) retain or exit to PH. In addition to efforts described above to increase affordable PH options, strategies to maintain/improve this rate include: requiring case conferencing for tenants at risk of eviction to preserve housing or identify alternative placement; continuing to monitor & evaluate CoC funded projects on this metric & provide TA to projects unable to meet standards; increasing units available through move-on initiatives with local PHAs, EHV vouchers & LIHTC projects & providing trainings to staff on topics related to housing retention (e.g., CTI, Housing First, housing stabilization). New DOH contract standards for housing-based CM services require exits to PH increase by greater than 5% over the prior year or are at 95% 3) CT BOS Steering Committee Co-Chairs oversee the strategy.

2C-4.	Returns to Homelessness—CoC's Strategy to Reduce Rate.	
	NOFO Section V.B.5.e.	
	In the field below:	
1.	describe your CoC's strategy to identify individuals and families who return to homelessness;	
2.	describe your CoC's strategy to reduce the rate of additional returns to homelessness; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.	

(limit 2,500 characters)

1) Coordinated Access Networks (CANs) flag all households returning to homelessness at the point of return & assess reasons for the return. Plans for housing are based on learning causes of previous housing situation to fail & prevent it from happening again. System Performance Measures (SPMs) show returns are most likely in the first 6 months following exit & declined slightly from FY 2021 to FY 2022 from 8% to 7%. An analysis of FY 22 SPMs data indicate common factors of those returning include: 43% have no income; 32% live w/ mental illness & 7% are DV survivors 2) The CoC reviews SPMs quarterly at Steering Committee mtgs to adjust strategies & resource allocation to reduce returns. FY 2022, rate of returns for the first 6 months for TH is 4% & ES is 10%. CTCANdata.org provides users access to return data, enabling providers, CAN & CoC leaders, & funders to see rates of return for a project, agency, intervention type, &/or CAN, & to compare return rates across time periods. This ensures transparency & accountability & allows easy monitoring of effectiveness of efforts to reduce rates. When CANs identify returning households, reasons are assessed & additional housing supports are provided. CoC written policy requires that housing providers notify the CAN if a household is at risk of returning to homelessness. CANs convene case conferences to identify housing stabilization resources & prevent a return. Case managers monitor & reduce housing stability risks, mediate conflicts with landlords & assist those at-risk of return to access prevention services. Providers use motivational interviewing & person-centered planning to engage tenants in housing stabilization services, including home visits, intensive CM & linkages to mainstream services & income supports. The CoC monitors these practices, establishes performance standards & evaluates projects based on factors that reduce risk of returns (e.g., exit destination, increasing income, connecting participants to benefits/employment). CoC requires corrective action, as necessary. Given rate of returners w/no income is high, the CoC will be focusing on ensuring participants are accessing all public benefits they are eligible for & getting more assistance around employment. New DOH contract requirements for housing-based CM services in PH require returns to shelter after 12 months decrease by greater than 5% over the prior year or are less than 5%. 3) CT BOS Co-Chairs are responsible for overseeing this strategy.

2C-5.	Increasing Employment Cash Income—CoC's Strategy.	
	NOFO Section V.B.5.f.	
	In the field below:	
1.	describe your CoC's strategy to access employment cash sources;	
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their employment cash income; and	
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.	

(limit 2,500 characters)

1) In FY22 rates of increased employment income fell slightly for stayers (by 1%) & remained steady for leavers. The CoC is continuing efforts & updating its approach to increasing employment income. The CoC Steering Committee (SC) reviews employment income quarterly & takes action to improve outcomes. CoC Lead has partnered with American Job Centers (AJCs) on an initiative to build career pathways, strengthen candidate qualifications, & educate project staff about employment programs & resources. Youth presenting at Coordinated Access Networks (CANs) are referred directly to youth liaisons at Workforce Development Boards who assess employment needs & refer to services. Annually, the CoC evaluates projects on increasing employment income & requires submission of corrective action plans as needed. CoC staff review the plans & provide TA. The CoC requires most projects to assess participants at entry & every 6 months to determine employment income & employment goals & update service plans. RRH projects must assess & update plans every 3 months. 2) CoC efforts to work with mainstream employment orgs. to increase employment income include: SC annually convenes CT Dept of Labor (a SC member), people w/lived experience of homelessness (PLEH) & providers to address barriers to accessing mainstream employment services & resources for PLEH; SC recently convened discussion with CT Office of Workforce Strategy to ensure access for PLEH to CareerConneCT; CCEH (a SC member) recently convened homeless services & employment provider agencies, AJCs, Workforce Investment Boards (WIBs) & Chambers of Commerce to develop collaborations that improve access for PLEH to mainstream employment services. With support from CoC-wide initiatives described above, Outreach, ES, TH, & PH projects in each CAN are building & sustaining formal partnerships with mainstream employment organizations. Examples include: In the Greater New Haven CAN a partnership with the Workforce Alliance resulted in a shared intake process for housing & employment services & a Work Group is facilitating bi-directional referrals between homeless service & mainstream employment agencies; in the Greater Hartford CAN an MOU with Goodwin College provides streamlined access to job training and certification courses; a Ticket to Work Initiative in multiple CANS focused on helping RRH clients to gain & maintain employment averages a 30% success rate (compared to 1% nationally). 3) CoC Chairs oversee this strategy.

2C-5a.	Increasing Non-employment Cash Income—CoC's Strategy	
	NOFO Section V.B.5.f.	
	In the field below:	
1.	describe your CoC's strategy to access non-employment cash income; and	
2.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.	

(limit 2,500 characters)

1) The CoC's strategy to access non-employment cash income includes a variety of efforts. The CoC Steering Committee (SC) reviews rates of increased non-cash income quarterly & strategizes on improving outcomes. The CoC offers training on cash and non-cash benefits including eligibility and application processes. CT DSS is a voting member of the CoC SC and offers regular trainings and online information about the TANF, State Supplement and SAGA cash programs. The State of CT makes applying for TANF easy through 24-hour online access. Per CoC policies, all projects assess participants at entry & every 6 months to determine cash benefits income & sources and work with participants to apply for benefits for which they are eligible. Providers assist participants to create online accounts, fill out and submit applications, access online resources, follow up to maintain eligibility, and assist with transportation, internet or videoconference access as need. The portal for TANF access is at <https://connect.ct.gov/access/jsp/access/Home.jsp>. To increase rates of receipt of SSI/SSDI, the CT Dept. of Mental Health and Addiction Services (DMHAS) funds SSI/SSDI SOAR specialists in each Coordinated Access Network (CAN) in the CoC. To address the need for more staff to complete and submit applications for SSI/SSDI, DMHAS expanded the number of SOAR specialists in the past year, adding 8 positions statewide using ARPA funds. Providers in CoC programs: work with the SOAR specialists to assist participants to access SSA through the online portal as well as transportation as needed; & provide assistance completing required forms, maintaining eligibility and other follow up required. Program evaluations have included criteria around the rate of receipt of cash benefits. Evaluation criteria are updated every year and adjusted based on performance to emphasize areas needing improvement. Since the percent of people leaving with increased non-employment cash income has remained at 20% from FY 21 to FY 22, the SC will track this criterion in the renewal evaluation criteria for this coming year. CT Dept of Housing has new contract requirements that housing-based case management services programs have at least 25% of households increase income (any source) from enrollment to exit/follow up assessment. 2) The CoC Chairs are responsible for overseeing this strategy.

3A. Coordination with Housing and Healthcare

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

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

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

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

Project Name	Project Type	Rank Number	Leverage Type
New Reach New Hav...	PH-PSH	106	Healthcare
Southeastern Ment...	PH-PSH	110	Healthcare
Chrysalis Center ...	PH-PSH	112	Housing

3A-3. List of Projects.

1. What is the name of the new project? New Reach New Haven PSH Bonus 2023

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

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 106

5. Select the type of leverage: Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Southeastern Mental Health Authority PSH Bonus 2023

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

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 110

5. Select the type of leverage: Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Chrysalis Center Cedar Pointe

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

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your 112
CoC's Priority Listing:

5. Select the type of leverage: Housing

3B. New Projects With Rehabilitation/New Construction Costs

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

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

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,500 characters)

N/A

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

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

3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

If you answered yes to question 3C-1, describe in the field below:

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

(limit 2,500 characters)

N/A

4A. DV Bonus Project Applicants for New DV Bonus Funding

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

4A-1.	New DV Bonus Project Applications.	
	NOFO Section I.B.3.I.	

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

4A-1a.	DV Bonus Project Types.	
	NOFO Section I.B.3.I.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2023 Priority Listing.

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

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-2, 4A-2a. and 4A-2b.

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

1.	Enter the number of survivors that need housing or services:	1,982
2.	Enter the number of survivors your CoC is currently serving:	710
3.	Unmet Need:	1,272

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(c)	
	Describe in the field below:	
1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and	
2.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or	
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.	

(limit 2,500 characters)

1) Calculated # of survivors needing housing/services using data for the most recently completed fiscal year & all counties located in CTBOS as follows: A) # of DV, dating violence, sexual assault, stalking & human trafficking survivors who called the DV hotline & requested housing and/or other services (n=585); B) # of fleeing survivors being served by Victim Services Providers (VSPs; n=298); C) # of fleeing survivors awaiting services & being served by the CT BOS Coord Entry System & other HMIS participating projects (n=1099). A+B+C= 1982. To calculate the number survivors CT BOS is serving, we also used: data for the most recently completed fiscal year & all counties located in CT BOS: D) data from all projects participating in the comparable database on the number of fleeing survivors served (n=298) E) data from the projects participating in HMIS on the number of fleeing survivors served (n=412). D+E= 710. All data within each data system was deduplicated. 2) Data sources used for each data element specified above: A) CCADV's administrative data system used to track hotline calls; B & D) Statewide comparable database; C & E) HMIS 3) While there have been substantial additional resources deployed in recent years from HUD CoC DV Bonus Funds, the number of homeless DV survivors increased from the 2022 to the 2023 PIT count by 7%. In the last year CT BOS continued to see increases in DV prevalence: DV shelters ran at 156% of capacity, number of survivors receiving assistance by a CCADV member agency increased by 13% - the most requested service was housing. Barriers to meeting housing & service needs are numerous. Most significantly, there is a severe shortage of available housing units affordable to extremely low-income households (estimated at 66,760 in CT BOS). At 4.5%, the housing vacancy rate is among the worst in the nation. Inflation & increased energy & transportation costs consume higher portions of household budgets putting housing further out of reach. Due to labor market challenges, high staff turnover & delays in hiring among homeless services providers remain barriers to meeting the need. Despite CT's model Lethality Assessment Program, through which trained police at DV calls assess risk for serious injury or death and can immediately link those at greatest risk to a local DV advocate, just 64% of high danger survivors speak with a counselor demonstrating that distrust of systems & fear of stigma remain barriers to engagement.

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

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

Applicant Name
Connecticut Depar...

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

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

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2023 Priority Listing for New Projects:

1.	Applicant Name	Connecticut Department of Housing
2.	Project Name	CT0330 & CT0338 CT BOS CCADV RRH Expansions & Safe Futures Joint TH-RRH Program
3.	Project Rank on the Priority Listing	115+
4.	Unique Entity Identifier (UEI)	G9T1PJBELKT1
5.	Amount Requested	\$1,828,445
6.	Rate of Housing Placement of DV Survivors—Percentage	66%
7.	Rate of Housing Retention of DV Survivors—Percentage	100%

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

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:

1.	how the project applicant calculated both rates;
2.	whether the rates accounts for exits to safe housing destinations; and
3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

1) The rate of housing placement was calculated by taking the sum of DV survivor referrals that were housed in PH-RRH, Joint TH/RRH and PH-PSH (numerator) divided by the total number of referrals (denominator) to the DV system during the most recent fiscal year. The portion that were not placed within the system did not enter for a variety of reasons including self-resolution, relocation, & other placements. Rate of housing retention was calculated by taking the number of participants who retained PH or exited to PH destinations divided by the total number of participants who were in the projects during the reporting period using the most recently completed APR data. The projects used in the calculation include DV-RRH, Joint TH/RRH and DV-PSH projects serving survivors exclusively with a completed operating year. 2) The rates account only for exits to safe housing destinations as the rates reflects only placements at member agencies of CT Coalition Against Domestic Violence (CCADV) and other safe permanent housing destinations. Exits to unsafe destinations are excluded from the calculation for housing placement and housing retention. 3) For housing placement, data were pulled from the DV comparable database (ETO) and other administrative data from the Program Coordinated Entry tracking sheet. For housing retention, the data source is the most recently completed APR, which is generated from the DV comparable database data.

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

Describe in the field below how the project applicant:

1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;
3.	determined which supportive services survivors needed;
4.	connected survivors to supportive services; and
5.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

(limit 2,500 characters)

1&2) CT Department of Housing (DOH) is the project applicant. CT Coalition Against DV (CCADV) is project subrecipient (sub) for 2 projects & Safe Futures (member agency of CCADV), is sub for the 3rd DV Bonus project, Applicant experience in FY23: DOH managed the Coordinated Access Networks (CANs) & oversaw Rapid Rehousing (RRH) projects statewide, including DV Bonus RRH & Joint TH/RRH projects. DOH & CCADV ensured survivors' needs were assessed in accordance w/ CAN protocols, applicants were prioritized on the by-name list, those w/ high lethality scores received priority access & same day match occurred when survivor needed to flee quickly. DOH monitored CAN data & improved efficiency to ensure that survivors rapidly moved into safe housing & obtained emergency transfers per CoC policies. 3) In FY2023, CCADV & SF oversaw service providers' assessments of survivors which determined supportive service (SS) needs, including assessments for safety & lethality, healthcare, income & employment, receipt of mainstream benefits, community supports & the resources needed to access & maintain connections to these supports. 4) In FY 2023, CCADV coordinated provision of all housing & SS in DV RRH projects & DOH oversaw the TH-RRH project. DV, human trafficking & Housing providers in the CoC, including Safe Futures, provided the following: Housing placement; assessing strengths, housing barriers, & safety concerns; engaging & addressing landlord concerns, educating them about legal survivor protections; & more. All partner agency staff were trained to help survivors overcome barriers to housing, including safety threats, complex legal issues, low income, economic abuse, & the impacts of trauma. Case managers used trauma-informed, motivation building, & person-centered planning to help survivors build hope & self-esteem, identify why rapidly accessing safe permanent housing is important to them, assess options & overcome housing barriers. 5) In FY 2023, the housing & SS detailed here assisted clients in gaining the skills & resources needed to sustain housing at subsidy's end. Providers used the evidence-based practice, Critical Time Intervention, to support housing stability, focused on increasing income & supports, monitored housing stability, & addressed stability risks. Participants were helped to increase income via employment &/or access to cash benefits & helped to access health insurance, & other mainstream benefits so they have resources to sustain housing.

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	
	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:	
1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;	
2.	making determinations and placements into safe housing;	
3.	keeping information and locations confidential;	
4.	training staff on safety and confidentiality policies and practices; and	
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.	

(limit 2,500 characters)

Examples of how DOH has worked with its subrecipients, CT Coalition Against DV (CCADV) & Safe Futures, a CCADV member agency, to ensure the safety and confidentiality of DV survivors experiencing homelessness are: 1) Ensured staff adhere to CCADV membership standards for confidentiality; conducted intake and other discussions in private settings to ensure confidentiality; provided choice, and maximized survivor comfort by conducting intake/interviews separately with each member of a couple and coached staff on: how to normalize the approach, reduce the likelihood of conflict, and increase the likelihood that the couple completes the intake; 2) Assisted survivors to identify safety risks, understand housing options, and determine which options are safest for them - included understanding types of housing options and considerations such as proximity to abuser, and supportive friends/family/service providers; 3) Protected the confidentiality of all types of addresses via review of paperwork to ensure removal of addresses and ensured adherence to CCADV standards for confidentiality; 4) CCADV member agencies adhered to standards that include protocols for ensuring safety; Required all staff to complete a 20-hour certification and ensured adherence to CCADV standards via annual on-site evaluations; Statutorily required DV Advocates to get 20 hours of training to become a certified domestic violence (DV) counselor. Certification was maintained by getting 6 additional hours of training per year, including safety planning among other topics. CCADV member organizations followed standards designed to ensure that member organizations provided high quality services to their clients and adopted best practices in administration and operations; Provided quarterly cross-system safety planning training, including how to: assess each survivor's unique long & short-term safety needs, maintain safety of self & children in ongoing relationships and if choosing to leave an abuser, and more safely managing health, finances, employment, housing location, etc.; 5) Assisted survivors to identify unit safety risks and needs, understand options and determine which are safest for them, including building security features (e.g., security staff, lighting, window bars, cameras & alarms) and assisted in provision of the measures of the survivors' choosing.; Helped survivors to identify units best suited to support location confidentiality.

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	
	<div data-bbox="381 1516 1258 1589"> Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project. </div>	

(limit 2,500 characters)

CT Coalition Against DV (CCADV), and Safe Futures, a CCADV member organization, are subrecipients to CT Dept. of Housing which is the applicant on the 3 DV Bonus projects. CCADV and Safe Futures evaluated safety of DV survivors in projects by administering surveys to all participants asking if they feel safe or safer since being in the program with 90 and 99% respectively responding yes. In addition to regular surveys, clients always have the opportunity to provide feedback directly to staff and/or in an anonymous, confidential manner. Upon completion of surveys, staff review results and determine any program adjustments that need to be addressed. Safe futures and other sites are evaluated annually for compliance with safety standards, which include the following: DV Advocates are statutorily required to get 20 hours of training to become a certified DV Counselor; Certification is maintained by getting 6 additional hours of training annually; Training includes the dynamics of domestic violence, crisis intervention strategies and techniques, and safety planning; Organizations have been required to use safety planning with all clients, at the time of initial contact and throughout all continued contacts. As appropriate, concerns resulting from evaluations are addressed with providers through provision of technical assistance, or brought to CCADV and/or the CoC Steering Committee for consideration of policy/procedure changes. During the past year, participants identified that financial concerns were undermining feelings of safety and potentially driving some of them back to their abusers. As a result, payment standards for DV RRH were adjusted to provide more financial assistance for a longer period of time. Economic security is a major factor in ensuring survivor safety and has been identified as an area for improvement during the course of the proposed project. As such, CCADV will continue to partner with the National Network to End DV to enroll participants in a special DV credit repair program with the intention of creating more and safer options for living situation. CCADV and Safe Futures value the voices of people with lived experience of DV (PLE) and prioritize getting input and feedback from current and former participants by having the VOICES committee, comprised of PLE including current and recently graduated clients across programs and by having planned for the launch of the similar Survivor Leadership Group to convene in February 2024.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	
	Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:	
1.	prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;	
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;	
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;	
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;	
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	
FY2023 CoC Application		Page 78 09/26/2023

7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.
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(limit 5,000 characters)

The CT Department of Housing (DOH) has extensive experience utilizing trauma-informed, victim-centered approaches in the programs it currently manages. Subrecipients, CCADV & member agency, Safe Futures (SF), - also subrecipient – have extensive experience helping staff with the following: assessing needs and preferences of survivors and their families, honoring survivors' expertise by providing options and respecting survivors' decisions, supporting survivors to recognize how trauma has impacted their lives & reducing that impact over time, build on strengths, respecting boundaries & partnering with survivors to develop a plan to quickly access safe permanent housing. CCADV has provided training to staff aimed at strengthening CT's response to victims of domestic violence. DOH, CCADV and SF experience in FY2023: 1) DOH ensured that the statewide Coordinated Access Network (CAN) system recognized the prevalence of trauma & fully integrated knowledge about trauma into policies, procedures & practices. This included ensuring prioritization of survivor choice with emphasis on helping survivors understand their options & making informed personal choices. DOH oversaw a trauma-informed, victim-centered model, recognized nationally as a best practice, for safely including survivors on a statewide By-Name List. This model prioritized participant choice & rapid placement in housing centering client safety while factoring in client needs, preferences and options. Care was taken to provide information so providers can make informed choices. Providers worked with survivors to arrive at a safe, manageable, affordable, & sustainable housing option, while also supporting survivors to identify & work toward other goals like employment, education, trauma healing, & other aspirations. 2) CCADV & SF supported survivors to explore options, analyze pros and cons of each & make informed personal decisions. CCADV & SF taught staff to honor survivor expertise, interact as equals and minimize power differentials. CCADV & SF ensured that survivors can choose if, how, when, where, and with whom to share information & that the information disclosed is documented in a manner that protects confidentiality & limits the number of times they are asked to tell their stories. 3) CCADV used ongoing training, staff support, and monitoring/oversight of participating providers, including SF, to ensure utilization of trauma informed, victim-centered approaches. Staff established strong connections with clients to help them feel safe & supported, provide information about the impact of trauma, & refer to services available in the community. Staff were trained on use of a self-assessment & planning tool that evaluates the extent to which practices are trauma-informed, identifies & prioritizes key areas for change, & tracks progress towards a trauma-informed service system. 4) CCADV has provided training to participating providers (including SF) to help staff implement strength-based coaching; providing assessment & service planning tools that explore participants strengths & prompt for work towards personal goals & aspirations. 5) CCADV ensured culturally competent services in its CT Safe Connect Program (available state-wide, including SF region), providing access to certified DV counselors available via phone, chat, text, & email 24 hours a day. CT Safe Connect advocates are 85% bilingual in English and Spanish with several other languages spoken and their cultural backgrounds span over 10 different countries & 4 continents. The platform also auto-translated many spoken languages. CCADV also provided training to participating agencies, including SF, at least annually on equal access, cultural competence & nondiscrimination, and made available a range of targeted services for persons in underrepresented communities through their network of providers. 6) CCADV developed statewide resources which SF utilized to promote connections & parenting supports among & for program participants (e.g., parenting classes, childcare, groups, mentorships, peer-to-peer support,

and opportunities to address spiritual needs), with projects & partnerships that offer support like Coaching Boys into Men, Safe Families Safe Homes, & others. 7) Each CCADV member program, including SF, had a specialized Child Advocate, a role specifically designed to address the needs of children. Child Advocates work with parents to help them understand the effects of the domestic violence & how it impacts the child, restore a healthy parent-child relationship & safety plan when the offending parent is involved. Member programs connected clients with Head Start & other childcare/educational opportunities. CCADV also funded each member organization to have a Family Violence Victim Advocate on staff who works in the courts & ensures access to legal services.

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

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

(limit 5,000 characters)

The 3 DV Bonus projects, share CT Dept. of Housing (DOH) as the applicant. CT Coalition Against Domestic Violence (CCADV - the statewide DV organization) is subrecipient (sub) for 2 RRH Expansions, & Safe Futures (CCADV member org) is sub for the DV Bonus Joint TH/RRH project. The 3 organizations have partnered to provide DV survivors experiencing homelessness w/ supportive services (SS). This is an established & effective structure for the 4 existing sub projects: CCADV's CoC-wide RRH DV Bonus projects, CT0330 & CT0338, & Safe Futures' (SF) PSH (CT0092) & TH (CT0087) projects which quickly move survivors into permanent housing while addressing their safety needs. CCADV oversees approximately 24 contracted agencies (one of which is SF) that provided DV participants with services. Examples include – During funding year 2022, CT0330, CT0338, CT0087 & CT0092 project staff provided the following SS to DV survivors:

- Housing search & counseling – In 4 nonprofit homeless service agencies, including SF, the projects employed housing navigators & case managers to assist in identification of local landlords & units, conduct HQS inspections, determine rent reasonableness, & ensured prompt processing of all documents necessary to execute leases & initiate rental assistance. They also helped participants understand leases & tenancy responsibilities & assisted with credit repair. Staff remained available to assist with landlord mediation & other housing related issues as necessary post placement. This assistance resulted in most households being housed within 30 days of project match. Services were provided using a trauma-informed approach & maintained confidentiality to address safety.

- Ongoing & Long-term housing stability safety planning - CCADV & SF's projects also partnered with agencies specializing in DV &/or human trafficking services which provided ongoing & long-term housing safety plans, to help ensure safety while in the programs as well as prepare for sustained safety once survivors exit programs. This included coaching in self advocacy, guidance on knowledge/ability to acquire resources to provide additional advocacy, info on & ability to implement physical household safety measures in housing as necessary (e.g. deadbolts, window/door bars, window locks, lighting, security cameras, etc.), legal support including child custody, & counseling on safety related to housing location & community engagement. Housing stability without continued supports was achieved for nearly half of participants within 6 months as evidenced by 0% of participants exiting to shelters (except as necessary to ensure safety), streets or unknown locations,

- Financial Planning – Case Managers in the 4 projects listed above assisted survivors with matters related to financial independence in order to navigate systems & exit to & sustain permanent housing without reliance on abusers for support. This involved connection to mainstream benefits, advocacy to obtain them, advocacy w/ utility companies, educational & employment opportunities, job training, community resources, financial literacy, childcare & connection to credit repair services. Outcomes show that 52% of adult participants had earned income at exit/annual assessment.

- Crisis DV Services – CCADV & SF utilized certified DV counselors that staff Safe Connect, a state-wide DV crisis service available via phone, chat, text and email 24 hours a day, & a SF's regional DV crisis hotline. These provided trauma-informed care specializing in intimate partner violence including risk assessment, triage, advocacy, the provision of information, & emotional support.

- Access to Healthcare – Case Managers & other DV Counselors in the 4 projects listed above assisted survivors in obtaining health insurance for themselves & their children & provided advocacy in accessing physical, mental

& behavioral healthcare, including substance use treatment. They also provided &/or helped coordinate transportation to appointments & counseled survivors regarding any potential safety issues in obtaining healthcare.

•Legal Services – Case Managers in the 4 projects listed above provided legal advocacy & education & linked, as appropriate, to additional legal services such as the Family Violence Victim Advocate on staff. This service worked in the courts and ensured access to legal services in cases of child custody disputes, orders of protection, divorce proceedings, etc.

The strength of the experience for DOH, CCADV & Safe Futures is in the comprehensive, person-centered approach to services in which the whole person/family unit is considered. These partnerships have provided hundreds of participants with housing & services tailored to survivors' needs & choices. Through these existing projects, DOH, CCADV & Safe Futures provided strengths-based, client-centered, & trauma-informed services to empower survivors to overcome the impacts of abuse, increase income, & determine their own futures.

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

Describe in the field below examples of how the new project(s) will:

1.	prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
2.	establish and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

The CT Department of Housing (DOH) has extensive experience utilizing trauma-informed, victim-centered approaches in the programs it currently manages which informs their plan to provide services in the proposed programs. Subrecipients, CCADV & its member agency, Safe Futures (SF), have extensive experience helping staff with the following: assessing needs & preferences of survivors & their families, honoring survivors' expertise by providing options & respecting survivors' decisions, supporting survivors to recognize how trauma has impacted their lives & reducing that impact over time, building on strengths, respecting boundaries & partnering with survivors to develop a plan to quickly access safe permanent housing. DOH's, CCADV's and SF's plan for proposed projects: 1) DOH will ensure that the statewide Coordinated Access Network (CAN) system recognizes the prevalence of trauma, continuing to fully integrate knowledge about trauma into policies, procedures & practices. This includes ensuring prioritization of survivor choice with emphasis on helping survivors understand their options & make informed personal choices. DOH will oversee a trauma-informed, victim-centered model, currently recognized nationally as a best practice, for safely including survivors on a statewide By-Name List. This model will prioritize participant choice & rapid placement in housing, centering client safety while factoring in client needs, preferences & options. Staff will provide information so providers can make informed choices. Providers will work with survivors to arrive at a safe, manageable, affordable, & sustainable housing option, while also supporting survivors to identify & work toward other goals like employment, education, trauma healing, & other aspirations. 2) CCADV & SF will support survivors to explore options, analyze pros & cons of each & make informed personal decisions. With training from CCADV, staff will continue to honor survivor expertise, interact as equals & minimize power differentials. Staff will also ensure that survivors can choose if, how, when, where, & with whom to share information & that the information disclosed is documented in a manner protecting confidentiality & limits the number of times they are asked to tell their stories. 3) CCADV will use ongoing training, staff support, & monitoring/oversight of participating providers, including SF, to ensure utilization of trauma informed, victim-centered approaches. Staff will establish strong connections with clients to help them feel safe & supported, providing information about the impact of trauma, & referring to services available in the community. Staff will be trained in & utilize a self-assessment & planning tool that evaluates the extent to which practices are trauma-informed, identifies & prioritizes key areas for change, & tracks progress towards a trauma-informed service system. 4) CCADV will provide training to participating providers (including SF) on & staff will implement strength-based coaching as well as provide assessment & service planning tools that explore participants strengths & prompt for work towards personal goals & aspirations. 5) CCADV will ensure culturally competent services in its CT Safe Connect Program (available state-wide, including SF region), providing access to certified DV counselors available via phone, chat, text, & email 24 hours a day. CT Safe Connect advocates are 85% bilingual in English and Spanish with several other languages spoken & their cultural backgrounds span over 10 different countries & 4 continents. The platform will auto-translate many spoken languages. CCADV will also provide training to participating agencies, including SF, at least annually on equal access, cultural competence & nondiscrimination, and make available a range of targeted services for persons in underrepresented communities through their network of providers. 6) CCADV will make available statewide resources which SF will also utilize to promote connections & parenting supports among & for program participants (e.g., parenting classes, childcare, groups, mentorships,

peer-to-peer support, and opportunities to address spiritual needs), with projects & partnerships that offer support like Coaching Boys into Men, Safe Families Safe Homes, & others. 7) Each CCADV member program, including SF, will continue to employ a specialized Child Advocate, a role specifically designed to address the needs of children. Child Advocates will work with parents to help them understand the effects of the DV & how it impacts the child, restore a healthy parent-child relationship & safety plan when the offending parent is involved. Member programs, including SF, will connect clients with Head Start & other childcare/educational opportunities. CCADV will also fund each member organization to have a Family Violence Victim Advocate on staff who works in the courts & ensures access to legal services

4A-3h.	Involving Survivors in Policy and Program Development, Operations, and Evaluation of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(f)	

Describe in the field below how the new project will involve survivors:

1.	with a range of lived expertise; and
2.	in policy and program development throughout the project's operation.

(limit 2,500 characters)

1) For the 3 DV Bonus projects, CT Coalition Against DV (CCADV) is subrecipient for 2 & Safe Futures, CCADV member, is subrecipient for the 3rd. Safe Futures formed a VOICES committee in 2021 addressing poly-victimization in trauma-informed, hope-centered ways, prioritizing selfcare & wellness & victim-defined coordinated responses. In 2024 CCADV is launching a Survivor Leadership Group (SLG). The VOICES committee is and SLG will be comprised of persons with a range of lived experience (e.g., with homelessness, DV, economic insecurity, disability, racism, sexism, & homo/transphobia). SLG meetings will begin in March 2024. In addition, survivor satisfaction surveys will be completed at each DV project annually as well as through Safe Connect. A new phone system in Safe Connect will allow callers the option to complete a survey post call. 2) The SLG and VOICES will be engaged in policy & program development for the new projects as well as a number of other important initiatives. Both groups will engage & empower DV survivors to share their lived experiences & effectuate meaningful change to programs, services, & public policy. The groups will also embrace members' knowledge & experiences to guide the work of strengthening survivor rights and protections, including both internal systemic response and service provision, and external systems advocacy. Surveys will obtain feedback from survivors on the, proposed projects, DV emergency services available to project participants & coordinated entry system. All surveys will be reviewed by individual agencies as well as CCADV and information gathered will inform service provision. Staff will also create frequent opportunities for participants to candidly share what is going well and what can be done better to make meaningful, client-driven changes to programming. Based on client feedback, the projects will implement new initiatives, such as flexible funds and partnerships to enable access to specific services identified as gaps & needs. In addition, the CoC Consumer Leadership Involvement Project (CLIP) is engaged in ongoing policy & program development work. CLIP will identify ways that systems & services are effective and ineffective in meeting the needs of survivors from diverse backgrounds who are experiencing homelessness. CLIP will provide input & recommendations to the CoC Steering Committee, including identifying problems in the current systems of housing & services that require program and policy changes.

4B. Attachments Screen For All Application Questions

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

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.		
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.		
3.	We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.		
4.	Attachments must match the questions they are associated with.		
5.	Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.		
6.	If you cannot read the attachment, it is likely we cannot read it either.		
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).		
	. We must be able to read everything you want us to consider in any attachment.		
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.		
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
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	09/24/2023
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	09/24/2023
1D-11a. Letter Signed by Working Group	Yes	Letter Signed by ...	09/25/2023
1D-2a. Housing First Evaluation	Yes	Housing First Eva...	09/25/2023
1E-1. Web Posting of Local Competition Deadline	Yes	Web Posting of Lo...	09/19/2023
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	09/20/2023
1E-2a. Scored Forms for One Project	Yes	Scored Form for o...	09/20/2023
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	09/25/2023
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	09/25/2023
1E-5b. Local Competition Selection Results	Yes	Final Project Sco...	09/22/2023
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes	Web Posting of Co...	09/25/2023

1E-5d. Notification of CoC-Approved Consolidated Application	Yes	Notification of C...	09/25/2023
2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	HUD's Homeless Da...	09/18/2023
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	09/18/2023
3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	09/19/2023
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Letter Signed by Working Group

Attachment Details

Document Description: Housing First Evaluation

Attachment Details

Document Description: Web Posting of Local Competition Deadline

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Scored Form for one project

Attachment Details

Document Description: Notification of Projects Rejected-Reduced

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Final Project Scores for All Projects

Attachment Details

Document Description: Web Posting of CoC-Approved Consolidated Application

Attachment Details

Document Description: Notification of CoC-Approved Consolidated Application

Attachment Details

Document Description: HUD's Homeless Data Exchange (HDX) Competition Report

Attachment Details

Document Description: Housing Leveraging Commitment

Attachment Details

Document Description: Healthcare Formal Agreements

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	07/31/2023
1B. Inclusive Structure	09/18/2023
1C. Coordination and Engagement	09/22/2023
1D. Coordination and Engagement Cont'd	09/25/2023
1E. Project Review/Ranking	09/22/2023
2A. HMIS Implementation	09/18/2023
2B. Point-in-Time (PIT) Count	09/13/2023
2C. System Performance	09/21/2023
3A. Coordination with Housing and Healthcare	09/25/2023
3B. Rehabilitation/New Construction Costs	08/21/2023
3C. Serving Homeless Under Other Federal Statutes	08/21/2023

4A. DV Bonus Project Applicants	09/22/2023
4B. Attachments Screen	09/25/2023
Submission Summary	No Input Required

PHA Homeless Preference

THE PLAN

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

SECTION 8 Housing Choice Voucher Program

July 2023



Office of Individual and Family Program

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

STATE OF CONNECTICUT

Department of Housing

505 Hudson Street

Hartford, CT 06106-7107

3. To create positive public awareness and expand the level of support among families, owners and the community in accomplishing the PHA's mission.
4. To attain and maintain a high level of standards and professionalism in our day-to-day management of all program components.
5. To administer an efficient, high-performing agency through continuous improvement of the PHA's support systems and commitment to our employees and their development

PURPOSE OF THE PLAN [§ 24 CFR 982.54]

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

Applicable regulations include:

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

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

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

RULES AND REGULATIONS [§ 24 CFR 982.52]

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

LOCAL PREFERENCE FOR ADMISSION

Homeless Preference for Admission

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

F. 1 - 3 outline HCV homeless preference and eligibility criteria

1. Are referred to PHA by either a statewide homeless service provider with whom PHA has executed a Memorandum of Understanding (MOU) outlining the provider's responsibilities with respect to the provision of supportive housing and supportive services for the referred household, or through a DOH-funded homeless service program;
2. Have received a written commitment from the homeless service provider for supportive services to help the household's transition from supportive to permanent housing; and
3. Have received a written commitment from the homeless service provider for supportive services to help the household comply with Housing Choice Voucher program rules.

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

Households with minor children that are homeless, whether sheltered or unsheltered, will be included as a priority group as part of this preference.

TERMINOLOGY State of CT, Dept. of Housing Administrative Plan

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

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

HOUSING AUTHORITY OF THE CITY OF HARTFORD



ADMINISTRATIVE PLAN for the HOUSING CHOICE VOUCHER (a.k.a., HCV or SECTION 8) PROGRAM

2023 v03

Approved by -

Board of Commissioners (Policy): April 11, 2023

HUD: May 10, 2023

Executive Director (Procedures): April 11, 2023 (by Board)

Effective Date: May 10, 2023

Local Preferences

[24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

PHA Policy

For local preferences, the PHA uses a point system to determine the preferred next selection for the PHA's tenant-based HCV waiting list. The PHA will grant points to families who are otherwise qualified for the program and who, at the time of the PHA's offer (immediately prior to issuance of a subsidy) are verified by the PHA to meet one or more preference category, except when the PHA determines that another PHA housing program (such as public housing) with the same or a similar preference will make a suitable unit available for occupancy by the family, and it's in the PHA's interest to offer that unit, instead.

The PHA evaluates an exception in its best interest and its consideration may include available resources, costs, financial factors, occupancy goals, redevelopment goals, program consistency, HUD requirements, PHA policy, and any other relevant circumstances.

The PHA grants preference points according to the following table:

Points	Preference Category
10	<i>Funding Insufficiency</i> – A family terminated from the PHA's HCV program due to insufficient funding.
7	<i>Expiring Family Unification Program (FUP) Voucher</i> – A FUP voucher holder whose youth assistance is expiring soon and who will have a lack of adequate housing because of his or her impending termination from the FUP program.
5	<i>Involuntary Displacements from PHA-Owned Development</i> – When in the PHA's best interest, the PHA may select families that are displaced from a PHA-owned development where: <ul style="list-style-type: none">• four or more units in the development are uninhabitable due to a single event such as a fire, flooding, demolition, disposition, etc., <i>and</i>• the PHA's other housing developments have too few available units (currently or projected) to provide the

family alternate permanent housing and the family will end up in temporary housing for an extended period.

Unless the PHA provides a plan for the order of selection, of the families that qualify for this preference, the families will be selected as follows:

- a family in need of an accessible unit; *then*
- a family with lowest income (based on last examination of income prior to the displacement event).

If a family is responsible for making one or more of the units uninhabitable, it does not qualify for this preference.

3 *Homeless Student –*

A family with a homeless child or youth (as defined by the *McKinney-Vento Homeless Assistance Act*),²⁵ enrolled with an educational agency partner, and identified and referred by that partner to HACH.

A *local educational agency partner* is one with whom the PHA has a referral agreement.

The PHA limits referrals and this preference up to 30% of its average annual voucher issuance from its tenant-based HCV waiting list in any calendar year, with no minimum in any year.

3 *Mainstream Voucher Program (MVP) –*

A family with a non-elderly person with disabilities that is:

- transitioning out of institutional and other segregated settings;
- at serious risk of institutionalization;
- homeless; or
- at risk of becoming homeless.

The PHA limits this preference to the number of available MVP vouchers.

3 *Domestic Violence Survivor –*

A family with one or more individuals that are survivors of domestic violence as identified by a local domestic violence support agency partner, and referred by that partner.

Category 4 Homeless

²⁵ See Glossary.

A local domestic violence support agency partner is one with whom the PHA has a referral agreement.

The PHA limits referrals from all local domestic violence support agency partner using this preference to ten (10) assisted families at any one time. After the initial admission of ten families, the PHA will only admit new families with this preference when one of the existing referred families is no longer assisted by the PHA (e.g., the family is absorbed by another PHA, the family's assistance is terminated, etc.).

PHA Procedure

The PHA computes the family's score by summing the points of all local preference categories the PHA grants to the family.

If the PHA does not grant point for any preference category, the PHA assigns the family no score and treats that family as a standard family, subject to placement in accordance with HUD requirements and PHA policy.

Open Waiting List Categories

PHA Policy

The PHA keeps its waiting list open to those families in the following preference categories:

- *Funding Insufficiency;*
- *Expiring Family Unification Program (FUP) Vouchers;*
- *Involuntary Displacement from PHA-Owned Development;*
- *Homeless Student, partner referrals only; and*
- *Domestic Violence Survivor, partner referrals only.*

The PHA also keeps its waiting list open to those families in the following special purpose voucher categories:

- *Veteran's Assistance with Supportive Housing (VASH), partner referrals only;*
- *Family Unification Program (FUP) Vouchers, partner referrals only; and*
- *Mainstream Voucher Program (MVP) Vouchers, partner referrals only.*

Income Targeting Requirement

[24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75 percent of the families admitted to the HCV program during the PHA's fiscal year. ELI families are

PHA Moving On Preference

THE PLAN

for Administration of the U. S.
Department of Housing and
Urban Development (HUD)
SECTION 8 Housing
Choice Voucher Program
July 2023



Office of Individual and Family Program

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

STATE OF CONNECTICUT

Department of Housing

505 Hudson Street

Hartford, CT 06106-7107

3. To create positive public awareness and expand the level of support among families, owners and the community in accomplishing the PHA's mission.
4. To attain and maintain a high level of standards and professionalism in our day-to-day management of all program components.
5. To administer an efficient, high-performing agency through continuous improvement of the PHA's support systems and commitment to our employees and their development

PURPOSE OF THE PLAN [§ 24 CFR 982.54]

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

Applicable regulations include:

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

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

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

RULES AND REGULATIONS [§ 24 CFR 982.52]

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

LOCAL PREFERENCE FOR ADMISSION

Homeless Preference for Admission

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

F. 1 - 3 outline homeless preference and eligibility criteria

1. Are referred to PHA by either a statewide homeless service provider with whom PHA has executed a Memorandum of Understanding (MOU) outlining the provider's responsibilities with respect to the provision of supportive housing and supportive services for the referred household, or through a DOH-funded homeless service program;
2. Have received a written commitment from the homeless service provider for supportive services to help the household's transition from supportive to permanent housing; and
3. Have received a written commitment from the homeless service provider for supportive services to help the household comply with Housing Choice Voucher program rules.

Move-on preference for those exiting CoC Supportive Housing programs or other PSH

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

Households with minor children that are homeless, whether sheltered or unsheltered, will be included as a priority group as part of this preference.

TERMINOLOGY State of CT, Dept. of Housing Administrative Plan

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**CITY OF HARTFORD
DEPARTMENT OF DEVELOPMENT
SERVICES
HOUSING DIVISION**

**HOUSING CHOICE
VOUCHER PROGRAM
ADMINISTRATIVE PLAN**

2023

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

3.11 CONDUCT OF INFORMAL REVIEW

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

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

See pp. 29 - 31 (bottom/
center numbering, or 9 - 11,
PDF file page numbers) for
Move-on Preference

4.0 SELECTING FAMILIES FROM THE WAITING LIST

4.1 MAINTENANCE OF THE WAITING LIST AND SELECTION OF FAMILIES

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

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

Special Admissions

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

Moving On Waiting List

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

Family Unification Program

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

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

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

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

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

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

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

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

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

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

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

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

Homeless Wait List

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

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

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

Referrals from the Greater Hartford Coordinated Access Network

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

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

Set Aside Homeless Wait List Vouchers

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

The amount of vouchers in the set aside pool will be benchmarked at 10% cap of the HA funded budget (approximately 4,181,000) and 2 of every 5 attrition vouchers will go towards this set-aside until the 10% capped voucher are completely utilized.

The HA will continue to conduct HCV program admission standards and issue the vouchers.

Moving-on
preference

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

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

4.2 IDENTIFICATION OF PREFERENCES

The following categories represent preferences on the waiting list:

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

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

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

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

4.3 RANKING OF THE PREFERENCES

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

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

Preferences

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

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

2. **Elderly family** - A family whose head or spouse (or sole member) is 62 years or older.
3. **Disabled/Handicapped family** - A family whose member/s include a person/s who is under a disability as defined in Section 223 of the Social Security Act (42 U.S.C. 423) or has a developmental; disability as defined in section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(7)). **Handicapped family** - A family whose member/s include a person/s having a physical or mental impairment that (a) is expected to be of a long-continued and indefinite duration, (b) substantially impedes his or her ability to live.
4. **No Preference** - All other qualified applicants with no preference.

Set Aside Homeless Wait List Vouchers

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

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

Letter Signed by Working Group



Connecticut Balance of State Continuum of Care

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

August 18, 2023

To Whom It May Concern at the U.S. Department of Housing and Urban Development:

We are submitting this letter to indicate our support for the Connecticut Balance of State Continuum of Care's (CT BOS CoC) priorities for serving people experiencing homelessness with Severe Service Needs in the CT BOS geographic area. The CT BOS geographic area includes the counties of Hartford, Litchfield, New Haven, New London, Windham, Tolland, and Middlesex.

Through this letter of support we are confirming that we participated in a workgroup comprised of people with lived experience of homelessness that reviewed the priorities outlined below. We support the following CT BOS priorities for serving people experiencing homelessness with severe service needs:

- **Street Outreach Services** (funded through the 2022 SNOFO) **to:**
 - Identify individuals and families experiencing unsheltered homelessness.
 - Assess participant's housing and service needs and preferences.
 - Assist participants to swiftly connect to housing assistance and locate and move into a housing unit.
 - Link participants to ongoing supports that are aligned with their needs and preferences and can help them to achieve long-term housing stability.
- **Permanent Housing including both Permanent Supportive Housing (PSH) and Rapid Rehousing (RRH)** (funded annually and included in the CT BOS 2023 Consolidated Application) **to:**
 - Provide subsidized housing and flexible, person-centered supportive services to help participants to obtain permanent housing, stabilize in housing and identify and achieve personal goals.
- **Coordinated Access Network Hubs** (funded through the 2022 SNOFO) **to**
 - Assist people with severe service needs to quickly get connected to housing and linkages to ongoing services.
 - Support people who might otherwise struggle to navigate the 211 and CAN systems.
- **CoC Planning** (funded annually and included in the CT BOS 2023 Consolidated Application) **to:**
 - Provide technical assistance and support to provider agencies to ensure that all CoC projects are:
 - Rapidly implemented.
 - Quickly housing participants and helping them to stabilize in housing & increase their income.

- Treating participants with dignity and helping them to meet their own self-defined goals.
- Training staff appropriately.
- Working towards achieving established outcome measures.

The projects included in the CT BOS 2023 Continuum of Care Consolidated Application are critically needed to help end homelessness among people with Severe Service Needs. We urge HUD to award the funding requested by CT BOS for these important projects.

Sincerely (See signature page and Zoom Poll Report,

Melissa Dzierlatka

Sonia Soto (Also signed by poll)

Tania Q. Banks (Also signed by poll)

Tanya (Tay) Castillo (Also signed by poll)

Attachment: Signature page and zoom poll

Cc: Alice Minervino, Sonya Jelks, Steve DiLella, John Merz (CT Balance of State CoC Co-Chairs)

By signing below, I hereby support the Connecticut Balance of State Continuum of Care's (CT BOS) priorities for serving individuals and families experiencing homelessness with severe needs.



Melissa Dzierlatka



Sonia Soto



Tania Q. Banks



Tanya (Tay) Castillo

Zoom Poll Report

Poll Report				
Report Generated:	8/18/2023 8:49			
Topic	CLIP Cohort 2 NOFO Mtg #1			
Meeting ID	875 1585 6417			
Actual Start Time	8/17/2023 16:46			
Actual Duration (minutes)	83			
Poll Details				
			1.Are you a person with lived experience of homelessness (PLEH) who participated in CT Balance of State Continuum of Care's (CT BOS) workgroup comprised of PLEH?	2.Do you agree to sign the letter supporting CT Balance of State Continuum of Care's (CT BOS) priorities for serving individuals and families experiencing homelessness with severe needs?
#	User Name	Submitted Date/Time		
	1 Tay Castillo	8/17/2023 17:56	Yes	Yes
	1 Sonia Soto	8/17/2023 17:56	Yes	Yes
	1 Tania banks	8/17/2023 17:58	Yes	Yes

Housing First Evaluation

**CT Balance of State Continuum of Care and Department of Mental Health & Addiction Services
CoC Project Monitoring Final Report - 2022**

Date Report Issued: 7/26/22

See pages (as marked on bottom right of page): 3,5,18-23, 27-33, 35-42.

Recipient: [REDACTED]

Service Provider/Subrecipient: [REDACTED]

Project Monitored: YHDP [REDACTED]

Type of Review: Remote

Grant Number: [REDACTED]

Monitoring Date: 5/25/22

Current Operating Year: 11/1/21-10/31/22

Funder: CT BOS

Total Grant Amount: \$50,000

Subrecipient Award Amount: \$46,279

Program Type: [REDACTED] (TH)

Type of CoC Funds: (include amounts): Supportive services: \$46,729, Admin: \$3,271

Number of Households Served PIT: 4 Single young adults

CT BOS Renewal Project Evaluation Score: N/A project not scored in 2021

Last QI Review Results: Meets quality (July 2019)

Project Staff Participating in Visit:

[REDACTED], Service Area Director, Behavioral Health; [REDACTED], Program Director, Supportive Housing Programs; [REDACTED], Program Director, [REDACTED] and Crisis Housing

[REDACTED]: [REDACTED], Chief Program Officer; [REDACTED], Chief Quality Officer; [REDACTED], Director of MMW and Veterans Services; [REDACTED], Manager MMW

Housing Innovations Staff Participating in Visit: Howard Burchman, Lauren Pareti, Alathia Barnett

**CT Balance of State Continuum of Care and Department of Mental Health & Addiction Services
CoC Project Monitoring Final Report - 2022**

Report Key	
FINDINGS HIGHLIGHTED IN PINK	Signify area of significant non-compliance with federal, state and/or CoC requirements and/or risk of funding recapture. Submission of follow up plan required. You will receive a template and instructions for submission of a follow up plan with a final report.
FINDINGS HIGHLIGHTED IN YELLOW	Signify area of non-compliance with federal, state and/or CoC requirements. Findings should be corrected. Submission of follow up plan is not required but agencies should note these are contractual obligations of the funding source(s).
CONTENT HIGHLIGHTED IN GREEN	Signifies best practice recommendations for consideration. Action is not required.

Reviewer Impressions:

This project was initially funded under the first round of the Youth Homelessness Demonstration Program (YHDP) competition. The project began operating on November 1, 2018 and is part of a partnership called [REDACTED]. This partnership leverages the strengths, expertise, and existing infrastructure at three non-profits (i.e., [REDACTED] Center) to provide a continuum of services to young adults experiencing homelessness. [REDACTED] serves as the recipient for each of three YHDP grants and directly provides Rapid Rehousing (RRH) services. [REDACTED] is a subrecipient, operates Crisis Housing and provides services to the young people who reside there. [REDACTED] is also a subrecipient and provides Youth Navigation services.

Though [REDACTED] is the recipient of the Crisis Housing CoC award, they receive only project administration funding, which it appears they may not be fully drawing down. As noted in this report, it may be possible to continue to reap the advantages of the [REDACTED], while reducing administrative burdens associated with the current structure of the CoC grants.

The project is co-located in a building on the [REDACTED] campus with other programs operated by [REDACTED], including: the [REDACTED] Shelter, which serves single adult women and men; [REDACTED] which is a transitional housing program for adult women and men who are actively working on their recovery from behavioral health and substance use; and the [REDACTED], which is a residential treatment alternative to incarceration for adults referred by the CT Parole Department.

The YHDP [REDACTED] consists of 2 shared rooms, each with 2 beds. Four youth share and an adjoining single use bathroom. Each room includes a mini refrigerator and split closet. The rooms

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are located across from staff offices, and participants have access to a community space which includes a TV, couch, coffee maker, microwave, and air fryer. The project provides breakfast food, soup, tuna, and other snacks, and participants may join meals provided most nights at the shelter by a network of community volunteers. Participants can also access meals at the [REDACTED] Soup Kitchen, which offers breakfast and lunch, Monday through Saturday, and sandwiches and snacks to take home.

The project leverages 24/7 staffing and maintenance operations at the co-located programs to help ensure safety and support for its young adult residents. [REDACTED] receives CoC funds to support a .75 of a Case Management FTE and a small portion of a Program Director. The agency raises funds to meet other needs. This model enables provision of youth crisis housing beds at a fraction of the cost for a stand-alone project.

Like many agencies, [REDACTED] has experienced challenges recruiting and retaining staff in a difficult labor market. The Case Management position currently pays about \$16/hour. The previous case manager left in January 2022 after 2 years, and a replacement was hired in February but left the position in less than two months. The position has been vacant since. Participating supervisory staff reported an extremely high interview no show rate - estimated at 90%. The Supportive Housing Program Director currently oversees 12 programs, including YHDP [REDACTED]. She has 3 direct reports and is covering case management for the 4 YHDP participants. The Program Director that directly supervises YHDP [REDACTED] oversees 3 programs, has 8 direct reports, and, due to staff vacancies, is currently providing case management coverage for about 30 clients with some per diem support. Once filled, the YHDP funded case manager will provide case management to 4 YHDP participants and 5 [REDACTED] residents and will staff a DOH funded RRH program that provides one-shot financial assistance.

Housing Innovations (HI) conducted a remote review of [REDACTED] eligibility documentation, participant service charts and fiscal records. HI also reviewed relevant policies and interviewed a participant and the Program Director currently covering YHDP case management. HI did not conduct any monitoring of [REDACTED]. Prior to this remote visit, HI most recently monitored [REDACTED] in 2021, reviewing service provision only as part of a review of a [REDACTED] CoC RA project. Relevant findings from that review that have not been corrected are noted in this report.

Despite the challenges noted above, the 2022 review demonstrated effective coordination between the [REDACTED] partners and frequent provision of services by [REDACTED] resulting in permanent housing for 55% of participants served during the review period and transitional housing for an additional 18%. The participant who HI interviewed recently obtained a RRH unit and expressed satisfaction with all aspects of the services he received. As noted in this report policies and practices are not aligned with the Housing First model.

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Grantee Monitoring Tool & Guide Overview

IMPORTANT NOTE: This guide was compiled as a resource for Connecticut Balance of State Continuum of Care (CT BOS) & statewide Connecticut Department of Mental Health and Addiction Services (DMHAS) CoC Rental Assistance projects. It is based on the HUD CPD Monitoring Handbook 6509.2 REV7, & DMHAS & CT BOS Policies. This guide contains the monitoring standards determined to be the most significant and relevant for the types of CoC projects monitored by CTBOS and DMHAS. Additional areas may be reviewed by HUD during monitoring. For a complete listing of all HUD monitoring standards see:

https://www.hud.gov/program_offices/administration/hudclips/handbooks/cpd/6509.2

This guide includes requirements established by DMHAS that apply to DMHAS CoC Rental Assistance projects. The DMHAS CoC Rental Assistance Operations Guide, is available at:

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

This guide also includes requirements established by CT BOS. These requirements only apply to CT BOS projects. For CT BOS Policies, CT CAN Policies, CT RRH Model guidelines and a range of resources and tools to help support compliance with HUD, DMHAS, & CT BOS requirements see:

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

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Indicate Initials of Charts Selected and, if applicable, discharge/admission status				
#1 274 [redacted] X Admission	#2 18 [redacted] X Discharge X Admission	#3 254 [redacted] X Discharge X Admission	#4 249 [redacted] X Discharge X Admission	
<p>Though exited at the time of the visit, the client was actively enrolled at the time the participant list was generated. As such, HI did not request or review discharge related documentation.</p>				
<p><i>Reviewer Comments:</i> Though HI selected 5 participant charts for review, one had been erroneously entered into the project in HMIS and was not actually a project participant. As a result, HI reviewed selected materials from 4 charts.</p>				

- ☐ Applications, disposition records, and all related documents from at least one applicant referred by the CAN and not admitted to the program

<p><i>Indicate Initials of Charts Selected:</i> [redacted] #188 [redacted], [redacted] #221 [redacted], [redacted] #186 [redacted]</p>
<p><i>Reviewer Comments:</i> [redacted] does not maintain written records regarding declined applicants. In lieu of written records, they provided a brief summary of the reasons that the applications were denied.</p>

Visual Observation

- 1) Are financial records and valuables secured in limited access area?

☐ Yes ☐ No

Guidance: Recipients shall adequately safeguard all such assets and assure they are used solely for authorized purposes.

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- 44) Program fees. Grantee may not charge program participants any fees other than rent. Has the grantee complied with this requirement? [578.87(d)]
- ☐ Yes ☒ No

Reviewer Comments:

FINDING: The Notice of Privacy Practices state that the program may charge a participant for copying and/or mailing of requested information from their individual record.

RECOMMENDATIONS: Amend the Notice of Privacy Practices and remove any additional fees for services rendered for CoC participants.

- 45) Subrecipient monitoring. Has the recipient evaluated each subrecipient's risk of noncompliance for the purposes of determining the appropriate subrecipient monitoring, (e.g., by considering prior experience with similar subawards, prior audit/monitoring results, new personnel or systems)? Does the recipient monitor subrecipients at least annually, retain documentation of monitoring and sanction of subrecipients, including findings and corrective actions required? Does the recipient provide a monitoring report to the CoC? If monitored by the recipient, did subrecipient(s) respond to resolve monitoring deficiencies [578.23(a)(16); 578.23(c)(8)]
- ☒ Yes ☐ No

Reviewer Comments:

Participating [REDACTED] staff reported that they are monitoring [REDACTED] annually. HI advised that this review would suffice to demonstrate monitoring for 2022 and that [REDACTED] need not also monitor.

RECOMMENDATION: Explore if maintaining the current structure for this grant, in which [REDACTED] serves as the recipient and subawards nearly all of the funds to [REDACTED] is necessary to reap the advantages of the partnership and whether a direct grant to [REDACTED] would reduce unnecessary administrative burdens. A change in recipients would require CAN approval and securing a grant agreement amendment from HUD. To allow time for new recipients to understand their obligations and to simplify APR submission, if such a change is sought, consider working with HUD to make it effective on 11/1/23. Note that only the organization currently listed on the grant agreement is eligible to submit a project application in the 2022 CoC Competition, which is likely to remain [REDACTED]

- 46) Subrecipient agreements. Does the recipient have a signed agreement with all subrecipients requiring subrecipients to operate the project in accordance with the provisions of the CoC Program Interim Rule and certify that the subrecipients will a) maintain participant confidentiality; b) ensure the address or location of any family violence project assisted was not made public; c) establish the required educational policies and procedures d) designate a staff person responsible for ensuring that children served are enrolled in school and connected to appropriate services in the community; e) provide information, data and reports as required by HUD; and f)

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ensure subrecipient, its officers, and employees are not debarred or suspended from doing business with the Federal Government. [578.23(c)(11); 578.103(c)(4)]

☐ Yes ☐ No

Reviewer Comments:

Unable to assess – no subrecipient agreement was submitted

- 47) Subrecipient classification. Has the recipient made an appropriate case-by-case determination of whether an entity that is receiving CoC funds is doing so in the role of either a subrecipient or contractor? [24 CFR 578.99(e); 2 CFR 200.330]

☒ Yes ☐ No

Guidance: See Using Contractors in HUD CoC and ESG Programs available at:
www.ctbos.org/resources

Reviewer Comments:

- 48) Record retention. Are all records pertaining to CoC funds retained for the greater of 5 years or the period specified below? Participant eligibility documentation must be maintained for 5 years after the end date of the last grant period under which the participant was served. Where CoC funds are used for acquisition, new construction or rehabilitation records must be maintained until 15 years after the date the project site was first occupied or used by participants. Has the project complied with record retention requirements? (578.103)

☒ Yes ☐ No

Reviewer Comments:

- 49) Race Equity & Consumer Involvement. Has each recipient and subrecipient agency taken these actions during the past 12 months to ensure that homeless services programs are meeting the unique needs of marginalized communities, including people with lived experience of homelessness; people who identify as Black, Indigenous, and People of Color – BIPoC, Latinx, and Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual + - LGBTQIA+?

(Best Practice Recommendations)

- A. Recruiting, retaining and promoting people with lived experience of homelessness in staff and Board positions
- B. Recruiting, retaining and promoting people who identify as BIPoC, Latinx and LGBTQ, and people from nations of origin and linguistic groups that are significantly represented in the relevant CAN in staff and Board positions

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- C. Creating and maintaining an inclusive organizational culture that promotes equity.
- D. Engaging people with lived experience of homelessness in meaningful opportunities to shape homeless services programs
- E. Reviewing consumer survey results and taking action accordingly
- F. Developing partnerships with local organizations that focus on work with marginalized populations
- G. Analyzing who gets access to your agency's homeless services programs and program outcomes by race/ethnicity/sexual orientation/gender identity to determine if access and/or outcomes are disparate
- H. Planning and or implementation of steps to address any disparate access and/or outcomes

Information and resources: [Race Equity Impact Assessment Tool](#), [Restorative Justice Practices in Housing Programs](#); [Race Equity Framework for the Connecticut Homeless and Housing System](#).

Agency has taken specific actions in the past 12 months to advance:

- ☒ All items listed above
- ☐ At least 6 items listed above
- ☐ 3-5 items listed above
- ☐ Fewer than 3 items listed above

Reviewer Comments:

As reported by [REDACTED]

- 50) **Homeless Participation.** Does the grantee meet the participation requirements? (Each grantee and sub-grantee must have at least one homeless or formerly homeless individual on the board of directors or equivalent policy making entity. Each grantee and sub-grantee must to the maximum extent practicable involve homeless people through employment volunteer services or other means in maintaining, operating, and providing supportive services.) [578.75(g)]
- x Yes ☐ No

Reviewer Comments:

- 51) **CoC Written Standards.** Did the recipient/subrecipient adopt the written standards for providing CoC assistance developed by the CoC? [24 CFR 578.23(c)(10); CoC grant agreement; 24 CFR 578.7(a)(9)] ☐ Yes x No

Guidance: See CT BOS CoC Policies at: www.ctbos.org/policies

Reviewer Comments:

- 52) **Client Bill of Rights.** Has the project documented receipt of the CT BOS Client Bill of Rights by all participants? [CT BoS Policies]. ☐ Yes x No

Guidance: Required form is available on the CT BOS website at: www.ctbos.org/policies

Reviewer Comments:

FINDING: Evidence that the CT BOS Client Bill of Rights was provided to participants was not consistently found in charts reviewed.

RECOMMENDATION: Document that all participants receive the CT BOS Client Bill of Rights.

- 53) **Nondiscrimination requirements.** Does the project comply with the nondiscrimination requirements set forth in 24 CFR 5.105(a)? [578.93 (a)], including guidance on the application of Fair Housing Act Standards to the Use of Criminal Records by Providers of Housing

☐ Yes ☒ No

Guidance: Recipients, subrecipients and partner agencies are subject to federal civil rights laws, including Fair Housing Act, Section 504 of the Rehabilitation Act of 1973, Title VI of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990. For more information about these laws, or

<https://www.hudexchange.info/programs/affh/> For guidance on the application of Fair Housing Act Standards to the Use of Criminal Records by Providers of Housing see:

http://portal.hud.gov/hudportal/documents/huddoc?id=HUD_OGCGuidAppFHStandCR.pdf

Reviewer Comments:

FINDING: [REDACTED] non-discrimination policy doesn't include specific guidance on the application of Fair housing Act Standards in the use of criminal records.

RECOMMENDATIONS: Revise the non-discrimination policy to include specific guidance on the use of criminal records in determining eligibility for and receiving housing services.

- 54) **Affirmatively furthering fair housing.** Did the recipient implement its programs in a manner that affirmatively furthers fair housing, meaning it has implemented all of the following: There is a written strategy to market the program to those least likely to apply without regard to race, color, national, origin, sex, religion, familial status, and disability; maintained records of those marketing activities; maintained records to assess the results of these actions? For DMHAS projects, did the LMHA ensure that the CAN or other entity is maintaining documentation of marketing? If the recipient encountered a condition or action that impeded fair housing choice for current or prospective program participants, the recipient provided such information to the jurisdiction(s) that provided the Certification of Consistency with the Consolidated Plan? The recipient provided program participants with information on rights and remedies available under applicable federal, state, and local fair housing and civil rights laws?

☐ Yes ☒ No

Guidance: For more information please see: <https://www.hudexchange.info/programs/affh/> and <https://www.ctfairhousing.org/>

Marketing requirements should be implemented by CANs and/or 211.

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Reviewer Comments:

Participating staff noted that the MMW CAN recently started a Race Equity Subcommittee.

***FINDING:** There is no written strategy to market the program to those least likely to apply without regard to race, color, national, origin, sex, religion, familial status, and disability; nor are records of those marketing activities maintained; nor results assessed. These requirements are likely best met by the CAN.*

***RECOMMENDATION:** Work with the CAN to: develop a written strategy to market all CoC projects to those least likely to apply without regard to race, color, national, origin, sex, religion, familial status, and disability; and to maintain records of those marketing activities.*

- 55) **Reasonable accommodations.** Do the recipient and subrecipient make reasonable accommodations in rules, policies, practices and/or services when such an accommodation may be necessary to afford persons with disabilities equal opportunity to use and enjoy a CoC assisted housing unit or other CoC project service or activity? Do the recipient and subrecipient refrain from refusing residency and/or services to persons with disabilities or placing conditions on their residency or services because the persons may require reasonable accommodations? (Section 504 of the Rehabilitation Act of 1972 Joint Statement of HUD and DOJ – Reasonable Accommodations Under the Fair Housing Act – 5/17/04)

☐ Yes ☐ No

Guidance: For more information see: <https://www.hud.gov/sites/documents/13-060.PDF>;
<https://www.cct.org/2015/09/renewing-the-commitment/>

Reviewer Comments:

Unable to assess – [REDACTED] reported no reasonable accommodation requests in the past 12 months.

- 56) **Accessibility for Persons with Disabilities.** Do the recipient and subrecipient: 1) Ensure that all meetings are held, and services provided in facilities that are physically accessible to persons with disabilities; 2) Take appropriate steps to ensure effective communication with applicants, beneficiaries, and members of the public, including furnishing appropriate auxiliary aids where necessary to afford equal opportunity to participate in, and enjoy the benefits of a CoC program or activity? Or if an action would result in a fundamental alteration in the nature of a program or in undue financial and administrative burdens, do the recipient and subrecipient take any other action that would ensure that, to the maximum extent possible, individuals with disabilities receive the benefits and services of the CoC program or activity? (FY19 HUD Administrative Requirements and Terms)

☒ Yes ☐ No

Guidance: For more information see: <https://www.cct.org/2015/09/renewing-the-commitment/>

Reviewer Comments:

As reported by participating staff.

- 57) **Accessible technology.** Do the recipient and subrecipient ensure comparable access for and effective communication with people with disabilities, including whenever electronic and information technology is used? (FY19 HUD Administrative Requirements and Terms: Compliance with Section 504 of the Rehabilitation Act and the applicable sections of the Americans with Disabilities Act is required.)

☐ Yes ☒ No

Guidance: For more information see: Webinar slides - [HI Accessibility Compliance Training \(Section 508\)](#); Webinar Recording: <https://youtu.be/jka7cRS2RGw>; Handout: [Accessibility \(Section 508\) Guide with screenshots](#)

Reviewer Comments:

FINDING: Based on discussions with staff, it does not appear that [REDACTED] has implemented practices to ensure accessibility of their website or other types of electronic documents.

RECOMMENDATION: Ensure accessibility of all electronic communication. – see the following resources for more information: Overview handout - [Creating Accessible Electronic Information Materials-Simple Steps – PDF](#) Webinar slides - [HI Accessibility Compliance Training \(Section 508\)](#); Webinar Recording - <https://youtu.be/jka7cRS2RGw>; Detailed Handout: [Accessibility \(Section 508\) Guide with screenshots](#)

- 58) **Access for people with Limited English Proficiency (LEP).** Do the recipient and subrecipient take reasonable steps to ensure meaningful access to CoC projects by LEP persons. For example, by conducting an assessment that balances the following four factors: (1) The number or proportion of LEP persons eligible to be served or likely to be encountered by the program or grantee; (2) the frequency with which LEP persons come in contact with the program; (3) the nature and importance of the program, activity, or service provided by the program to people's lives; and (4) the resources available to the grantee and costs.? Do the recipient and subrecipient determine what language needs exist, what assistance measures are sufficient for the CoC funded project, and what reasonable steps they will take to ensure meaningful access for LEP persons? Do the recipient and subrecipient develop and periodically update a written implementation plan to address the identified needs of the LEP populations they serve? (FY19 HUD Administrative Requirements and Terms)

☐ Yes ☒ No

Guidance: HUD's Final Guidance Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons available at: https://www.lep.gov/guidance/HUD_guidance_Jan07.pdf

Reviewer Comments:

FINDING: [REDACTED] did not provide an assessment of LEP needs of the population served or a written implementation plan to address the identified needs.

RECOMMENDATIONS: Develop an LEP assessment of the population served ensuring that all requirements are met as described above. Develop a written implementation plan based on the identified population needs.

- 59) Drug-free workplace. Do recipients and subrecipients: 1) Publish a statement notifying employees that it is unlawful to manufacture, distribute, dispense, possess, or use a controlled substance in the applicant's workplace and such activities are prohibited. The statement must specify the actions that will be taken against employees for violation of this prohibition. The statement must also notify employees that, as a condition of employment under the federal award, they are required to abide by the terms of the statement and that each employee must agree to notify the employer in writing if the employee is convicted for a violation of a criminal drug statute occurring in the workplace, no later than 5 calendar days after such conviction. 2) Establish an ongoing drug-free awareness program to inform employees about: a) The dangers of drug abuse in the workplace; b) The applicant's policy of maintaining a drug-free workplace; c) Available drug counseling, rehabilitation, or employee assistance programs; and d) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace. 3) Notify HUD and other federal agencies providing funding in writing within 10 calendar days after receiving notice from an employee of a drug abuse conviction or otherwise receiving actual notice of a drug abuse conviction. (FY19 HUD Administrative Requirements and Terms; <https://www.hud.gov/grants>)

☐ Yes ☒ No

Reviewer Comments:

FINDING: The Drug Free Alcohol-Free Workplace Policy and Reasonable Suspicion Procedure doesn't establish an ongoing drug-awareness program, requirement to notify HUD in writing within 10 calendar days of receiving notice of a drug abuse conviction or that employees are required to notify their employer no later than 5 calendar days for a drug abuse conviction.

RECOMMENDATION: Amend the policy to include the above federal drug-free workplace requirements. Additionally, establish an ongoing drug awareness program that informs employees about the dangers of drug abuse in the workplace, the federal reporting requirements of drug convictions, and the availability of employee assistance, rehabilitation and/or counseling services.

- 60) Religious discrimination. In providing services and outreach activities related to such services supported in whole or part with CoC Program funds, do records document that the recipient did not discriminate against a program participant or prospective program participant on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice? [24 CFR 578.87(b)(1); 24 CFR 578.87(b)(ii); 24 CFR 578.103(a)(13)]

Housing Assistance

- 69) Lead based paint visual inspection. Has the grantee conducted a visual assessment of all units receiving financial assistance if the unit was constructed prior to 1978 and if there will be a child under 6 years of age or a pregnant woman residing in the unit? Have staff conducting the assessment completed the HUD web-based training? [578.99(f)]

☐ Yes ☒ No

Guidance: Units must be inspected to identify deteriorated paint (i.e., chipping, cracking, chalking, damaged, separated from substrate). For more information see:

<https://apps.hud.gov/offices/lead/training/visualassessment/h00101.htm>

Reviewer Comments:

FINDING: [REDACTED] did not provide documentation of lead-based paint visual inspections. The building was built prior to 1978 and they serve pregnant participants.

RECOMMENDATION: Document visual inspections and maintain evidence in the project files that the person conducting the inspections has completed the web-based training linked above.

- 70) Lead based paint information. Do project files consistently document receipt by applicants and occupants of the Lead Hazard Information Pamphlet? [24 CFR 35.1010(b)] ☐ Yes ☒ No

Guidance: Pamphlet available at:

https://www.hud.gov/program_offices/healthy_homes/enforcement/disclosure

Reviewer Comments:

FINDING: Participant files do not include evidence of receipt of the required pamphlet (linked above).

RECOMMENDATION: Ensure that each participant acknowledges receipt of the lead-based paint pamphlet.

- 71) Occupancy Agreements/Leases (TH). Do records document that program participants receiving transitional housing assistance signed a lease, sublease or occupancy agreement of at least 1 month that was renewable for up to 24 months? Agreement/lease should provide formal due process rights. [24 CFR 578.3; 24 CFR 578.103]

☐ Yes ☒ No

Reviewer Comments:

FINDING: Though the admissions packet includes an initialed statement regarding a 30 day stay with 60 day extension that document is not framed as an occupancy agreement and does not include due process rights.

RECOMMENDATION: Execute an occupancy agreement that includes due process rights with each participant. See [Sample Occupancy Agreement](#).

- 72) **Move-in.** Are participants provided with assistance, as needed, to promptly access all available resources to move personal belongings, furnish the apartment, and obtain basic household goods and personal care items, such as cleaning supplies, linens, and cooking equipment, and toiletries? (DMHAS CoC Rental Assistance Operations Guide, Best Practice recommendation for other projects)

☒ Yes ☐ No

Reviewer Comments:

- 73) **Dwelling size.** Does the dwelling unit have at least one bedroom or living/sleeping room for each two persons, AND does the project comply with the prohibition against requiring children of the opposite sex, other than very young children, to occupy the same bedroom or living/sleeping room? [24 CFR 578.75(c)(1); 24 CFR 578.103(a)(8)] ☒ Yes ☐ No

Reviewer Comments:

- 74) **Accommodating family composition changes.** Does the project comply with the CT BOS requirement to allow participants to alter their family composition at any time during the admission process or post admission except when a unit is not large enough by HUD standards, the services required to meet the needs of the new family member are not available, and/or housing the family together would present an imminent health and/or safety risk? When circumstances prevent accommodating changes to family composition, does the project assist the family in accessing a different unit or work with their CAN and assist the family in accessing a different project that meets their needs and can accommodate them together as a family? (CT BOS Policies) ☐ Yes ☐ No

Guidance: CT BOS Policies available at: www.ctbos.org/policies

Reviewer Comments:

Unable to assess - Not applicable to charts reviewed

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- 75) **Equal Access.** Does program comply with HUD Final Rule on Equal Access and HUD's Final Rule on Equal Access in Accordance with Gender Identity? (HUD Equal Access Rules)
x Yes ☐ No

Guidance: HUD Final Rules on Equal Access available at:

<https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/>

Reviewer Comments:

- 76) **LGBTQIA+ policy compliance.** Do the recipient/subrecipient provide a safe, healthy, inclusive, affirming and discrimination-free environment for persons identifying as LGBTQIA+ as defined in CT BOS Policies? This includes for example: operating in compliance with applicable human rights and anti-discrimination laws and regulations; using participants' chosen titles, names and language to describe their identities; modeling appropriate and affirming behavior; prohibiting disclosure of information regarding LGBTQIA+ identities without participants' authorization; making single access restrooms available to people of all genders; when gender specific programs, activities and facilities are allowable, enabling access consistent with gender identity regardless of gender expression or sex assigned at birth; establishing and publicly displaying anti-discrimination policies; promptly documenting and addressing all incidents of harassment, bullying, discrimination, and/or violence against LGBTQIA+ persons; connecting clients to gender affirming healthcare providers; and ensuring that any dress codes apply equally to all genders and do not include gender-specific elements. (CT BOS Policies)
X Yes ☐ No

Guidance: Policies available at: <https://www.ctbos.org/policies/>

Reviewer Comments:

- 77) **Immigration status.** Does the project comply with the CT BOS requirement that agencies that are not federally required to verify immigration status will not do so for CT BOS projects (CT BOS Policies).
X Yes ☐ No

Guidance: Policies available at: <https://www.ctbos.org/policies/>

Reviewer Comments:

- 78) **VAWA prohibitions against discrimination.** Has the project complied HUD's Final Rule Regarding the Implementation of Housing Protections Authorized in the Violence Against Women Act of 2013 (VAWA), which prohibits discrimination against individuals applying for or living in federally subsidized housing because of acts of domestic violence, sexual assault, dating violence, and stalking committed against them? This includes prohibitions against survivors being denied assistance as an applicant or evicted or having assistance terminated as a participant because of abuse and effects of abuse such as unit damages. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation. ☐ Yes ☐ No

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Guidance: The full rule is available at: <https://www.hudexchange.info/news/hud-announces-publication-of-final-rule-implementing-vawa-reauthorization-act-of-2013/>

Reviewer Comments:

Unable to assess - not applicable to charts reviewed

79) **VAWA Emergency Transfer Plans**. Has the project complied with the CT BOS emergency transfer plan?

☐ Yes ☐ No

Guidance: CT BOS Emergency Transfer Plan is available [here](#).

Reviewer Comments:

Unable to assess - not applicable to charts reviewed

80) **VAWA Lease/Occupancy Requirements and Bifurcation**. Has the project included the required descriptions of VAWA protections in leases, occupancy agreements, addendums, and contracts? As necessary, does the project bifurcate a lease/occupancy agreement to evict an abuser while allowing the survivor to stay?

☐ Yes ☒ No

Guidance: The full rule is available at: <https://www.hudexchange.info/news/hud-announces-publication-of-final-rule-implementing-vawa-reauthorization-act-of-2013/>

Guidance: The most current VAWA lease addendum sample made available by HUD can be found at (it has not been updated for the most recent VAWA reauthorization):

https://www.hud.gov/program_offices/housing/mfh/violence_against_women_act

Reviewer Comments:

FINDING: See #71. The form currently in use does not include the required description of VAWA protections.

RECOMMENDATION: The sample Occupancy Agreement linked in #71 includes this information.

81) **VAWA Required Notices**. Has the project provided the required Notice of Occupancy Rights and Domestic Violence Incident Certification Form to each adult tenant and applicant at the required times? ☐ Yes ☒ No

Guidance: Versions translated into 14 languages are available on the Office of Multifamily Housing's web page at

https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a

Reviewer Comments:

FINDING: Reviewed charts didn't include the required VAWA notices.

RECOMMENDATION: Provide the Notice of Occupancy Rights when individuals and/or families are applying for housing. Provide the Notice of Occupancy Rights & Certification form also at each of the

following times: (A) When an individual or family is denied housing; (B) When a program participant is admitted to housing; (C) When a program participant receives notification of eviction; and (D) When a program participant is notified of termination of assistance.

Coordinated Entry & Participant Eligibility

- 82) **Use of CAN.** Did the recipient/subrecipient use the centralized or coordinated assessment system established by the CoC? Did the recipient/subrecipient comply with the written policies and procedures established by the CoC for determining and prioritizing which families and individuals would receive assistance? 24 CFR 578.(a)(8)? ☒ Yes ☐ No

Guidance: CT CAN Policies are available at: www.ctbos.org/policies

Reviewer Comments:

As reported by participating staff

- 83) **Statewide By-Name List.** Did the project accept referrals only from the Statewide By-Name List that is maintained by each CAN with the exception of participants transferred from a different PSH project? For veterans and youth did the PSH project accept only referrals from the separate prioritization processes established for these subpopulations? For transfers, was the placement coordinated through the local CAN? Is the CAN housing referral form in the participant's file? (CT CAN Policies and Procedures)
- ☒ Yes ☐ No

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

Reviewer Comments:

As reported by participating staff

- 84) **Vacancy Notification** - When a vacancy occurs has the provider notified the applicable CAN – goal is to report within 24 hours of the unit becoming vacant. When a vacancy is anticipated, has the provider notified the applicable CAN within 72 hours? When a vacancy is filled does the project notify the applicable CAN within one business day? (CT CAN Policies & Procedures)
- ☒ Yes ☐ No

Reviewer Comments:

As reported by participating staff

- 85) **Referrals from other systems of care.** Before accepting participants into CoC programs from the Mental Health, Foster Care, Correctional or Public Health Systems, providers are required work to ensure that all other discharge options have been exhausted. Accepting a person directly from publicly-funded institutions should only be considered if there are no other viable housing

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options and the person meets the eligibility criteria for the bed or unit. Does program being monitored meet these conditions? (*CTBOS Policies and Procedure*)

☐ Yes ☐ No

Guidance: This standard should be implemented by CANs. (CT CAN Policies and Procedures)

Reviewer Comments:

Unable to assess - not applicable to charts reviewed

- 86) Applicant outreach. If the applicant referred by the CAN has not presented at the receiving project within 3 business days of the intake appointment, does the project make at least 3 contact attempts to reach the household over one week. If the project is unable to reach the applicant, do they immediately notify the CAN and request a new referral? (*CT CAN Policies and Procedures*) x Yes ☐ No

Reviewer Comments:

As reported by participating staff

- 87) Provider/applicant declinations. Does the project only decline CAN referrals for the following approved reasons: applicant has determined that the project does not meet his/her needs/preferences, there is no actual vacancy available in the project, the applicant missed two intake appointments, the applicant household presented with more people than referred by the CAN, or the project has determined that the applicant household cannot be safely accommodated or cannot meet tenancy obligations with the supports provided by the project? Does the project accept at least two-thirds of all referrals? When declining a referral, does the project provide a written notification to the applicant and CAN specifying: the reason the provider or applicant declined; an alternative recommendation regarding housing model/exit option for the client with justification; and instructions for appealing the decision, including the contact information for the person to whom and time frame under which the appeal should be submitted? (*CT CAN Policies and Procedures*) ☐ Yes x No

Reviewer Comments:

██████████ reported that they declined to serve 3 applicants who were previous participants due to previous incidents. They also reported that they do not maintain written records regarding declined applications. In lieu of written records, they provided a brief summary of the reasons the applicants were declined, which included: verbal and physical assault of a staff member, throwing a full Coke at a case manager that narrowly missed the staff's head, threats of physical harm to staff, verbal abuse to staff, and possession of contraband (drugs and weapon), and selling drugs in the building.

FINDING: The project is not providing the required written notice to applicants or the CAN

RECOMMENDATION: When declining a referral, provide a written notification to the applicant and CAN specifying: the reason the provider or applicant declined; an alternative recommendation

regarding housing model/exit option for the client with justification; and instructions for appealing the decision.

RECOMMENDATION: Avoid banning youth from the program. This practice may have a disproportionate impact BIPoC and Latinx youth. At the same time, maintaining an environment that is safe for both participants and staff is critical. Consider using [restorative justice](#) techniques to address past harm and establish and enforce community norms. Such practices are also consistent with the Positive Youth Development approach, which is a required model for YHDP projects.

- 88) Referral acceptance. When accepting a referral does the project, within one business day of the decision, provide a written notification to the applicant and CAN specifying first available move-in date (if such a date is known)? (CT CAN Policies and Procedures)
- ☐ Yes ☐ No

Reviewer Comments:
Did not assess

- 89) Homeless status. Has the grantee maintained the required documentation indicating that all households served meet the relevant category of the HUD definition of homelessness and any applicable homelessness eligibility requirements defined by CT BOS?
- ☐ Yes ☒ No

Eligible categories are indicated below:

- YHDP Crisis Housing (HUD Component - TH): Categories 1 & 4
- YHDP Youth Navigator Services (HUD Component - SSO): Categories 1, 2, & 4
- YHDP Shelter Diversion & Rapid Exit Fund (HUD Component - RRH): Categories 1, 2, & 4
- YHDP RRH (HUD Component - RRH): Categories 1 & 4
- DV Bonus RRH: Category 4
- All Other RRH: Categories 1 & 4
- TH: Categories 1 & 4
- PSH: Category 1 & must meet CH/Dedicated Plus Definition (see #126 and #127 above) [578.3; CT BOS Policies]

Reviewer Comments:

FINDING: The project asks participants where they slept last night and documents their response on their intake form. The Project is not using the CT YHDP Homelessness Verification Form – DOC nor are they documenting client self-certification of homelessness or attempts to obtain third-party verification. Documentation of homelessness does not consistently meet HUD requirements for charts reviewed.

RECOMMENDATION: Conduct a comprehensive chart review. Obtain required documentation and include documentation in all participant files, if possible. Ensure charts include the required supporting

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documentation. Ensure detailed review of all eligibility documentation as part of the standard intake process.

- 90) Age Requirement (YHDP). Does the project comply with the following YHDP age requirements: no member of the household can be older than 24 at project entry? Does the project document age eligibility for all household members? When legal documents are not available, does the project allow self-certification of date of birth while assisting the participant to obtain documentation? (*HUD YHDP NOFA, State of Connecticut Rapid Re-Housing Model Guidelines*)

☐ Yes ☒ No

Reviewer Comments:

FINDING: Two of the charts reviewed did not contain documentation of age eligibility or participant self-certification of age eligibility and attempts to obtain documentation.

RECOMMENDATION: Conduct a comprehensive chart review. Obtain required documentation and include documentation in all participant files, if possible. Ensure detailed review of all eligibility documentation as part of the standard intake process.

- 91) Transitional Housing diversion. Are all households screened for diversion prior to admission and only admitted if no other options are available? (*CT BOS Policies*)

☒ Yes ☐ No

Guidance: This standard should be implemented by CANs.

Reviewer Comments:

Participating staff reported that the Youth Navigator makes attempts to divert and refers to shelter if unable.

- 92) Written intake procedures. Do the records demonstrate that 1) the recipient and subrecipient had written intake procedures in place to ensure that documentation of program participants' homeless and disability (if applicable) status is maintained in accordance with the program requirements 2) that those procedures require obtaining documentation at project intake of the evidence relied upon to establish and verify homeless status, 3) that the procedures establish the order of priority for obtaining evidence of homelessness as first third-party documentation, second intake worker observations, third self-certification, and that the recipient/subrecipient following the procedures? [24 CFR 578.103(a)(3)-(4); 24 CFR 576.500(b); 24 CFR 576.500(c)]

☐ Yes ☒ No

Guidance: Sample Written Intake procedures available at www.ctbos.org

Reviewer Comments:

FINDING: [REDACTED] didn't submit written intake procedures. They submitted the CT BOS sample intake procedure and guidance unamended or formatted to the agency.

RECOMMENDATIONS: Develop intake procedures that meet the requirements as identified above. Use the available sample and amend to fit the project.

Services

- 93) On-going assessment of supportive service needs. Has the grantee conducted on-going assessments of participant's supportive services needs including the services needed, the availability of such services, and the coordination of services to ensure long-term housing stability? Is this documented in sampled client charts? (578.75(e), DMHAS CoC RA Operations Guide) x Yes ☐ No

Guidance: For projects with a designated service provider, at least every 6 months recipients and/or subrecipients shall conduct an assessment of the service needs of the program participants and should adjust services accordingly. Sample assessment available on the CSH [Quality Initiative Page](#).

For projects with no designated Service Provider a "Brief Participant Needs Assessment" form that Housing Providers can use at a minimum annually is available at www.ctbos.org/resources.

Reviewer Comments:

In one chart reviewed the participant was enrolled for nearly a year; however the only assessment evident past intake was a safety/risk assessment.

RECOMMENDATION: Conduct an assessment of service needs at least quarterly.

- 94) Services for PSH and TH. Has the grantee made supportive services available to meet the needs of program participants and made adjustments as necessary based on assessments? Did participants receive supportive services for the duration of their stay? Are available supportive services designed to address the needs of participants?

([578.37(a)]) ☐ Yes x No

Guidance: Monitors will look for evidence that services are provided with a frequency that is responsive to participant needs (e.g. evidence of appropriate and timely intervention on identified issues that threaten housing stability or health/wellbeing; evidence that, in general, contact/attempts occur at least two times/month; contact/attempts that are less are supported by an assessment indicating a lower level of service need); Sample service plan available at: CSH [Quality Initiative Page](#).

Reviewer Comments:

FINDING: In one chart reviewed there were a number of incidents involving other guests including reports of unwanted touching and a physical attack resulting in a concussion. Case notes do not document interventions to ensure safety and follow up on the participant's condition. In another case the participant is fleeing DV in his family home and wants to obtain a restraining order. In their first meeting, the case manager suggests a police escort to the home to obtain identification without consultation with a DV specialist or a safety plan; the client later reports that his family is searching for him and asking for info at a former job site. The client later obtains a restraining order but is unable to get assistance from the police to retrieve the identification. The participant tells staff that he going to the house with a friend, and staff wishes him luck. Throughout there remains no documentation of a referral for DV services or safety planning.

RECOMMENDATION: Document appropriate and timely intervention on identified issues that threaten safety and/or health.

- 95) **Person-centered Services.** Are services person-centered? Do services help participants to recognize their desires and interests, define a vision for what they want and establish hope that those things are possible? Are services focused on participant strengths? Do services help participants to increase control over their own lives, develop relationships, access supports, and build skills and confidence? (DMHAS Requirement – CoC RA Operations Guide; CT BOS Best Practice recommendation) ☒ Yes ☐ No

Reviewer Comments:

- 96) **Assertive Engagement in PSH, RRH, TH.** Project makes regular attempts using a variety of contact methods to engage participants. (DMHAS & DOH Requirement – CoC RA Operations Guide, CT RRH Model Guidelines; CT BOS Best Practice recommendation)
☒ Yes ☐ No

Guidance: Monitors will look for evidence that engagement attempts are made with a frequency that is responsive to participant needs (e.g. evidence of timely attempts at intervention on identified issues that threaten housing stability or health/wellbeing; evidence that, in general, attempts occur at least 2 times monthly and at a frequency that is commensurate with participant needs; attempts that are less frequent are supported by an assessment indicating a lower level of service need and approved by a supervisor). When participants decline services or otherwise demonstrate reluctance to engage, monitors will look for use of a variety of contact methods (e.g., phone, mail, text, in person, invitations to recreational opportunities, attempts to provide concrete services, such as, food, clothing, toiletries).

Reviewer Comments:

97) Service Plans (PSH & TH).

- A) Service plans are completed within 60 days of project entry? x Yes ☐ No
- B) Service plans are updated at least every 6 months? x Yes ☐ No
- C) Services plans are signed by the direct service staff person, the participant and a supervisor? ☐ Yes x No
- D) Plans include specific and measurable action steps and indicate who is responsible for each action and when those actions will occur? ☐ Yes x No
- E) Goals are individualized and person-centered? x Yes ☐ No
- F) Case notes document that assistance with advancing goals/objectives is regularly provided to participants? x Yes ☐ No
- G) When working with a participant who is reluctant to engage, attempts to encourage service planning are documented? ☐ Yes ☐ No
- H) Where no service provider is designated, the housing provider attempts to obtain any service plan developed by the primary case manager? ☐ Yes ☐ No

(DMHAS CoC RA Operations Guide; CT BOS Best Practice recommendations)

Guidance: Sample service plan available on the CSH [Quality Initiative Page](#).

Reviewer Comments:

FINDING: C) Service plans are not consistently signed by clients or annotated to indicate that the client declined to sign D) Service plans do not consistently include measurable action steps. Examples include: "I will save money for a deposit" and "Case Manager will assist in housing search."

RECOMMENDATION: C) Ensure that service plans are consistently signed by clients or document that the client declined to sign D) Ensure that service plans consistently include measurable action steps.

H – N/A [REDACTED] is the designated service provider.

- 98) Limitation on Aftercare. Did the recipient and its subrecipients meet the requirement that program participants receive supportive services for no more than 6 months after rental assistance (PSH) or transitional housing ended? For RRH, did case management continue for no more than 60 days after financial assistance ends? [24 CFR 578.37(a)(1)(ii)(D); 24 CFR 578.103(a)(17), CT RRH Model Guidelines]
- x Yes ☐ No

Reviewer Comments:

Participating staff reported that they are providing aftercare but not documenting it.

RECOMMENDATION:

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Document aftercare so that if a client needs services again in the future staff who may not have worked with them previously are able to pick up the case and know what the clients needs were and what was done to assist.

- 99) **Disability-related services.** Grantees may not require project residents to participate in disability-related services (this does not include substance abuse treatment services) [578.75(h)]. Has the program complied with this requirement?

☐ Yes ☒ No

*Guidance: Examples of disability-related services include, but are not limited to, mental health services, outpatient health services, and provision of medication, which are provided to a person with a disability to address a condition caused by the disability. (Note: CT BOS PSH projects are required to follow **Housing First Principles** – see below)*

Reviewer Comments:

FINDING: See # 100 regarding mandatory medication services

RECOMMENDATION: See #100.

- 100) **Housing First.** All projects must follow Housing First principles, including: housing is not contingent on compliance with services; tenants may only be terminated for lease violations or failure to carry out obligations under Connecticut's Landlord and Tenant Act and many only be evicted from their units based on a valid court order; and services are provided post-housing placement to promote housing stability.]. Does project follow Housing First principles? (CT BOS Policies; Does not apply to ODFC) ☐ Yes ☒ No

Reviewer Comments:

FINDING: All CT BOS projects are required to operate in a manner that is consistent with the Housing First approach as defined in the CT BOS Housing First principles. In addition, the project application submitted to HUD confirms use of the Housing First model, including not terminating participants for any activity not covered in a typical lease agreement for unassisted persons. Enforcing rules that young people likely find objectionable may be a source of conflict between staff and participants and may interfere with establishing an effective working relationship. Project documents have also not been aligned with the Housing First model. Records suggest that [REDACTED] is enforcing rules not found in a typical lease agreement. For example:

-The Level 1 Warning Notice states that the following could result in termination from the program "swearing/vulgar language, assigned chore not completed/completed poorly, bedroom not found to be neat and clean, failure to follow staff instructions."

- Records indicate that in one case of a client with an abuse history and PTSD: "Staff suspected and asked client if he was high on weed, responded "no" but physical appearance shown red, low eyes. When denied a smoke session, client proceeded to use bathroom...staff suspected him smoking in

bathroom which led to a room search. Client was very upset about this and proceeded to insult and be disrespectful to staff.”

- A contract resulting from rules violations includes the following stipulations to avoid termination:

“You need to keep your room cleaned; Make your bed each day prior to leaving the shelter (let staff know when it is complete so they can look at it); you need to hand in your weekly schedule to [REDACTED] to be reviewed every Monday; I will not have interaction with [REDACTED] Clients or [REDACTED] guests while on [REDACTED] for any reason; I will keep all scheduled weekly case management appointments; I will sign a release of information for all of my current providers.”

- Participating staff reported that any time a participant appears to be under the influence of drugs or alcohol they sit in the lobby so that staff can monitor them until they are sober.

-The Admissions Package includes these stipulations: “must see case management weekly; proper dress and attire – no short shorts, no pajamas in common areas; medication must be taken in front of staff supervision” Mandatory medication services are also described in the Medical Compliance policy.

- In one chart documentation indicates that staff gives a participant a list of required chores including: removing clutter from the dresser and nightstand, wiping down furniture, sweeping and vacuuming the floor, shaking the rug out the window, and applying floor polish while the rug is off the floor, washing bedding weekly, and putting clean clothes away.

-Many of the above requirements are also included in the “Acknowledgement of rules and expectations”

RECOMMENDATION: Review current policies and practices. Consider the extent to which all program rules are: necessary to ensure health and safety and consistently enforceable. Also consider whether enforcing rules that young people likely find objectionable is a common source of conflict between staff and participants and may interfere with establishing an effective working relationship. Limit rules only to those that are allowable, necessary, and consistently enforceable. Engage young people in determining the right balance between maintaining practices that are essential to ensure safety, respecting the privacy and autonomy of youth, and building an effective partnership between staff and the young people you serve. To the extent that [REDACTED] wishes to retain rules that are in conflict with CT BOS Housing First principles because they are essential to health and safety, propose which rules you will retain in your monitoring follow up plan.

RECOMMENDATION: Consider whether [restorative justice](#) techniques might be useful for establishing and enforcing community norms. Such practices are also consistent with the Positive Youth Development approach, which is a required model for YHDP projects.

- 101) **Trauma-Informed & client-centered services.** Does case management include trauma-informed, and client-centered approaches to building self-esteem, maximizing autonomy, developing skills, and establishing financial independence. (Required for DV RRRH, Best Practice Recommendation for other projects; CT RRRH Model Guidelines) ☐ Yes ☒ No

Reviewer Comments:

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Maximizing client choice and autonomy are critical components of trauma-informed care. See #100 for examples of policies and practices that do not seem to maximize client choice and autonomy and may trigger a trauma reaction.

RECOMMENDATION: Consider whether policy and practice adjustments may be possible, while retaining safety, and might result in making services more trauma-informed.

- 102) Safety planning. Does the project provide survivors of domestic violence and human trafficking with safety planning services? Does this include informed consent to assist any participants opting to have their name publicly included on the by name list to understand and reduce potential safety risks (*Required for DV RRH, Best Practice Recommendation for other projects; CT RRH Model Guidelines*) ☐ Yes ☒ No

Reviewer Comments:
See #94

103) Confidentiality

- A. Procedures. Has the grantee/sub-grantee developed written procedures to ensure: all client records containing identifying information are kept secure and confidential; address of any family violence project will not be made public; address or location of any housing or program participant will not be made public? [578.103(b)] ☐ Yes ☒ No

Reviewer Comments:

FINDING: [REDACTED] provided an HMIS participant list that included full names and DOB for those served within the last year. This was also a finding in 2021. There were full names of other participants in case notes.

RECOMMENDATIONS: Ensure that: participant lists submitted electronically for monitoring contain only initials and/or client ID as indicated in the document request form; and client records do not include confidential information about other clients.

- B. Releases. Is information sharing evidenced in chart authorized by a current release of information? [578.103(b)] ☐ Yes ☒ No

Reviewer Comments:

FINDING: In one case, a contract mandated that a client sign releases of information - see #100. In some cases releases were not properly completed (e.g., nothing is checked to indicate authorization for obtaining or releasing information and/or client does not initial to indicate which types of information they are authorizing to be obtained or released.

RECOMMENDATIONS: Ensure that authorization to release information is fully voluntary. Ensure that all required fields on release forms are completed

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- 104) Educational Assurances: Designated Staff. If the grantee provides housing or services to families or youth under age 25, has the grantee and subrecipient designated a staff person to be responsible for ensuring that children being served are enrolled in school and connected to appropriate services in the community including early childhood and post-secondary programs? [578.23(c)]

☒ Yes

☐ No

Reviewer Comments:

- 105) Educational Assurances: Policies and Practices. Are the project's policies and practices consistent with the most current laws related to providing education services to individuals up to 24 years of age and families (i.e. the Every Student Succeeds Act – ESSA)? [578.23(c)]

☐ Yes

☒ No

Guidance: A sample policy is available on the CT BOS website at: www.ctbos.org

Reviewer Comments:

FINDING: [REDACTED] *didn't provide an educational policy for individuals up to the age of 24.*

RECOMMENDATION: *Develop an educational policy that outlines the rights of individuals up to the age of 24 which meets the requirements for Every Student Succeeds and the McKinney-Vento Homeless Assistance Act. For more information see: [CT-BOS-Educational-Rights-ESSA-updates-v2.pdf](#) (ctbos.org)*

Case notes did not reflect a focus on education - no discussion of options, services, etc.

RECOMMENDATION: *Ensure that youth are: engaged in discussions around their educational and goals; presented with options for advancing their education and increasing earning potential; linked to educational services*

- 106) Termination of Assistance. Review files of participants who have been terminated from the CoC program. Has the recipient/subrecipient demonstrated a formal termination process that includes at least the following: a) provides formal due process before a person other than the person (or subordinate of that person) who made or approved the termination decision, b) provides the participant a written copies of rules, written notice of termination with clear statement of reasons for terminating, opportunity to appeal decision c) provides the participant written notification of final decision? For DMHAS projects, prior to commencing the termination process does the Housing Provider notify the participant in writing that the subsidy is in jeopardy, specifying the reasons, instructing the participant to contact the Housing Provider immediately, and copying the case manager? If an agreement is not reached within 60 working days about the issues raised in the warning letter, does the Housing Provider notify the participant in writing that the rental assistance will be terminated and the participant has the right to appeal the decision?[578.91 and DMHAS CoC Rental Assistance Operations Guide]

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☐ Yes ☒ No

Reviewer Comments:

FINDING: Charts reviewed did not consistently include a termination notice and/or notification of the participant of the right to appeal.

RECOMMENDATION: Ensure all terminated participants, with the exception of deceased participants, receive a written notification that informs them that they will not receive additional assistance, of the reason, and of the right to appeal.

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

☐ Yes ☒ No

Reviewer Comments:

FINDING: Though participating staff reported that they do notify the CAN when someone is being discharged and is at risk of returning to homelessness, charts reviewed did not document that.

RECOMMENDATION: Document the CAN notification and the outcome of CAN discussions, including recommendations to prevent a return to homelessness.

OTHER: Incident Reporting

FINDING:

In multiple cases, records reviewed documented incidents that require filing an incident report per [REDACTED] policy; however, no such report was filed. Examples include:

- sexual assault (groping/unwanted kissing) reported by the participant to the police
- threats
- physical attack resulting in injury
- cutting and a related call to mobile crisis
- theft reported by the participant to the police

RECOMMENDATION:

Ensure that incidents are reported and reviewed per the agency's policy.

OTHER: Grievance Documentation

Housing First Principles are included as they are the criteria against which the projects are evaluated.

1. CT BOS Housing First Principles

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

Low barrier approach to entry:

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

Community integration and recovery:

- Housing is integrated into the community and tenants have ample opportunity and are supported to form connections outside of the project.
 - a. Housing is located in neighborhoods that are accessible to community resources and services such as schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks, and other recreation facilities.
 - b. Efforts are made to make the housing look and feel similar to other types of housing in the community and to avoid distinguishing the housing as a program that serves people with special needs.
 - c. Services are designed to help tenants build supportive relationships, engage in personally meaningful activities, and regain or develop new roles in their families and communities.

- d. Services are recovery-based and designed to help tenants gain control of their own lives, define their personal values, preferences, and visions for the future, establish meaningful individual short and long-term goals, and build hope that the things they want out of life are attainable. Services are focused on helping tenants achieve the things that are important to them and goals are not driven by staff priorities or selected from a pre-determined menu of options.

Lease compliance and housing retention

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

Separation of housing and services

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

Tenant Choice

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

2. Housing First Requirements

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

Web Posting of Local Competition Deadline

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

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

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HUD COC Application

Home / HUD COC Application

2023 CoC Funding Opportunity

The Connecticut Balance of State Continuum of Care (CT BOS) is seeking applications for new projects for inclusion in the 2023 application for HUD CoC funds. CT BOS is seeking Permanent Supportive Housing projects, Rapid Rehousing projects and Joint Transitional Housing/Rapid Rehousing projects (Joint TH/RRH available only via DV Bonus). The deadline for submission of new project applications is close of business (5:00 p.m.) Friday, April 14, 2023.

New Project RFP Bidders' Conference will be held on Wednesday, March 22 at 10 a.m. Slides and recording will be posted after the webinar. Details available below:

2023 Instructions: New Project Request for Proposal funded through CoC PH Bonus, Reallocation and DV Bonus – PDF (2023.03.14)

Zengine Provider Instructions: Application for New CoC PH Bonus and Reallocation – PDF (2023.03.14)

Zengine Application for New DV Bonus Instructions – PDF (2023.03.14)

Bidder's Conference: Wednesday, March 22 at 10 a.m.

- > Join Zoom Meeting
- > Meeting ID: 828 9270 4702
- > Passcode: 828246
- > Phone: 646-876-9923

Request for CAN priorities & data

2:39 PM 3/16/2023



HUD COC Application

Home / HUD COC Application

2023 CoC Funding Opportunity

The Connecticut Balance of State Continuum of Care (CT BOS) sought applications for new projects for inclusion in the 2023 application for HUD CoC funds. CT BOS is seeking Permanent Supportive Housing projects, Rapid Rehousing projects and Joint Transitional Housing/Rapid Rehousing projects (Joint TH/RRH available only via DV Bonus). The deadline for submission of new project applications was close of business (5:00 p.m.) Friday, April 14, 2023. The application window is now closed.

2023 NOFO Highlights

Ranking Policy 2023 – PDF (2023.08.11)

2023 Instructions: New Project Request for Proposal funded through CoC PH Bonus, Reallocation and DV Bonus – PDF (2023.03.14)

Zengine Provider Instructions: Application for New CoC PH Bonus and Reallocation – PDF (2023.03.14)

Zengine Application for New DV Bonus Instructions – PDF (2023.03.14)

New Project Scoring 2023 – PDF (2023.03.29)

Funding Opportunity Frequently Asked Questions – PDF (updated 2022.04.11)

Bidder's Conference:

> Slides -PDF (2023.03.22)

> Recording: <https://youtu.be/t23747xileA> (2023.03.22)

Request for CAN priorities & data – DOC

Renewals:

For CT BOS's local competition for CoC Renewal Program funds, Renewal Projects are due to be submitted in Zengine on 8/4/2023. All renewals are to be submitted in e-snaps by 8/16/2023. See below for renewal naming and submission instructions.

> 2023 Project Name List – XLS

> Renewal Application Submission webinar – slides (2023.08.02)



Search

11:42 AM
8/2/2023

Local Competition Scoring Tool

Connecticut Balance of State (BOS) CoC

2023 Renewal Evaluation - Adult Programs - POINTS for Scored Criteria - Adopted 7-16-2021, Amended 8-19-2022

Evaluation Criteria		2023 Benchmark / Standard	Source Data	2023 Scores			2nd Standard	Scores (2nd Tier)			3rd Standard	Scores (3rd Tier)		
PERFORMANCE				PSH	RRH	TH		PSH	RRH	TH		PSH	RRH	TH
1	Spending on last year's HUD grant ¹ . * Projects over \$2M spend 95% & leave <\$75 unspent. Projects under \$100K spend 90%. All other projects spend 95% & leave <\$50K unspent.	See box to the left	Zengine	25	25	25	All projects spend at least 80%.	10	10	10				
2	Occupancy (based on quarterly unit utilization) ² *	90%	HMIS & Zengine	25	25	25	80%	10	10	10				
3	All adult participants with NON-CASH benefits excluding health insurance ³ * + (allowance for DV)	95% DV only - 76%	HMIS	15	15	15	85% DV only - 71%	10	10	10	75% DV only - 66%	5	5	5
4	TH Only (DV Projects): LOS is 2 years or less (special metric for DV) * # +	100%	HMIS	N/A	N/A	10	90%	N/A	N/A	6				
5	PSH Only: Percentage of participants who remain in PSH or exited to permanent housing ⁴ * #	95%	HMIS	20	N/A	N/A	90%	10	N/A	N/A	85%	5	N/A	N/A
6	RRH and TH Only: Percentage of leavers who exited to Permanent Housing ⁴ * #	95%	HMIS	N/A	20	20	85%	N/A	10	10	80%	N/A	5	5
7	Consumer Surveys - Response Rate ⁵ *	35%	Survey Monkey &	15	15	15	25%	5	5	5				
8	Lateness Penalty: 5 points deducted for each late item *	Submitted on-time	GRET	-5	-5	-5	Maximum Points Available: 100 Objective Points Available: 100 System Performance Points Available: 20 Severe Barrier Points Available: 15							
9	Contacts Penalty: 2 points deducted for not updating/confirming Zengine Contacts *	Update/Confirm contacts in past quarter	GRET	-2	-2	-2								
TOTAL POINTS (Maximum Points Available)				100	100	110								

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

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

DATA TO BE COLLECTED FOR DESCRIPTION OR TRACKING PURPOSES OR SETTING BENCHMARK FOR 2023 - NOT SCORED													
Evaluation Criteria	2023 Benchmark / Standard	Source Data	2023 Scores			2nd Standard	Scores (2nd Tier)			3rd Standard	Scores (3rd Tier)		
PERFORMANCE			PSH	RRH	TH		PSH	RRH	TH		PSH	RRH	TH
PSH & RRH Only: New Participants Enrolled to Housed within 30 days ⁶ * #	PSH: 85% RRH: 50%	HMIS	Not Scored	Not Scored	Not Scored								
Percentage of adult participants who increased EARNED INCOME from entry to exit/follow-up ³ * # +	25% PSH 25% RRH 40% TH	HMIS	Not Scored	Not Scored	Not Scored								
RRH Only: LOS for participants is 6 months or less *	40%	HMIS	Not Scored	Not Scored	Not Scored								
Costs: PSH annual service cost/hh; RRH/TH cost/PH exit *	New projects & projects with budget increases only	Zengine & HMIS	Not Scored	Not Scored	Not Scored								
Rate of Return to Homelessness Among Latinx, Black, Asian, Native, Multiple Race Groups as compared to White/Non-Latinx group ⁷ * # +	Rate of returns among BIPOC people is equal to or less than White/Non-Latinx people	HMIS	Not Scored	Not Scored	Not Scored								

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

² Excludes new projects and projects transferred to a new provider

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

⁴ Excludes deceased participants or programs with only 1 exit with a bad outcome and exits from housing to seek safety, & exits to foster care/group home, hospital, long-term care/nursing home, & substance abuse treatment

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

⁶ New participants who entered during the applicable FFY only.

⁷ Excludes DV Programs

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

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

2023 Balance of State Continuum of Care

Scoring Guide for

NEW Permanent Supportive Housing (PSH), Rapid Rehousing (RRH) or Joint Transitional Housing (TH)/ Rapid Rehousing (Joint TH/RRH) Project Applications (including DV)

THRESHOLD REVIEW

Proposed projects must meet the following requirements in order to be scored. Housing Innovations will conduct this review.

The project:

1. Will be administered by an eligible organization

☐ *
2. Meets the match requirements

☐ *
3. Proposes to serve an eligible population

☐ *
4. Agrees to participate in HMIS or HMIS comparable database

☐ *
5. Agrees to participate in Coordinated Access Networks (CANs)

☐ *
6. Does not exceed the Support Services Budget Cap/household

☐ *
7. Is a Housing First model and meets Housing First Standards

☐ *

SCORING

Scoring Factor #1 - Organizational Experience and Capacity	20
Scoring Factor #2 – Timeliness	10
Scoring Factor #3 – Supportive Services and Housing First	30
Scoring Factor #4 – ONLY DV Projects - DV Experience, Plan and Outcomes	25
Scoring Factor #5 - Application/Budget Quality	20
Bonus Points - Rental Assistance projects receiving DMHAS H2H services funding	10
Bonus Points - Current CoC projects with no dedicated services funding from any source	10

	DV	non-DV
All total possible points available	115	100
Total Obj. Criteria pts. available	93.2	84
Total System Perf. pts. available	30.7	23.15
Total Severe Barrier pts. available	55.7	27

Scoring Factor # 1 – Organizational Experience and Capacity - 20 points		
See Applicant Profile – Experience of Applicant		
<ul style="list-style-type: none">○ 5A (6A for DV)- Do the applicant, subrecipient and key partner organization(s) appear to have the experience to successfully operate a HUD funded permanent housing program for persons experiencing homelessness? Specifically, do the relevant organization(s) demonstrate significant and long-standing experience:<ul style="list-style-type: none">▪ operating successful Housing First programs?* #+ ▪ linking participants to mainstream services including health insurance, employment and mainstream affordable housing?* #+ ▪ increasing participant income through employment and access to public benefits?* #+ ▪ helping participants to stabilize in housing?▪ assessing interest in/assisting with moving on from PSH (if applicable)?▪ locating units and administering rental assistance (if applicable)?○ 5B (6B for DV)- Is there a clear organizational structure for managing operations, coordinating among departments within the agency and with partner organizations, including how this project will fit within that structure?○ 5C (6C for DV) – Do the applicant and subrecipient appear to have the experience to successfully utilize federal funds and perform activities proposed in the application?<ul style="list-style-type: none">* ▪ working with and addressing the target population(s) identified housing and supportive service needs;* ▪ developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation;* ▪ identifying and securing matching funds from a variety of sources; and* ▪ managing basic organization operations including financial accounting systems.○ 5D through J (6D, and E through J for DV) - Does the organization have the capacity to effectively use federal funds, and ensure timely project start up and full expenditure of new project funds? Specifically, has the organization demonstrated sufficient capacity related to:<ul style="list-style-type: none">* ▪ Resolving monitoring/audit findings?* ▪ Fully spending grant funds?* ▪ Avoiding/resolving outstanding arrears?* ▪ Regularly drawing down funds?* ▪ Timely submission of reports?○ 5K (6K for DV) - Has the agency demonstrated efforts to ensure they are meeting the unique needs of marginalized communities, for example:<ul style="list-style-type: none">* ▪ Ensuring diversity among staff and board* ▪ Creating opportunities for participants to shape programs* ▪ Hiring program participants* ▪ Developing partnerships with other local organizations that focus on marginalized communities* ▪ Analyzing program access and outcomes by race/ethnicity*+ ▪ Planning steps to address any disparate access or outcomes*+ ▪ Any other unique qualifications that agency has to serve marginalized communities		
		Total pts. available - Objective Criteria = 16 for non- DV and 15.2 for DV
		Total Sys. Performance pts. available = 3.15 for non-DV and 2.7 for DV
		Total Severe Barrier Pts. available = 5 for non-DV and 8.7 for DV

Scoring Factor # 1 (cont'd) – Organizational Experience and Capacity - 20 points (Additional factors to consider for DV projects within the 20 pt. scoring factor #1)	
<ul style="list-style-type: none">○ DV Only - 6Di – How well has the organization evaluated its ability to ensure the safety of survivors in existing projects? Will the organization improve safety in the proposed project for the population served? Will they use objective criteria to measure this? For example, participants will:<ul style="list-style-type: none">* # + ■ Demonstrate increased income from project enrollment to annual assessment/project exit* + ■ Experience a decrease in DV/Intimate Partner Violence (IPV) incidences, and/or trauma symptoms* + ■ Demonstrate an increase in intentional safety planning<ul style="list-style-type: none">■ Have the ability to meet basic needs and/or social connectedness○ DV Only – 6L - Extent to which the applicant clearly describes how the coordinated entry process through which applicants will enter the program incorporates trauma-informed, victim-centered approaches and maximizes client choice for housing and services that:<ul style="list-style-type: none">* + ■ Prioritize safety,* + ■ Use emergency transfer plans, and* + ■ Ensure confidentiality.○ DV Only – 6M - Extent to which the organization provided examples of how they ensured the safety of DV survivors experiencing homelessness by:<ul style="list-style-type: none">* + • training staff on safety planning;* + • adjusting intake space to better ensure private conversations;* + • conducting separate interviews/intakes with each member of a couple;* + • working with survivors to have them identify what is safe for them as relates to units (e.g., maintaining bars on windows, fixing lights in hallways, etc. for living spaces operated by applicant); and+ • keeping the location of dedicated units and/or congregate living spaces set aside solely for survivors confidential.	

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

Scoring Factor #3 – Supportive Services and Housing First – Total of 30 points	
Total Objective pts. available = 10	
Housing First Approach (10 points) - Supportive Services – Section 2R	Total System Performance pts. available = 0
Extent to which the applicant:	Total Severe Barrier pts. available = 10
<ul style="list-style-type: none">• * Clearly describes a program design that is consistent with a Housing First approach (i.e., A model of housing assistance that is<ul style="list-style-type: none">+ offered without preconditions, such as sobriety or a minimum income threshold, or service participation requirements; rapid placement and stabilization in permanent housing are primary goals) Questions to consider: <ul style="list-style-type: none">• Does the applicant clearly demonstrate a model that offers initial access to housing without preconditions, such as sobriety, income requirements and service participation?• Does the applicant clearly demonstrate that rapid placement and stabilization in permanent housing are primary goals of the project?• Does the applicant clearly demonstrate an understanding of the services required for housing stabilization (i.e., helping tenants understand their rights and responsibilities, advocating with landlords/property management to address threats to housing stability, assertively engaging tenants in services to address barriers to housing stability)• Does the applicant clearly describe a project design that is adequate to accomplish those goals?	

Assistance with obtaining and remaining in permanent housing (10 points) – See Section 2R		Total Objective pts. available = 10
Questions to consider: *#		Total System Performance pts. available = 10
+ +	• Is there a clear description of how eligible participants obtain and maintain housing?	Total Severe Barrier pts. available = 3
	• Does the applicant have a plan to assess needs of participants and address those needs including but not limited to: health, behavioral health, education, employment, life skills and childcare services, if applicable	
	• Does the applicant have a plan to work with landlords and to assist participants with housing stabilization and eviction prevention?	
	• Does the project use the critical time intervention model to inform service delivery (recommended – information available at www.criticaltime.org)?	
	• If applicable, is there a clear description of how appropriate units will be identified and rent reasonableness be determined?	
Assistance with obtaining mainstream health, social services and connection to employment programs for program participants (10 points) – See Section 2S		Total Objective pts. available = 8
*+##	• Does the agency coordinate with mainstream employment organizations?	Total System Performance pts. available = 10
*+ #	• Does the agency assist tenants to access SSI/SSDI and other mainstream benefits?	Total Severe Barrier pts. available = 9
*+ #	• Does the agency assist tenants to build independent living skills and move on from PSH (if applicable)?	
*+ #	• Does the agency explain how the unique needs of the proposed target populations will be addressed in a manner that assists them to increase income and build skills?	
+ #	• Does the project provide a robust description of activities that will assist participants to increase income and access services and benefits?	

Scoring Factor #4 – DV Projects Only - DV Experience, Plan and Outcomes – 25 Points		+ & * Apply to Whole Section
For below, 2T relates to the provider’s experience and 2U relates to the plan for the proposed project.		
Experience with providing housing and supportive services to survivors – See Section 2T		
Questions to consider: Does the project clearly describe experience with:		
• # Using low-demand, Housing First model to rapidly locate permanent housing for survivors?		
• # Designing and operating programs that help survivors to increase their income and achieve long-term housing stability?		
• Designing and operating programs that are and focused on safety?		
• Designing and operating programs that are strengths-based and survivor-driven, offering a range of options to support survivors to rebuild control over their lives and improve safety for themselves and their families?		
• Designing and operating trauma-informed programs?		
• Designing and operating programs that help survivors to navigate a range of systems?		Total Objective pts. available = 25
Plan to meet the specific needs of survivors. – See Section 2U		Total System Performance pts. available = 8
Questions to consider: Does the applicant clearly describe how they will:		Total Severe Barrier pts. available = 25
• Use a low-demand, Housing First model to rapidly locate permanent housing for survivors.		
• # Help survivors to increase their income and achieve long-term housing stability.		
• Ensure a focus on safety. Provide a plan for improving the safety of program participants.		
• Ensure that services are strengths-based and survivor-driven and offer a range of options to support survivors to rebuild control over their lives and improve safety for themselves and their families.		
• Ensure that services are trauma-informed.		
• Help survivors to navigate a range of systems.		
• Advocate for survivors’ autonomy, safety, independence and housing stability.		

Scoring Factor #5: Application/Budget Quality - 20 Points		* Applies to whole section.
Evaluate based on the entire application		
Application Quality (10 points) - Extent to which the applicant:		
<ul style="list-style-type: none">consistently followed instructions;included all required attachments; andfully answered questions?		Total Objective pts. available = 10 Total System Performance pts. available = 0 Total Severe Barrier pts. available =0
See Section #3		
Budget Quality (10 points) - Extent to which the project budget		
<ul style="list-style-type: none">was completed in accordance with the instructions?met the minimum matching requirement (if applicable)?included only eligible costs?provided sufficient detail and made sense given the project description and target population?Is cost effective and falls within established ranges for minimum and maximum per household costs?		
Bonus Points: 10 points each		
Applicable to PSH & RRH projects: Does this project receive DMHAS H2H funds?		
<ul style="list-style-type: none">In project application, under Section #2, Is the response to 2.D) - D (New PSH project that has services funds from the DMHAS H2H initiative and will apply for CoC rental assistance only)?		
Is the proposed project one that currently receives CoC funds, but has no designated services funding from any source?		
<ul style="list-style-type: none">In project application, under Section #2, is the response to 2.D) Type of project – B or F AND the response to 2.E) “no”?		
		Total Objective pts. available = 20 Total System Performance pts. available = 0 Total Severe Barrier pts. available = 0

Scored Forms for One Project

Grant #: CT0261 (2023)

Date Effective for Data: 2/2/2023

Project Name: Project Teach

Recipient: Community Renewal Team, Inc (CRT)

Actual Objective Criteria Points Awarded: 100

Service Provider: Community Renewal Team, Inc (CRT)

Actual System Performance Criteria Points Awarded: 20

Project Type: COC / PSH

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

All criteria are objective and # denotes system performance criteria.

Performance					
	Evaluation Criteria	Benchmark / Standard	Program Performance	Points Available	Awarded Points
1	Spending on last year's HUD grant	Projects between \$100k and \$2m: spend 95% and leave < \$50k unspent	\$495,686	25	25
2	Occupancy (based on quarterly unit utilization)	>= 90%	119%	25	25
3	All adult participants with NON-CASH benefits excluding health insurance	Non-DV projects: >= 95%	100%	15	15
5	PSH Only: % of participants who remain in PSH or exited to PH	>= 95%	100%	20	20
7	Consumer Surveys - Response Rate	>= 35%	50%	15	15
10	PSH & RRH Only: Percentage of participants housed within 30 days	PSH projects: >= 85%	67%	(not scored)	
11	Percentage of adult participants who increased EARNED INCOME from entry to exit/follow-up	PSH & RRH projects: >= 25%	4%	(not scored)	
14	Rate of Return to Homelessness Among BIPOC / RoR for White/Non-Latinx - Exits to PH from 10/1/20 to 3/31/21 who returned between 10/1/20 and 9/30/21. Under 100% mean that BIPoC RoR is lower than White RoR. Over 100% mean that BIPoC RoR is greater than White RoR.	ROR BIPOC <= ROR White/Non-LatinX		(not scored)	
Performance Totals		Actual Points Available and Awarded		100.00	100.00
Performance Score (awarded points / points available)					100.00%
Penalties					
Lateness Penalty (5 points per document)					0.00
Contacts Penalty (2 points for not updating contacts by the deadline)					0.00

Notification of Projects Accepted

Now Available: 2023 CT BOS Project Listing

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

Thu 9/7/2023 12:34 PM

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

This & the following 3 pages show Constant Contact email to all project applicants that the CoC posted to our website a listing including: all projects; project rankings (if accepted); project scores (if met threshold); and funding amounts. Shows sent to 3 lists, general, Steering Committee and HUD Grantees which include 471 recipients.



Now Available HUD Continuum of Care 2023 Project List



Dear Colleagues,

Please find posted on the CT BOS Website, [CT BOS Continuum of Care 2023 Project Listing](#), which includes for all new and renewal projects the CoC considered during CT BOS's local competition:

- Project Names;
- Project Scores;
- Project accepted or rejected status;
- Project rank - if accepted;
- Requested Funding Amounts; and
- A statement indicating no reallocated funds in 2023

You are receiving this notice and the posting was made for the purposes of transparency and to meet HUD requirements. Projects were ranked in accordance the [Ranking Policy](#).

Thanks to all who have assisted and continue to assist in making this year's application for funding a successful one and, as always, for the important work you do in helping end homelessness in Connecticut!

Sincerely,

CT BOS Team



See what's happening on our website!

Contact the CT Balance of State

ctboscoc@gmail.com

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

[Unsubscribe shannon@housinginnovations.us](#)

[Update Profile](#) | [Constant Contact Data Notice](#)

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Subject

Now Available: 2023 CT BOS Project Listing

Pre header

Public Notification

From name

CTBOS

Sent

September 7th 2023 at 12:32 pm EDT

From Address

ctboscoc@gmail.com

Reply to address

ctboscoc@gmail.com

Lists

General, HUD Grantees, Steering Committee

Email link

<https://conta.cc/464D3RR>

Sent2023 Ranked Project Listing

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Email Performance

See how your emails are doing with your audience. [Compare your results to the industry average.](#)

Sent

471

Open Rate

14.9%

Click Rate

3.7%

CD

Opens	61	Clicks	15
Sent	471	Did Not Open	348
Bounces	62	Unsubscribed	0
Successful Deliveries	409	Spam Reports	0
Desktop Open Percentage	93.8%	Mobile Open Percentage	h 2 of

Recommendations

a

Need Help? Let's Chat!

X

P. 1 of 2023 Project Listing posted to CT BOS Website

ctbos.org/wp-content/uploads/BOS-Project-Listing-FY2023-Posting.pdf

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1 / 4 95%

CT BOS Continuum of Care 2023 Project Listing

No funds were reallocated in the 2023 CoC competition

Rank if accepted	Project Name	Renewal Score	New App Score	Accepted or Rejected	Request Funding Amount
1	Homeless Collaborative Network	100.0	N/A	Accepted	\$ 764,730
2	Project Teach HUD FY 2023	100.0	N/A	Accepted	\$ 512,584
3	Project Home C	100.0	N/A	Accepted	\$ 467,568
4	Family Matters CT0064	100.0	N/A	Accepted	\$ 230,618
5	Thames River Family Program	100.0	N/A	Accepted	\$ 195,983
6	CT0191 St. Philip House	100.0	N/A	Accepted	\$ 179,720
7	CT0129 New Haven Safe Haven	100.0	N/A	Accepted	\$ 175,949
8	Arch Street Housing	100.0	N/A	Accepted	\$ 140,455
9	Flora O'Neil Apartments	100.0	N/A	Accepted	\$ 96,801
10	Phoenix House Transitional Housing Program	100.0	N/A	Accepted	\$ 51,596
11	CT0176 Norwich New London Rental Assistance Boswell	100.0	N/A	Accepted	\$ 40,172
12	CT0306 CT BOS DOH PSB 1	98.0	N/A	Accepted	\$ 862,647
13	YHDP Crisis Housing Greater Hartford	96.5	N/A	Accepted	\$ 63,495
14	CT0089 Norwich New London Rental Assistance	95.0	N/A	Accepted	\$ 536,008
15	Freedom Walk	95.0	N/A	Accepted	\$ 435,846
16	CT0054 Middletown Rental Assistance	95.0	N/A	Accepted	\$ 287,552
17	Soromundi Commons Supportive Housing	95.0	N/A	Accepted	\$ 181,707
18	CT0012 New Haven Lucht Hall	95.0	N/A	Accepted	\$ 147,131
19	Homes Plus	95.0	N/A	Accepted	\$ 142,540
20	TLP	91.7	N/A	Accepted	\$ 210,007
21	Permanent Supportive Housing for people with disabilities Rosehill	90.0	N/A	Accepted	\$ 387,402
22	CT0265 BOS DMHAS 2014	87.0	N/A	Accepted	\$ 2,869,477
23	CT0164 New Haven Rental Assistance	85.0	N/A	Accepted	\$ 3,029,089
24	CT0066 Greater Hartford Chrysalis Rental Assistance	85.0	N/A	Accepted	\$ 1,161,199
25	PEAK	85.0	N/A	Accepted	\$ 589,144
26	Liberty Consolidated Scattered Site Housing	85.0	N/A	Accepted	\$ 556,547
27	CT0073 Manchester CHR Rental Assistance	85.0	N/A	Accepted	\$ 342,430
28	CT0139 Hartford Chrysalis Supportive Housing for Veterans	85.0	N/A	Accepted	\$ 328,409
29	Liberty Consolidated Rapid Rehousing	85.0	N/A	Accepted	\$ 315,644
30	CT0297 Pendleton PSB	85.0	N/A	Accepted	\$ 200,895
31	Alliance for Living-Supportive Housing Program - Renewal Application FY 2023	85.0	N/A	Accepted	\$ 165,228
32	CT0237 Waterbury East Main Street	85.0	N/A	Accepted	\$ 87,186
33	Meriden SHP	85.0	N/A	Accepted	\$ 45,595
34	NLHHC Renewal Project Application FY2023	85.0	N/A	Accepted	\$ 38,925

12:45 PM
9/7/2023

P. 2 of 2023 Project Listing posted to CT BOS Website

ctbos.org/wp-content/uploads/BOS-Project-Listing-FY2023-Posting.pdf

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All Bookmarks

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2 / 4 | - 95% + |

35	CT0286 BOS DMHAS 2015	80.8	N/A	Accepted	\$ 2,054,161
36	CT0070 Meriden Wallingford Rushford Rental Assistance	80.0	N/A	Accepted	\$ 583,628
37	CT0240 Walking Into Wall Street	80.0	N/A	Accepted	\$ 554,575
38	Society of Support (SOS)	80.0	N/A	Accepted	\$ 342,082
39	CT0061 CHR PSH	80.0	N/A	Accepted	\$ 301,243
40	Permanent Supportive Housing at MSP	80.0	N/A	Accepted	\$ 268,994
41	CT0011 New Haven Columbus House Sojourners	80.0	N/A	Accepted	\$ 236,680
42	CT0135 Hartford CHR Soromundi Commons	80.0	N/A	Accepted	\$ 213,779
43	SVD Middletown SHP	80.0	N/A	Accepted	\$ 209,580
44	CT0023 Hartford Mary Seymour Place	80.0	N/A	Accepted	\$ 200,417
45	CT0053 Middletown The Connection	80.0	N/A	Accepted	\$ 179,213
46	CT0154 Greater Hartford Mercy Rental Assistance	80.0	N/A	Accepted	\$ 118,549
47	CT0340 DMHAS BOS PSH 2019	78.1	N/A	Accepted	\$ 1,001,964
48	CT0062 BHCare Rental Assistance	75.0	N/A	Accepted	\$ 516,771
49	PILOTS 1 (CT0122)	75.0	N/A	Accepted	\$ 299,054
50	CT0204 Waterbury Rental Assistance	75.0	N/A	Accepted	\$ 243,534
51	CT0052 Middletown Liberty Commons	75.0	N/A	Accepted	\$ 210,273
52	CT0013 New Haven Cedar Hill	75.0	N/A	Accepted	\$ 172,355
53	CT0131 Hartford Hudson View Commons	75.0	N/A	Accepted	\$ 146,663
54	CT0352 DOH YHDP Rapid Rehousing	71.1	N/A	Accepted	\$ 2,179,553
55	CT0312 YHDP CAN 8 Application - Crisis Housing	70.4	N/A	Accepted	\$ 50,000
56	CT0171 CHI Consolidated SHP FY2023	70.0	N/A	Accepted	\$ 944,416
57	CT0161 New Britain CMHA Rental Assistance	70.0	N/A	Accepted	\$ 919,809
58	CRT PSH Consolidated HUD FY2023	70.0	N/A	Accepted	\$ 895,286
59	CDF Combo 1-4 FY2023	70.0	N/A	Accepted	\$ 867,043
60	Safe Haven	70.0	N/A	Accepted	\$ 816,981
61	CT0279 Central CAN RRH	70.0	N/A	Accepted	\$ 385,484
62	CT0246 Greater Middletown Mercy Rental Assistance	70.0	N/A	Accepted	\$ 286,094
63	CT0142 Torrington Mental Health CT Rental Assistance	70.0	N/A	Accepted	\$ 167,183
64	CT0278 Youth Continuum Supportive Housing Project	68.7	N/A	Accepted	\$ 230,360
65	CT0351 Youth Permanent Supportive Housing	66.4	N/A	Accepted	\$ 89,566
66	CT0338 CT BOS CCADV RRH	65.0	N/A	Accepted	\$ 1,540,653
67	CT0200 Torrington Rental Assistance WHO	65.0	N/A	Accepted	\$ 330,074
68	Youth Continuum Crisis Housing	64.6	N/A	Accepted	\$ 106,788
69	Rosehill transitional living program	63.6	N/A	Accepted	\$ 184,897
70	CT0211 Waterbury Step-up	62.2	N/A	Accepted	\$ 95,568
71	CT0330 CT BOS CCADV RRH	60.0	N/A	Accepted	\$ 3,574,460
72	CT0077 Windham United Services Brick Row	60.0	N/A	Accepted	\$ 125,007
73	CT0172 Hartford Sue Ann Shay Place	60.0	N/A	Accepted	\$ 117,525
74	Killingly Consolidated Wrap Around Housing Program	60.0	N/A	Accepted	\$ 114,448
75	CT0294 DOH CT BOS RRH	59.1	N/A	Accepted	\$ 2,996,046
76	CT0151 Waterbury Housing Plus	55.0	N/A	Accepted	\$ 400,387
77	CT0141 Torrington CHD Pilots	55.0	N/A	Accepted	\$ 262,716



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78	CT0339 CT BOS RRH Bonus 2019	53.3	N/A	Accepted	\$ 728,964
79	CT0022 Greater Hartford Rental Assistance Consolidated	45.0	N/A	Accepted	\$ 2,752,142
80	CT0185 Manchester Rental Assistance	45.0	N/A	Accepted	\$ 259,239
81	CT HMIS - BOS 2023	Not Scored	N/A	Accepted	\$ 145,891
82	Greater Hartford HMIS 2023 Grant	Not Scored	N/A	Accepted	\$ 122,740
83	CT0295 DOH CT BOS CAN SSO	Not Scored	N/A	Accepted	\$ 787,475
84	CT BOS CCADV CE	Not Scored	N/A	Accepted	\$ 523,381
85	PILOTS II (CT0121)	35.0	N/A	Accepted	\$ 261,388
86	CT0076 Windham United Services Rental Assistance	30.0	N/A	Accepted	\$ 103,886
87	YHDP Youth Diversion and Rapid Exit 1	26.8	N/A	Accepted	\$ 310,472
88	H-PASS PSH HUD FY2023	Not Scored	N/A	Accepted	\$ 634,160
89	CT0356 Prudence Crandall Center's Enhanced Housing Options	Not Scored	N/A	Accepted	\$ 416,180
90	CHI The Tyler, Rockview II and Mather Street	Not Scored	N/A	Accepted	\$ 332,286
91	New Reach New Haven RRH 2022	Not Scored	N/A	Accepted	\$ 261,731
92	CHI Willow Creek and The Jefferson	Not Scored	N/A	Accepted	\$ 225,050
93	YHDP Youth Navigator Central & Greater Hartford	Not Scored	N/A	Accepted	\$ 180,381
94	Chrysalis Oxyboxo Lofts	Not Scored	N/A	Accepted	\$ 132,278
95	Hartford My Sisters' Place PSH 2022	Not Scored	N/A	Accepted	\$ 116,190
96	Youth Continuum Youth Navigators	Not Scored	N/A	Accepted	\$ 110,857
97	CT0307 TH YHDP	Not Scored	N/A	Accepted	\$ 103,047
98	St Vincent's Commons	Not Scored	N/A	Accepted	\$ 84,714
99	CT0308YHDP Youth Navigator Eastern	Not Scored	N/A	Accepted	\$ 73,670
100	CT0309 YHDP CAN 8 Application - Youth Navigator	Not Scored	N/A	Accepted	\$ 51,100
101	CT0318 Waterbury Litchfield CAN Youth Navigator	Not Scored	N/A	Accepted	\$ 46,828
102	CT0355 St. Mary's Place	Not Scored	N/A	Accepted	\$ 40,125
103	CT0316 YHDP Youth Navigator NE	Not Scored	N/A	Accepted	\$ 34,472
104	YHDP Youth Diversion and Rapid Exit 2	Not Scored	N/A	Accepted	\$ 25,057
105	Mercy Homeless to Housing Rapid Re-Housing 2023	N/A	82.3	Accepted	\$ 203,000
106	New Reach New Haven PSH Bonus 2023	N/A	76.3	Accepted	\$ 646,314
107	NLHHC Eastern CT Collaborative	N/A	74.8	Accepted	\$ 417,621
108	CRT PSH Consolidated Expansion	N/A	76.0	Accepted	\$ 356,803
109	Columbus House New Haven RRH Bonus 2023	N/A	72.5	Accepted	\$ 696,031
110	Southeastern Mental Health Authority PSH Bonus 2023	N/A	75.5	Accepted	\$ 225,470
111	Friendship Service Center RRH Bonus 2023	N/A	72.3	Accepted	\$ 453,766
112	Chrysalis Center Cedar Pointe	N/A	73.0	Accepted	\$ 57,780
113	CT0054 Middletown Rental Assistance 2023 Expansion	N/A	68.5	Accepted	\$ 192,600
114	Chrysalis Center HEARRT House	N/A	68.0	Accepted	\$ 185,307
115	Safe Futures Joint TH-RRH Program	N/A	102.0	Accepted	\$ 356,314
116	CT0330 CT BOS CCADV RRH 2023 Expansion	N/A	90.3	Accepted	\$ 259,017
117	CT0338 CT BOS CCADV RRH 2023 Expansion	N/A	90.3	Accepted	\$ 1,224,769

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N/A	BOS Planning Grant	N/A	N/A	Accepted	\$ 1,500,000
*	CHR GH RRH	N/A	67.33	Rejected	\$ 352,259
*	Liberty Community Services PSH 2023	N/A	71.75	Rejected	\$ 756,021
*	Access Agency RRH Service Enhancement	N/A	59	Rejected	\$ 146,988
*	Alliance for Living PSH 2023	N/A	71.25	Rejected	\$ 355,148
*	Apex PSH Housing Project 2023	N/A	67.5	Rejected	\$ 227,715
*	WRCC DMHAS BOS 193 Expansion	N/A	67.25	Rejected	\$ 120,000
*	CT0294 Expansion	N/A	67	Rejected	\$ 92,460
*	FSC-NHS PSH Project	N/A	64.5	Rejected	\$ 243,000
*	SPI - Transformations II	N/A	54.25	Rejected	\$ 598,652
**	Partnership to End Human Trafficking	N/A	N/A	Rejected	\$ 50,000
**	Mercy 2023 PSH	N/A	N/A	Rejected	\$ 879,475
**	CHD Housing to Home-I	N/A	N/A	Rejected	\$ 350,001
**	CHD Housing to Home-II	N/A	N/A	Rejected	\$ 2,607,460
**	TRCS RRH Supports	N/A	N/A	Rejected	\$ 111,992
**	164-166 Bartholomew Ave.	N/A	N/A	Rejected	\$ 120,960

* Project was rejected and, therefore, not ranked.

**Project did not meet threshold, therefore, was not scored/ranked.



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9/7/2023

Pp. 10- 18: List of email addresses (exported from Constant Contact) to which the 2023 Project Listing was sent

Email address	First name	Last name	Email Lists	Sent At
lpareti@housinginnovations.us	Lauren	Pareti	HUD Grantees,Steering Committee,SN	9/7/2023 12:35pm
rlyas@immacare.org	Rebekah	Lyas	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
swagner@housinginnovations.us	Suzanne	Wagner	HUD Grantees,Steering Committee,Gr	9/7/2023 12:35pm
leigh.shields-church@ct.gov	Leigh	Shields-Church	HUD Grantees,Steering Committee,SN	9/7/2023 12:35pm
matt.morgan@journeyhomect.org	Matthew	Morgan	HUD Grantees,Steering Committee,SN	9/7/2023 12:35pm
beau.anderson@ct.gov	Beau	Anderson	HUD Grantees,Steering Committee,Gr	9/7/2023 12:35pm
peter.debiasi@accessagency.org	Peter	Debiasi	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
alice.minervino@ct.gov	alice	minervino	HUD Grantees,Steering Committee,SN	9/7/2023 12:35pm
whodge@chrysaliscenterct.org	Wendy	Hodge	HUD Grantees,Renewal Evaluation Pri	9/7/2023 12:35pm
Jgreer@chrhealth.org	Jennifer	Greer	HUD Grantees,Renewal Evaluation Pri	9/7/2023 12:35pm
SCastelli@chrysaliscenterct.org	Sharon	Castelli	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
nbarnofski@newreach.org	Nikki	Barnofski	HUD Grantees,Steering Committee,SN	9/7/2023 12:35pm
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edsvdp@comcast.net	Phillip	Lysiak	HUD Grantees,Steering Committee	9/7/2023 12:35pm
ericajayon23@gmail.com	erica	king	HUD Grantees,General	9/7/2023 12:35pm
srivera@fsc-ct.org	Suzy	Rivera	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
silvia.moscariello@libertycs.org	Silvia	Moscariello	HUD Grantees,Steering Committee,SN	9/7/2023 12:35pm
Jlm.pettinelli@libertycs.org	Jim	Pettinelli	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
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lgilbert@immacare.org	Louis	Gilbert	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
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kjarmoc@ctcadv.org	Karen	Jarmoc	Steering Committee	9/7/2023 12:35pm
iparker@tvcca.org	Ida	Parker	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
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ahakian@chrhealth.org	Andrea	hakian	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
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tmaguire@youthcontinuum.org	Tim	Maguire	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
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czall@snet.net	Catherine	Zall	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
tferraro@theconnectioninc.org	Teresa	Ferraro	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
cmeaden@columbushouse.org	Cathleen	Meaden	HUD Grantees,Steering Committee,SN	9/7/2023 12:35pm
Tamika.Riley@JourneyHomeCT.org	Tamika	Riley	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
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Brittney.gibson@yale.edu	Brittney	Gibson	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
melissadz@live.com	Melissa	Dzierlatka	Steering Committee,General	9/7/2023 12:35pm
scorbin@mercyhousingct.org	Stephanie	Corbin	HUD Grantees,SNOFO Providers,Rene	9/7/2023 12:35pm
Bshaw@handsonhartford.org	Barbara	Shaw	HUD Grantees,Steering Committee,Gr	9/7/2023 12:35pm
david@shworks.org	David	Rich	HUD Grantees,Steering Committee,Gr	9/7/2023 12:35pm
ematt@bhcare.org	Elaine	Matt	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
jmandelburg@tvcca.org	Jon Paul	Mandelburg	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
mdamboise@newreach.org	Meredith	Damboise	HUD Grantees,Steering Committee,SN	9/7/2023 12:35pm
gpik@intercommunityct.org	Gregory	Pike	HUD Grantees,Steering Committee,Gr	9/7/2023 12:35pm
erik.clevenger@ct.gov	Erik	Clevenger	HUD Grantees,Steering Committee,SN	9/7/2023 12:35pm
nzito@tvcca.org	Nicholas	Zito	HUD Grantees,Steering Committee,Gr	9/7/2023 12:35pm

lisa.callahan@ct.gov	Lisa Callahan	HUD Grantees,Steering Committee,St	9/7/2023 12:35pm
dcalabrese@theconnectioninc.org	Denice Calabrese	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
jdasilva@hacdct.org	Jennifer DaSilva	HUD Grantees,General	9/7/2023 12:35pm
bobcva4064@aol.com	Robert Dorr	HUD Grantees,General	9/7/2023 12:35pm
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csweeney@thact.org	claudia sweeney	HUD Grantees,Steering Committee,Gr	9/7/2023 12:35pm
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alison.scharr@journeyhomect.org	Alison Scharr	General	9/7/2023 12:35pm
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mrossetti@theopenhearth.org	Marilyn Rossetti	Steering Committee,General	9/7/2023 12:35pm
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Sfox@cceh.org	Sarah	Fox	General	9/7/2023 12:35pm
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rgraham@cceh.org	Roy	Graham	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
shooker@theconnectioninc.org	Stacy	Hooker	HUD Grantees,Steering Committee,SN	9/7/2023 12:35pm
liz.myers@wrccinc.org	Liz	Myers	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
Shandae@trfp.org	Shanda	Easley	HUD Grantees,Renewal Evaluation Pri	9/7/2023 12:35pm
housingfirst@arcforpeace.org			HUD Grantees	9/7/2023 12:35pm
k.prunty@danbury-ct.gov			HUD Grantees	9/7/2023 12:35pm
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hlavin@theconnectioninc.org	Helen	McAlinden	HUD Grantees,Renewal Evaluation Pri	9/7/2023 12:35pm
keith.brown@rnpinc.org			HUD Grantees	9/7/2023 12:35pm
jessica@shworks.org	Jessica	Kubicki	HUD Grantees,Steering Committee	9/7/2023 12:35pm
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ccoreano@cccymca.org			HUD Grantees	9/7/2023 12:35pm
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kcwikla@centerforfamilyjustice.org			HUD Grantees	9/7/2023 12:35pm
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john.sullivan2@va.gov	John	Sullivan	HUD Grantees	9/7/2023 12:35pm
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kortiz@hartfordhousing.org	Katrina	Ortiz	HUD Grantees	9/7/2023 12:35pm
hobread@aol.com			HUD Grantees	9/7/2023 12:35pm
ncannavo@hungerford.org	Nancy	J. Cannavo	HUD Grantees	9/7/2023 12:35pm
glenn.ryan@mccallcenterct.org			HUD Grantees	9/7/2023 12:35pm
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sharlene@mwchrysalis.org	Sharlene	Kerelejza	HUD Grantees,Renewal Evaluation Pri	9/7/2023 12:35pm
dditrio@newoppinc.org	Dona	Ditrio	HUD Grantees,Renewal Evaluation Pri	9/7/2023 12:35pm
ddecilla@continuumct.org	Dominique	DeCilla	HUD Grantees	9/7/2023 12:35pm
ssimone@fellowshipplace.org			HUD Grantees	9/7/2023 12:35pm
kkblack@theconnectioninc.org	Keyonna	K. Black	HUD Grantees,Renewal Evaluation Pri	9/7/2023 12:35pm
ddejarnette@theconnectioninc.org			HUD Grantees,Renewal Evaluation Pri	9/7/2023 12:35pm
agopian@workplace.org			HUD Grantees	9/7/2023 12:35pm
cpatrick@bhcare.org			HUD Grantees,Renewal Evaluation Pri	9/7/2023 12:35pm
stoure@ccahelping.org			HUD Grantees	9/7/2023 12:35pm
rpotluri@columbushouse.org	Radhika	Potluri	HUD Grantees,Renewal Evaluation Pri	9/7/2023 12:35pm
lwesoly@leeway.net			HUD Grantees	9/7/2023 12:35pm
njoyner@actspooner.org			HUD Grantees	9/7/2023 12:35pm
david.shadbegian@accessagency.org	David	Shadbegian	HUD Grantees,Renewal Evaluation Pri	9/7/2023 12:35pm
dd@pacifichouse.org			HUD Grantees	9/7/2023 12:35pm
rrodriguez@mfap.com	Rosie	Rodriguez	HUD Grantees	9/7/2023 12:35pm
dcordovez@mfap.com			HUD Grantees	9/7/2023 12:35pm
spunzalan@reliancehealthinc.org			HUD Grantees,Renewal Evaluation Pri	9/7/2023 12:35pm
nbatista@safefuturesct.org	Nazmie	Batista	HUD Grantees,Renewal Evaluation Pri	9/7/2023 12:35pm
lpina@safefuturesct.org	Luanna	Pina	HUD Grantees,Renewal Evaluation Pri	9/7/2023 12:35pm
sheilah@trfp.org	Sheila	Hayes	HUD Grantees	9/7/2023 12:35pm
anne.stockton@uwsect.org			HUD Grantees	9/7/2023 12:35pm
dkatz@kidsincrisis.org			HUD Grantees	9/7/2023 12:35pm
lschlesinger@safehavenofgw.org	Lee	Schlesinger	HUD Grantees	9/7/2023 12:35pm

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alyssa.languth@csh.org	Alyssa	Languth	HUD Grantees,Steering Committee,General	9/7/2023 12:35pm
clavoie@newreach.org	Cindy	Lavoie	General	9/7/2023 12:35pm
kfitzgerald@uwgnh.org	Kelly	Fitzgerald	HUD Grantees,Steering Committee,General	9/7/2023 12:35pm
pam@thehousingcollective.org	pam	ralston	HUD Grantees,Steering Committee,General	9/7/2023 12:35pm
rhiannon.mccabe@accessagency.org	Rhiannon	McCabe	HUD Grantees,Steering Committee,General	9/7/2023 12:35pm
lborkowski@theconnectioninc.org	Lee Anne	Borkowski	HUD Grantees,Steering Committee,General	9/7/2023 12:35pm
hkudisch@columbushouse.org	Hebe	Kudisch	HUD Grantees,Steering Committee,General	9/7/2023 12:35pm
lilla@columbushouse.org	Lilla	Bryan-Hemming	HUD Grantees,Renewal Evaluation Process	9/7/2023 12:35pm
dpascua@reliancehealthinc.org	David	Pascua	HUD Grantees,Renewal Evaluation Process	9/7/2023 12:35pm
tbryant@cceh.org	Tashmia	Bryant	HUD Grantees,Steering Committee,General	9/7/2023 12:35pm
Rcho@cceh.org	Richard	Cho	HUD Grantees,Steering Committee,General	9/7/2023 12:35pm
forimogunje@cceh.org	Folashade	Orimogunje	HUD Grantees,Renewal Evaluation Process	9/7/2023 12:35pm
kcallaghan@tvcca.org	Kerry	Callaghan	HUD Grantees,Renewal Evaluation Process	9/7/2023 12:35pm
krrice@theconnectioninc.org	Kristin	Rice	HUD Grantees,Steering Committee,General	9/7/2023 12:35pm
michaelroberson@gmail.com	Michael	Roberson	General	9/7/2023 12:35pm
j.dimuzio@ywcagreenwich.org	Jessie	DiMuzio	HUD Grantees,Steering Committee,General	9/7/2023 12:35pm
kdaisey@chrysaliscenterct.org	Kelley	Daisey	General	9/7/2023 12:35pm
wvalaitis@womenfamilies.org	Wayne	Valaitis	HUD Grantees,Steering Committee,General	9/7/2023 12:35pm
cdyer@reliancehealthinc.org	Carrie	Dyer	HUD Grantees,Steering Committee,General	9/7/2023 12:35pm
bennettjoce@dss.nyc.gov	J	bennett	HUD Grantees,Steering Committee,General	9/7/2023 12:35pm
karen.futoma@chfa.org	Karen	Futoma	Steering Committee	9/7/2023 12:35pm
kstarks@southparkinn.org	Keysha	Starks	HUD Grantees,Steering Committee,General	9/7/2023 12:35pm
heather.flannery@intervalhousect.org	Heather	Flannery	HUD Grantees,Steering Committee,General	9/7/2023 12:35pm
mblount@immacare.org	Melvya	Blount	HUD Grantees,Steering Committee,General	9/7/2023 12:35pm
pookab731@outlook.com	Melvya	Blount	HUD Grantees,Steering Committee,General	9/7/2023 12:35pm
melissa.santiago@ct.gov	Melissa	Santiago	Steering Committee	9/7/2023 12:35pm
grantsadmin@ywc Hartford.org	Sarah	Ward	HUD Grantees,Renewal Evaluation Process	9/7/2023 12:35pm
asabrowski@ctcadv.org	Annie	Stockton Sabrow	HUD Grantees,Steering Committee,General	9/7/2023 12:35pm
bsullivan@klpgovaffairs.com	Brian	Sullivan	General	9/7/2023 12:35pm
paul.casanova@perceptionprograms.org	Paul	Casanova	HUD Grantees,Steering Committee,General	9/7/2023 12:35pm
davidh@nlhhc.org	David	Horst	General	9/7/2023 12:35pm
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gcavallo@cmhacc.org	Grace	Cavallo	HUD Grantees,Steering Committee,General	9/7/2023 12:35pm
cporcher@cmhacc.org	Christophe	Porcher	HUD Grantees,Steering Committee,General	9/7/2023 12:35pm
danielle@pschousing.org	Danielle	Hubley	Steering Committee,General	9/7/2023 12:35pm
monika.gunning@hhchealth.org	Monika	Gunning	HUD Grantees	9/7/2023 12:35pm
jrouleau@newoppinc.org	Jeffrey	Rouleau	HUD Grantees,Renewal Evaluation Process	9/7/2023 12:35pm
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jsendecka@chrysaliscenterct.org	Jadwiga	Sendecka	General	9/7/2023 12:35pm
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lauren@shworks.org	Lauren	Zimmermann	Steering Committee,General	9/7/2023 12:35pm
jparker@tvcca.org	Jaime	Parker	HUD Grantees,Steering Committee,General	9/7/2023 12:35pm
jbanks@southparkinn.org	Jane	Banks	HUD Grantees,Steering Committee,General	9/7/2023 12:35pm
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ccrane@midymca.org	Candace	Crane	General	9/7/2023 12:35pm
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sharon.redfern@cornerstone-cares.org	Sharon	Redfern	HUD Grantees,Steering Committee,General	9/7/2023 12:35pm
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acaruso@chrysaliscenterct.org	Angie	Caruso	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
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andrea.white.ny@gmail.com	Andrea	White	HUD Grantees	9/7/2023 12:35pm
maryellen@svidmiddletown.org	MARYELLE	M SHUCKEROW	HUD Grantees,Steering Committee,SN	9/7/2023 12:35pm
carline@pschousing.org	Carline	Charmelus	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
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sandy.midura@use.salvationarmy.org	Sandy	Midura	HUD Grantees,Renewal Evaluation Pri	9/7/2023 12:35pm
mmiddleton@columbushouse.org	Margaret	Middleton	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
tbruff@immacare.org	tahira	bruff	HUD Grantees,Steering Committee,G	9/7/2023 12:35pm
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lmarmolejos@chnct.org	Luz	Marmolejos	HUD Grantees	9/7/2023 12:35pm
nsmith@chrysaliscenterct.org	Nicole	Smith	HUD Grantees,Renewal Evaluation Pri	9/7/2023 12:35pm
layotte@safehavenofgw.org	lori	ayotte	HUD Grantees,General	9/7/2023 12:35pm
bkeo@newreach.org	Brenda	Keo	HUD Grantees,Renewal Evaluation Pri	9/7/2023 12:35pm
teenah@trfp.org	TEENA	HAYES	General,YHDP	9/7/2023 12:35pm
afreeman@cceh.org	Amber	Freeman	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
jerrato@newreach.org	Jamie	Errato	General	9/7/2023 12:35pm
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mlefever@uwgnh.org	Margaret	LeFever	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
robert.bongiolatti@ct.gov	Robert	Bongiolatti	HUD Grantees,Steering Committee,G	9/7/2023 12:35pm
cwc1646@gmail.com	Crane W	Cesario	HUD Grantees,Steering Committee,G	9/7/2023 12:35pm
aroldan@newoppinc.org	Anthony	Roldan	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
bshultz@bethelmidford.org	Bianca	Shultz	HUD Grantees,Steering Committee,G	9/7/2023 12:35pm
kkeller@alwayshome.org	Kathryn	Keller	HUD Grantees,Steering Committee,G	9/7/2023 12:35pm
sonya.jelks@csh.org	Sonya	Jelks	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
kimberlyonardone@gmail.com	Kimberly	Nardone	HUD Grantees,General,YHDP	9/7/2023 12:35pm
abbym@housinginnovations.us	Abby	Miller	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
jremmey@mhconn.org	Jessica	Remmey	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
chris.venable@journeyhomect.org	Chris	Venable	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
bbonds@chrysaliscenterct.org	Brian	Bonds	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
tabitha.wolchesky@soundct.org	Tabitha	Wolchesky	HUD Grantees,Steering Committee,G	9/7/2023 12:35pm
lisa.moon@soundct.org	Lisa	Moon	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
agordon@mercyhousingct.org	Amanda	Gordon	HUD Grantees,Steering Committee,SN	9/7/2023 12:35pm
emma.king@accessagency.org	Emma	King	HUD Grantees,Renewal Evaluation Pri	9/7/2023 12:35pm
lucianad@ywc Hartford.org	Luciana	DeGray	HUD Grantees,General	9/7/2023 12:35pm
jmerz@act-ct.org	John	Merz	HUD Grantees,Renewal Evaluation Pri	9/7/2023 12:35pm
emcfolley@theopenhearth.org	Elijah	McFolley III	HUD Grantees,Steering Committee,G	9/7/2023 12:35pm
rlyas@southparkinn.org	Rebekah	Lyas	HUD Grantees,Steering Committee,SN	9/7/2023 12:35pm
jcorrea@immacare.org	Janievette	Correa	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
dhall@usmhs.org	Demetrice	Hall	HUD Grantees,Renewal Evaluation Pri	9/7/2023 12:35pm
stephanie.lazarus@csh.org	Stephanie	Lazarus	Steering Committee,General	9/7/2023 12:35pm
kyren.mccrorey@use.salvationarmy.org	Kyren	McCrorey	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
crose@fsc-ct.org	Caitlin	Rose	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
profcreel@snet.net	Teddi Lesli	Creel	HUD Grantees,Steering Committee,G	9/7/2023 12:35pm
amitkevicius17@gmail.com	Anna	Smith	Steering Committee,General	9/7/2023 12:35pm
rlemanski@prudencecrandall.org	Rebecca	Lemanski	Steering Committee,General	9/7/2023 12:35pm
sarah.pavone@journeyhomect.org	sarah	pavone	HUD Grantees,Steering Committee,SN	9/7/2023 12:35pm
lhumbert@libertycs.org	Lydia	Humbert	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm

sviolante@cca-ct.org	Stacey	Violante Cote	Steering Committee,General,YHDP	9/7/2023 12:35pm
kellie@svdmiddletown.org	Kellie	Robbins	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
lindsay@shworks.org	Lindsay	Fabrizio	HUD Grantees,Steering Committee,SN	9/7/2023 12:35pm
tina@nutmegit.com	Tina	Cormier	HUD Grantees,Steering Committee,G	9/7/2023 12:35pm
dbencivengo@chrysaliscenterct.org	Deanna	Bencivengo	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
nhilton@newoppinc.org	Nichelle	hilton	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
mrussell@fellowshipplace.org	Melissa	Russell	General	9/7/2023 12:35pm
dina.hill@ccfc-ct.org	Dina	Hill	General	9/7/2023 12:35pm
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shurley@usmhs.org	Steve	Hurley	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
lynnette.sparkman@hhchealth.org	Lynnette	Sparkman-McLai	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
ystephen@fsc-ct.org	Yeharar	Stephen	HUD Grantees,Renewal Evaluation Pri	9/7/2023 12:35pm
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director@covenantshelternl.org	Peggy	Miceli	Steering Committee	9/7/2023 12:35pm
bcomerford@leeway.net	Brenda	Comerford	HUD Grantees,Steering Committee,G	9/7/2023 12:35pm
kvaill@townofwinchester.org	Katie	Vaill	General	9/7/2023 12:35pm
kcrafft@newoppinc.org	Kelly	Craft	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
fitzgibbons.ryan22@gmail.com	Ryan	Fitzgibbons	HUD Grantees,Steering Committee,G	9/7/2023 12:35pm
alebron@svdpmission.org	Amanda	Lebron	HUD Grantees,Renewal Evaluation Pri	9/7/2023 12:35pm
slambert@chrhealth.org	Sheryl	Lambert	HUD Grantees,Renewal Evaluation Pri	9/7/2023 12:35pm
brett.sandman@use.salvationarmy.org	Brett	Sandman	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
mollie.machado@ct.gov	Mollie	Machado	HUD Grantees,SNOFO Providers,Rene	9/7/2023 12:35pm
rgrant@newreach.org	Randy	Grant	HUD Grantees,Renewal Evaluation Pri	9/7/2023 12:35pm
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pschmitz@cceh.org	Paul	Schmitz	HUD Grantees,Steering Committee,G	9/7/2023 12:35pm
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jrivera@cccymca.org	Jadette	Rivera	HUD Grantees,Steering Committee,G	9/7/2023 12:35pm
jpierce@ctcadv.org	Jasmine	Pierce	HUD Grantees,Steering Committee,G	9/7/2023 12:35pm
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nadine.malone@journeyhomect.org	Nadine	Malone	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
orinkes@hotmail.com	liv	r	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
czall@nlhhc.org	Catherine	Zall	HUD Grantees,Steering Committee,SN	9/7/2023 12:35pm
msantiago@svdpmission.org	Megan	Santiago	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
jscharnberg@northwestcf.org	Julie	Scharnberg	Steering Committee,General	9/7/2023 12:35pm
eserio@deskct.org	Evan	Serio	HUD Grantees,General	9/7/2023 12:35pm
floranne@hfhscommunity.org	Floranne	Rawolle	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
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tania.banks.icr@gmail.com	Tania	Banks	HUD Grantees,Steering Committee,G	9/7/2023 12:35pm
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nstone@chrhealth.org	Nordia	Stone	HUD Grantees,Renewal Evaluation Pri	9/7/2023 12:35pm
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mabney@immacare.org	Mercedez	Abney	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
tbruff@cceh.org	TAHIRA	BRUFF	General,YHDP	9/7/2023 12:35pm
jvitarelli@ctcadv.org	Joanne	Vitarelli	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
phylicia.adams@csh.org	Phylicia	Adams	HUD Grantees,Steering Committee,G	9/7/2023 12:35pm
lstarkes@columbushouse.org	Leslie	Starkes	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
aevans@cmhacc.org	Angela	Evans	General	9/7/2023 12:35pm
cpollifrone@fellowshipplace.org	Christine	Pollifrone	HUD Grantees,Steering Committee,G	9/7/2023 12:35pm
patricia.gilbanks@nuvancehealth.org	Patricia	Gilbanks	General	9/7/2023 12:35pm
anastacia.woolcock@journeyhomect.org	Anastacia	Woolcock	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
rgordils@newoppinc.org	Rosaly	Gordils	General	9/7/2023 12:35pm
kmitchell@sistersplacect.org	Kimberly	Mitchell	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
yonique.hendricks@ct.gov	Yonique	Hendricks	HUD Grantees,General	9/7/2023 12:35pm
kimberly.beach@ct.gov	Kimberly	Beach	HUD Grantees,General	9/7/2023 12:35pm
bcolbert@act-ct.org	Brennden	Colbert	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
mdiaz@act-ct.org	Maria	Diaz	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
jonm@martinhousect.org	Jon	Maderia	Steering Committee,General,YHDP	9/7/2023 12:35pm
1phoenixcb@gmail.com	Vaniel	Tate	General	9/7/2023 12:35pm
tjohnson@ctcadv.org	Tonya	Johnson	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
teamiles@yahoo.com			Steering Committee	9/7/2023 12:35pm
amietrz@gmail.com			Steering Committee	9/7/2023 12:35pm
tracie.douglas@ct.gov	Tracie	Douglas	HUD Grantees,Steering Committee,Re	9/7/2023 12:35pm
soloughlin@ctlegal.org	Stephanie	O'Loughlin	HUD Grantees,Steering Committee,G	9/7/2023 12:35pm
cogbf.ministries@gmail.com	Nelta	Glaudin	HUD Grantees,General,YHDP	9/7/2023 12:35pm
jdowner@youthcontinuum.org	Jasene	Downer	HUD Grantees,Renewal Evaluation Pri	9/7/2023 12:35pm

jscherb@uwgnh.org	Julia	Scherb	HUD Grantees, Renewal Evaluation Pri	9/7/2023 12:35pm
iheredia@usmhs.org	Ignacio	Heredia	HUD Grantees, Steering Committee, R	9/7/2023 12:35pm
liztorres@housingsmarts.com	Elizabeth	Torres	General	9/7/2023 12:35pm
nichele.carver@usich.gov	Nichele	Carver	HUD Grantees, General	9/7/2023 12:35pm
lcretella@nbhact.org	Lisa	Cretella	HUD Grantees, Steering Committee, G	9/7/2023 12:35pm
luv4musiq94@gmail.com			Steering Committee	9/7/2023 12:35pm
sylvon@interfaitharc.org	sylvon	griffin	General, YHDP	9/7/2023 12:35pm
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mjohnston@newreach.org	Maggie	Johnston	HUD Grantees, Steering Committee, S	9/7/2023 12:35pm
cindy.hernandez1@ct.gov	Cindy	Hernandez	HUD Grantees	9/7/2023 12:35pm
aferguson@chrhealth.org	Anne-Mari	Ferguson	HUD Grantees, Renewal Evaluation Pri	9/7/2023 12:35pm
cbeltre@columbushouse.org	Caroline	Beltre	HUD Grantees, Steering Committee, R	9/7/2023 12:35pm
isabela@interfaitharc.org	Isabela	Lamorte	General	9/7/2023 12:35pm
lfranceshi@bhcare.org	Lesette	Franceshi	General	9/7/2023 12:35pm
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jcaraballo@svdpofbristol.com	Jessica	Caraballo	HUD Grantees, Steering Committee, R	9/7/2023 12:35pm
lmaisonet@fsc-ct.org	Ladine	Maisonet	General	9/7/2023 12:35pm
kara.zichichi@ct.gov	Kara	Zichichi	HUD Grantees, Steering Committee, S	9/7/2023 12:35pm
smoscariello@libertycs.org	Silvia	Moscariello	HUD Grantees, Steering Committee, S	9/7/2023 12:35pm
sarruda@aol.com	Samantha	Arruda	HUD Grantees, Steering Committee	9/7/2023 12:35pm
abaker@youthcontinuum.org	Ann	Baker	HUD Grantees, Renewal Evaluation Pri	9/7/2023 12:35pm
brahamatullah@columbushouse.org	Bibi	Rahamatullah	HUD Grantees, SNOFO Providers, Rene	9/7/2023 12:35pm
crobalino@ctcadv.org	Carlos	Robalino	HUD Grantees, General	9/7/2023 12:35pm
ccasey@fsc-ct.org	Catellia	Casey	HUD Grantees, Renewal Evaluation Pri	9/7/2023 12:35pm
krigarvey@ihcda.in.gov	Kristin	Garvey	Steering Committee, General	9/7/2023 12:35pm
leticiassepulveda@housingsmarts.com	Leticia	Sepulveda	HUD Grantees, Steering Committee, S	9/7/2023 12:35pm
cwills@hfp.org	Cynthia	Wills	General	9/7/2023 12:35pm
rosadoi@crtct.org	Imani	Rosado	HUD Grantees, Steering Committee, S	9/7/2023 12:35pm
michaelmoore2023@myyahoo.com			Steering Committee	9/7/2023 12:35pm
jaboal1@unh.newhaven.edu			Steering Committee	9/7/2023 12:35pm
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jakenjenntwins14@gmail.com	Sonia	Soto	HUD Grantees, Steering Committee, S	9/7/2023 12:35pm
hlindell1217@gmail.com			Steering Committee	9/7/2023 12:35pm
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ademusis@columbushouse.org	Aimee	DeMusis	HUD Grantees, Steering Committee, S	9/7/2023 12:35pm
wmoble@dungarvin.com	Willie	Moble	HUD Grantees, Steering Committee, G	9/7/2023 12:35pm
phillip.e.mckeough@hud.gov	Phillip	McKeough	HUD Grantees, Steering Committee, S	9/7/2023 12:35pm
rissa.c@outlook.com	Larissa	Cuevas	HUD Grantees, General	9/7/2023 12:35pm
hsmith@bethelmidford.org	hannah	smith	HUD Grantees, Steering Committee, S	9/7/2023 12:35pm
jane@svdmiddletown.org	Jane	Johnson	HUD Grantees, Steering Committee, S	9/7/2023 12:35pm
egrochowska@svdpofbristol.com	Ewa	Grochowska	HUD Grantees, Steering Committee, S	9/7/2023 12:35pm
ypotter@ctcadv.org	Yolanda	Potter	HUD Grantees, Steering Committee, S	9/7/2023 12:35pm
john.e.thomas@ct.gov	John	Thomas	HUD Grantees, Steering Committee, S	9/7/2023 12:35pm
beth@endsexualviolencect.org			Steering Committee	9/7/2023 12:35pm
kenisha@endsexualviolencect.org			Steering Committee	9/7/2023 12:35pm
kara.capobianco@ct.gov	Kara	Capobianco	HUD Grantees, Steering Committee, G	9/7/2023 12:32pm
crane.cesario@ct.gov	Crane	Cesario	HUD Grantees, Steering Committee, R	9/7/2023 12:32pm
sara.loffredo@libertycs.org	Sara	Loffredo	HUD Grantees, Renewal Evaluation Pri	9/7/2023 12:32pm
eileen.krause@libertycs.org	Eileen	Krause	HUD Grantees, Steering Committee, R	9/7/2023 12:32pm
bcavanaugh@youthcontinuum.org	Brenda	Cavanaugh	HUD Grantees, Renewal Evaluation Pri	9/7/2023 12:32pm
kgrega@youthcontinuum.org	Kathy	grega	HUD Grantees, Renewal Evaluation Pri	9/7/2023 12:32pm
barcelopez@chd.org	Belinda	Arce	HUD Grantees, Steering Committee, R	9/7/2023 12:32pm
floranne@hollyfamilywillimantic.org	Floranne	Roswolle	HUD Grantees, Renewal Evaluation Pri	9/7/2023 12:32pm

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teddi.creel@ct.gov	Teddi	Creel	HUD Grantees,Steering Committee,Re	9/7/2023 12:32pm
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Ann@GrowStrongCT.org	Ann	Faust	General	9/7/2023 12:32pm
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Elisha.Chornoby@ct.gov	Elisha	Chornoby	Steering Committee	9/7/2023 12:32pm
james.deloughery@beaconhealthoptio	James	DeLoughery	General	9/7/2023 12:32pm
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dgleason@continuumct.org	Dianna	Gleason	General	9/7/2023 12:32pm
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jvargas@cccyca.org			HUD Grantees	9/7/2023 12:32pm
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btaylor@leeway.net			HUD Grantees	9/7/2023 12:32pm
aestrella@inspiricact.org			HUD Grantees	9/7/2023 12:32pm
mary.mcgowan@journeyhomeCT.org	Mary	McGowan	HUD Grantees,Renewal Evaluation Pri	9/7/2023 12:32pm
mklawiter@clrp.org	Maren	Klawiter	General	9/7/2023 12:32pm
brenda.earle@ct.gov	Brenda	Earle	HUD Grantees,Steering Committee,Re	9/7/2023 12:32pm
david.pascua@ct.gov	David	Pascua	HUD Grantees,Renewal Evaluation Pri	9/7/2023 12:32pm
mmormile@cmhacc.org	Marie	Mormile Mehler	HUD Grantees,Steering Committee,Re	9/7/2023 12:32pm
deborah.lawrence@ct.gov	Deborah	Lawrence	HUD Grantees	9/7/2023 12:32pm
kcarmelich@chrysaliscenterct.org	Kimberly	Carmelich	HUD Grantees,Renewal Evaluation Pri	9/7/2023 12:32pm
fstolz@columbushouse.org	felicia	stolz	General	9/7/2023 12:32pm
joanne.comstock@ct.gov	Joanne	Comstock	HUD Grantees,Steering Committee,G	9/7/2023 12:32pm
aguerrera@svdpmission.org	Anthony	Guerrera	HUD Grantees,Steering Committee,Re	9/7/2023 12:32pm
lisa.cretella@use.salvationarmy.org	Lisa	Cretella	HUD Grantees,Steering Committee,G	9/7/2023 12:32pm
cbiscette@mercyhousingct.org			Steering Committee,General	9/7/2023 12:32pm
flee@safefuturesct.org	Fenty	Lee	HUD Grantees,Steering Committee,Re	9/7/2023 12:32pm
dmcbride@chrysaliscenterct.org	Denetra	McBride	General	9/7/2023 12:32pm
esoucy@chrhealth.org	Emily	Soucy	HUD Grantees,Steering Committee,Re	9/7/2023 12:32pm
julia.flores@accessagency.org	Julia	Flores	HUD Grantees,Steering Committee,Re	9/7/2023 12:32pm
obrown@newoppinc.org	Ola	Brown	General	9/7/2023 12:32pm
rsaintvil@bethelmilford.org	Ruth	Menard	HUD Grantees,Steering Committee,G	9/7/2023 12:32pm
sofina.begum@journeyhomect.org	Sofina	Begum	General	9/7/2023 12:32pm
kiya.kennebrew@csh.org	Kiya	Kennebrew	Steering Committee,General	9/7/2023 12:32pm
amaitland@fsc-ct.org	April	Maitland	General	9/7/2023 12:32pm
mcabanas@bhcare.org	Mayra	Cabanas	HUD Grantees,Steering Committee,Re	9/7/2023 12:32pm
felicity.eles@csh.org	Felicity	Eles	HUD Grantees,Steering Committee,G	9/7/2023 12:32pm
kconforti@chrhealth.org	Katie	Conforti	HUD Grantees,Renewal Evaluation Pri	9/7/2023 12:32pm
nsmith@prudencecrandall.org	Nicole	Smith	HUD Grantees,Steering Committee,Re	9/7/2023 12:32pm
jriver@nhlegal.org	Johanetsy	Rivera	HUD Grantees,Steering Committee,G	9/7/2023 12:32pm
tbooker@nlhhc.org	Tara	Booker	HUD Grantees,Steering Committee,Re	9/7/2023 12:32pm
llawsonscott33@gmail.com			Steering Committee,General	9/7/2023 12:32pm
jhiggins@chd.org	Jennifer	Higgins	HUD Grantees,Steering Committee,Re	9/7/2023 12:32pm
mmiddldleton@columbushouse.org	Margaret	Middleton	HUD Grantees,SNOFO Providers,Rene	9/7/2023 12:32pm
sarahj@nlhhc.org	Sarah	Jarrett	HUD Grantees,Steering Committee,SN	9/7/2023 12:32pm

Final Project Scores for All Projects

CT BOS Continuum of Care 2023 Project Listing

No funds were reallocated in the 2023 CoC competition

Rank if accepted	Project Name	Renewal Score	New App Score	Accepted or Rejected	Request Funding Amount
1	Homeless Collaborative Network	100.0	N/A	Accepted	\$ 764,730
2	Project Teach HUD FY 2023	100.0	N/A	Accepted	\$ 512,584
3	Project Home C	100.0	N/A	Accepted	\$ 467,568
4	Family Matters CT0064	100.0	N/A	Accepted	\$ 230,618
5	Thames River Family Program	100.0	N/A	Accepted	\$ 195,983
6	CT0191 St. Philip House	100.0	N/A	Accepted	\$ 179,720
7	CT0129 New Haven Safe Haven	100.0	N/A	Accepted	\$ 175,949
8	Arch Street Housing	100.0	N/A	Accepted	\$ 140,455
9	Flora O'Neil Apartments	100.0	N/A	Accepted	\$ 96,801
10	Phoenix House Transitional Housing Program	100.0	N/A	Accepted	\$ 51,596
11	CT0176 Norwich New London Rental Assistance Boswell	100.0	N/A	Accepted	\$ 40,172
12	CT0306 CT BOS DOH PSH 1	98.0	N/A	Accepted	\$ 862,647
13	YHDP Crisis Housing Greater Hartford	96.5	N/A	Accepted	\$ 63,495
14	CT0089 Norwich New London Rental Assistance	95.0	N/A	Accepted	\$ 536,008
15	Freedom Walk	95.0	N/A	Accepted	\$ 435,846
16	CT0054 Middletown Rental Assistance	95.0	N/A	Accepted	\$ 287,552
17	Soromundi Commons Supportive Housing	95.0	N/A	Accepted	\$ 181,707
18	CT0012 New Haven Lucht Hall	95.0	N/A	Accepted	\$ 147,131
19	Homes Plus	95.0	N/A	Accepted	\$ 142,540
20	TLP	91.7	N/A	Accepted	\$ 210,007
21	Permanent Supportive Housing for people with disabilities Rosehill	90.0	N/A	Accepted	\$ 387,402
22	CT0265 BOS DMHAS 2014	87.0	N/A	Accepted	\$ 2,869,477
23	CT0164 New Haven Rental Assistance	85.0	N/A	Accepted	\$ 3,029,089
24	CT0066 Greater Hartford Chrysalis Rental Assistance	85.0	N/A	Accepted	\$ 1,161,199
25	PEAK	85.0	N/A	Accepted	\$ 589,144
26	Liberty Consolidated Scattered Site Housing	85.0	N/A	Accepted	\$ 556,547
27	CT0073 Manchester CHR Rental Assistance	85.0	N/A	Accepted	\$ 342,430
28	CT0139 Hartford Chrysalis Supportive Housing for Veterans	85.0	N/A	Accepted	\$ 328,409
29	Liberty Consolidated Rapid Rehousing	85.0	N/A	Accepted	\$ 315,644
30	CT0297 Pendleton PSB	85.0	N/A	Accepted	\$ 200,895
31	Alliance for Living-Supportive Housing Program - Renewal Application FY 2023	85.0	N/A	Accepted	\$ 165,228
32	CT0237 Waterbury East Main Street	85.0	N/A	Accepted	\$ 87,186
33	Meriden SHP	85.0	N/A	Accepted	\$ 45,595
34	NLHHC Renewal Project Application FY2023	85.0	N/A	Accepted	\$ 38,925

35	CT0286 BOS DMHAS 2015	80.8	N/A	Accepted	\$ 2,054,161
36	CT0070 Meriden Wallingford Rushford Rental Assistance	80.0	N/A	Accepted	\$ 583,628
37	CT0240 Walking Into Wall Street	80.0	N/A	Accepted	\$ 554,575
38	Society of Support (SOS)	80.0	N/A	Accepted	\$ 342,082
39	CT0061 CHR PSH	80.0	N/A	Accepted	\$ 301,243
40	Permanent Supportive Housing at MSP	80.0	N/A	Accepted	\$ 268,994
41	CT0011 New Haven Columbus House Sojourners	80.0	N/A	Accepted	\$ 236,680
42	CT0135 Hartford CHR Soromundi Commons	80.0	N/A	Accepted	\$ 213,779
43	SVD Middletown SHP	80.0	N/A	Accepted	\$ 209,580
44	CT0023 Hartford Mary Seymour Place	80.0	N/A	Accepted	\$ 200,417
45	CT0053 Middletown The Connection	80.0	N/A	Accepted	\$ 179,213
46	CT0154 Greater Hartford Mercy Rental Assistance	80.0	N/A	Accepted	\$ 118,549
47	CT0340 DMHAS BOS PSH 2019	78.1	N/A	Accepted	\$ 1,001,964
48	CT0062 BHCare Rental Assistance	75.0	N/A	Accepted	\$ 516,771
49	PILOTS 1 (CT0122)	75.0	N/A	Accepted	\$ 299,054
50	CT0204 Waterbury Rental Assistance	75.0	N/A	Accepted	\$ 243,534
51	CT0052 Middletown Liberty Commons	75.0	N/A	Accepted	\$ 210,273
52	CT0013 New Haven Cedar Hill	75.0	N/A	Accepted	\$ 172,355
53	CT0131 Hartford Hudson View Commons	75.0	N/A	Accepted	\$ 146,663
54	CT0352 DOH YHDP Rapid Rehousing	71.1	N/A	Accepted	\$ 2,179,553
55	CT0312 YHDP CAN 8 Application - Crisis Housing	70.4	N/A	Accepted	\$ 50,000
56	CT0171 CHI Consolidated SHP FY2023	70.0	N/A	Accepted	\$ 944,416
57	CT0161 New Britain CMHA Rental Assistance	70.0	N/A	Accepted	\$ 919,809
58	CRT PSH Consolidated HUD FY2023	70.0	N/A	Accepted	\$ 895,286
59	CDF Combo 1-4 FY2023	70.0	N/A	Accepted	\$ 867,043
60	Safe Haven	70.0	N/A	Accepted	\$ 816,981
61	CT0279 Central CAN RRH	70.0	N/A	Accepted	\$ 385,484
62	CT0246 Greater Middletown Mercy Rental Assistance	70.0	N/A	Accepted	\$ 286,094
63	CT0142 Torrington Mental Health CT Rental Assistance	70.0	N/A	Accepted	\$ 167,183
64	CT0278 Youth Continuum Supportive Housing Project	68.7	N/A	Accepted	\$ 230,360
65	CT0351 Youth Permanent Supportive Housing	66.4	N/A	Accepted	\$ 89,566
66	CT0338 CT BOS CCADV RRH	65.0	N/A	Accepted	\$ 1,540,653
67	CT0200 Torrington Rental Assistance WHO	65.0	N/A	Accepted	\$ 330,074
68	Youth Continuum Crisis Housing	64.6	N/A	Accepted	\$ 106,788
69	Rosehill transitional living program	63.6	N/A	Accepted	\$ 184,897
70	CT0211 Waterbury Step-up	62.2	N/A	Accepted	\$ 95,568
71	CT0330 CT BOS CCADV RRH	60.0	N/A	Accepted	\$ 3,574,460
72	CT0077 Windham United Services Brick Row	60.0	N/A	Accepted	\$ 125,007
73	CT0172 Hartford Sue Ann Shay Place	60.0	N/A	Accepted	\$ 117,525
74	Killingly Consolidated Wrap Around Housing Program	60.0	N/A	Accepted	\$ 114,448
75	CT0294 DOH CT BOS RRH	59.1	N/A	Accepted	\$ 2,996,046
76	CT0151 Waterbury Housing Plus	55.0	N/A	Accepted	\$ 400,387
77	CT0141 Torrington CHD Pilots	55.0	N/A	Accepted	\$ 262,716

HMIS, Coordinated Entry & YHDP Youth Navigator projects are not scored. Also, projects that have not yet had a full year of operation (e.g. new, 1st year of a transfer of recipient or change in component type) are not scored.

78	CT0339 CT BOS RRH Bonus 2019	53.3	N/A	Accepted	\$ 728,964
79	CT0022 Greater Hartford Rental Assistance Consolidated	45.0	N/A	Accepted	\$ 2,752,142
80	CT0185 Manchester Rental Assistance	45.0	N/A	Accepted	\$ 259,239
81	CT HMIS - BOS 2023	Not Scored	N/A	Accepted	\$ 145,891
82	Greater Hartford HMIS 2023 Grant	Not Scored	N/A	Accepted	\$ 122,740
83	CT0295 DOH CT BOS CAN SSO	Not Scored	N/A	Accepted	\$ 787,475
84	CT BOS CCADV CE	Not Scored	N/A	Accepted	\$ 523,381
85	PILOTS II (CT0121)	35.0	N/A	Accepted	\$ 261,388
86	CT0076 Windham United Services Rental Assistance	30.0	N/A	Accepted	\$ 103,886
87	YHDP Youth Diversion and Rapid Exit 1	26.8	N/A	Accepted	\$ 310,472
88	H-PASS PSH HUD FY2023	Not Scored	N/A	Accepted	\$ 634,160
89	CT0356 Prudence Crandall Center's Enhanced Housing Options	Not Scored	N/A	Accepted	\$ 416,180
90	CHI The Tyler, Rockview II and Mather Street	Not Scored	N/A	Accepted	\$ 332,286
91	New Reach New Haven RRH 2022	Not Scored	N/A	Accepted	\$ 261,731
92	CHI Willow Creek and The Jefferson	Not Scored	N/A	Accepted	\$ 225,050
93	YHDP Youth Navigator Central & Greater Hartford	Not Scored	N/A	Accepted	\$ 180,381
94	Chrysalis Oxyboxo Lofts	Not Scored	N/A	Accepted	\$ 132,278
95	Hartford My Sisters' Place PSH 2022	Not Scored	N/A	Accepted	\$ 116,190
96	Youth Continuum Youth Navigators	Not Scored	N/A	Accepted	\$ 110,857
97	CT0307 TH YHDP	Not Scored	N/A	Accepted	\$ 103,047
98	St Vincent's Commons	Not Scored	N/A	Accepted	\$ 84,714
99	CT0308YHDP Youth Navigator Eastern	Not Scored	N/A	Accepted	\$ 73,670
100	CT0309 YHDP CAN 8 Application - Youth Navigator	Not Scored	N/A	Accepted	\$ 51,100
101	CT0318 Waterbury Litchfield CAN Youth Navigator	Not Scored	N/A	Accepted	\$ 46,828
102	CT0355 St. Mary's Place	Not Scored	N/A	Accepted	\$ 40,125
103	CT0316 YHDP Youth Navigator NE	Not Scored	N/A	Accepted	\$ 34,472
104	YHDP Youth Diversion and Rapid Exit 2	Not Scored	N/A	Accepted	\$ 25,057
105	Mercy Homeless to Housing Rapid Re-Housing 2023	N/A	82.3	Accepted	\$ 203,000
106	New Reach New Haven PSH Bonus 2023	N/A	76.3	Accepted	\$ 646,314
107	NLHHC Eastern CT Collaborative	N/A	74.8	Accepted	\$ 417,621
108	CRT PSH Consolidated Expansion	N/A	76.0	Accepted	\$ 356,803
109	Columbus House New Haven RRH Bonus 2023	N/A	72.5	Accepted	\$ 696,031
110	Southeastern Mental Health Authority PSH Bonus 2023	N/A	75.5	Accepted	\$ 225,470
111	Friendship Service Center RRH Bonus 2023	N/A	72.3	Accepted	\$ 453,766
112	Chrysalis Center Cedar Pointe	N/A	73.0	Accepted	\$ 57,780
113	CT0054 Middletown Rental Assistance 2023 Expansion	N/A	68.5	Accepted	\$ 192,600
114	Chrysalis Center HEARRT House	N/A	68.0	Accepted	\$ 185,307
115	Safe Futures Joint TH-RRH Program	N/A	102.0	Accepted	\$ 356,314
116	CT0330 CT BOS CCADV RRH 2023 Expansion	N/A	90.3	Accepted	\$ 259,017
117	CT0338 CT BOS CCADV RRH 2023 Expansion	N/A	90.3	Accepted	\$ 1,224,769

N/A	BOS Planning Grant	N/A	N/A	Accepted	\$ 1,500,000
*	CHR GH RRH	N/A	67.33	Rejected	\$ 352,259
*	Liberty Community Services PSH 2023	N/A	71.75	Rejected	\$ 756,021
*	Access Agency RRH Service Enhancement	N/A	59	Rejected	\$ 146,988
*	Alliance for Living PSH 2023	N/A	71.25	Rejected	\$ 355,148
*	Apex PSH Housing Project 2023	N/A	67.5	Rejected	\$ 227,715
*	WRCC DMHAS BOS 193 Expansion	N/A	67.25	Rejected	\$ 120,000
*	CT0294 Expansion	N/A	67	Rejected	\$ 92,460
*	FSC-NHS PSH Project	N/A	64.5	Rejected	\$ 243,000
*	SPI - Transformations II	N/A	54.25	Rejected	\$ 598,652
**	Partnership to End Human Trafficking	N/A	N/A	Rejected	\$ 50,000
**	Mercy 2023 PSH	N/A	N/A	Rejected	\$ 879,475
**	CHD Housing to Home-I	N/A	N/A	Rejected	\$ 350,001
**	CHD Housing to Home-II	N/A	N/A	Rejected	\$ 2,607,460
**	TRCS RRH Supports	N/A	N/A	Rejected	\$ 111,992
**	164-166 Bartholomew Ave.	N/A	N/A	Rejected	\$ 120,960

* Project was rejected and, therefore, not ranked.

**Project did not meet threshold, therefore, was not scored/ranked.

Web Posting – CoC-Approved Consolidated Application

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

ctbos000@gmail.com



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2023 CoC Funding Opportunity

The Connecticut Balance of State Continuum of Care (CT BOS) sought applications for new projects for inclusion in the 2023 application for HUD CoC funds. CT BOS is seeking Permanent Supportive Housing projects, Rapid Rehousing projects and Joint Transitional Housing/Rapid Rehousing projects (Joint TH/RRH available only via DV Bonus). The deadline for submission of new project applications was close of business (5:00 p.m.) Friday, April 14, 2023. The application window is now closed.

CoC-Approved CoC Consolidated Application for FY2023 CoC Program Competition

[CT BOS CoC Approved Consolidated Application FY2023 – PDF \(2023.09.22\)](#) – e-snaps application including attachments

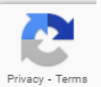
[CT BOS CoC-Approved Priority Listing FY2023 \(2023.09.22\)](#) – lists all new & renewal projects and attachments. There were no replacements or reallocations.

Resources

[2023 NOFO Highlights](#)

[CT BOS Project Listing FY2023 – PDF \(2023.09.07\)](#)

[Ranking Policy 2023 – PDF \(2023.08.11\)](#)



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Search



3:17 PM
9/22/2023

Notification of CoC-Approved Consolidated Application

2023 HUD CoC Competition

**Constant Contact email sent to
listserve on 9/22/23**

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

Fri 9/22/2023 3:32 PM

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



2023 CT BOS CoC Competition Consolidated Application & Priority Listing Now Available

Dear Colleagues:

The final versions of the CoC Application and the Priority Listing along with their respective attachments to be submitted to HUD for funding in the 2023 Continuum of Care Competition have been posted to the CT BOS Website, per HUD requirement. They can be found on the [HUD CoC Application page](#) under the heading 2023 HUD CoC Competition Documents.

As with every year, this is a CoC-wide effort that could not be achieved without your dedication and work towards ending homelessness in CT. Thank you for your continued support as we put forward our competition submissions this year. Your contributions are invaluable.

Thank you,
CT BOS Team



See what's happening on our website!

Contact the CT Balance of State

ctboscoc@gmail.com

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

[Unsubscribe shannon@housinginnovations.us](#)

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Sent by ctboscoc@gmail.com powered by



Try email marketing for free today!

Screenshot of Constant Contact webpage showing Notification went out to 471 persons on listserv

app.constantcontact.com/pages/campaigns/email-details/reporting/activity/6e794903-96c8-45ee-9f1f-fa57210104be

Sign in to Microsoft... Grantium™ Microsoft Office Ho... New Tab

Marketing campaigns ▾Contacts ▾ReportingTools ▾Create ▾Contact us ⓘ🔔Upgrade

Sent2023 NOFO PostedCopyShare on Social...

DetailsReportingHeat Map

Email Performance

See how your emails are doing with your audience. [Compare your results to the industry average.](#)

Sent

471

Open Rate

0%

Click Rate ⓘ

0%

Opens	66	Clicks	5
Sent	471	Did Not Open	340
Bounces	65	Unsubscribed	0
Successful Deliveries	406	Spam Reports	0
Desktop Open Percentage	0%	Mobile Open Percentage	0%

Screenshot showing that the public posting constant contact email was sent on 9/22/23 to 471 persons. Top of listserv distribution list is shown. Following pages show whole list of emails to which the notice was sent, as exported from constant contact.

app.constantcontact.com/pages/reporting/v2#reports/6e794903-96c8-45ee-9f1f-fa57210104be/sent

Sign in to Microsoft... Grantium™ Microsoft Office Ho... New Tab

Marketing campaigns ▾

Contacts ▾

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Contact us

?

Upgrade

2023 NOFO Posted

Sent Fri, Sep 22, 2023

Export Contacts

86.2%
Send Rate

88%
Average Send Rate

89%
Industry Average

471 Items

Sent ▾

Filter by email address or name

<input type="checkbox"/>	Email address	First name	Last name	Sent time	
<input type="checkbox"/>	lpareti@housinginnovations.us	Lauren	Pareti	Fri, Sep 22, 2023 at 3:32 PM EDT	...
<input type="checkbox"/>	rlyas@immacare.org	Rebekah	Lyas	Fri, Sep 22, 2023 at 3:32 PM EDT	...
<input type="checkbox"/>	swagner@housinginnovations.us	Suzanne	Wagner	Fri, Sep 22, 2023 at 3:32 PM EDT	...
<input type="checkbox"/>	leigh.shields-church@ct.gov	Leigh	Shields-Church	Fri, Sep 22, 2023 at 3:32 PM EDT	...
<input type="checkbox"/>	matt.morgan@journeyhomect.org	Matthew	Morgan	Fri, Sep 22, 2023 at 3:32 PM EDT	...
<input type="checkbox"/>	beau.anderson@ct.gov	Beau	Anderson	Fri, Sep 22, 2023 at 3:32 PM EDT	...
<input type="checkbox"/>	peter.debiasi@accessagency.org	Peter	Debiasi	Fri, Sep 22, 2023 at 3:32 PM EDT	...

Email address	First name	Last name	Agency/Affiliation	Sent At
lpareti@housinginnovations.us	Lauren	Pareti	HI	9/22/2023 3:32pm
rlyas@immacare.org	Rebekah	Lyas	ImmaCare Inc.	9/22/2023 3:32pm
swagner@housinginnovations.us	Suzanne	Wagner	Housing Innovations LLC	9/22/2023 3:32pm
leigh.shields-church@ct.gov	Leigh	Shields-Ch	CT Dept. of Housing	9/22/2023 3:32pm
matt.morgan@journeyhomect.org	Matthew	Morgan	Journey Home	9/22/2023 3:32pm
beau.anderson@ct.gov	Beau	Anderson	DOH	9/22/2023 3:32pm
peter.debiasi@accessagency.org	Peter	Debiasi		9/22/2023 3:32pm
alice.minervino@ct.gov	alice	minervino	dmhas	9/22/2023 3:32pm
whodge@chrysaliscenterct.org	Wendy	Hodge		9/22/2023 3:32pm
Jgreer@chrhealth.org	Jennifer	Greer	CHR	9/22/2023 3:32pm
SCastelli@chrysaliscenterct.org	Sharon	Castelli	Chrysalis Center, Inc	9/22/2023 3:32pm
nbarnofski@newreach.org	Nikki	Barnofski	New Reach, Inc	9/22/2023 3:32pm
episaf@comcast.net	Liz	Isaacs	Housing Innovations	9/22/2023 3:32pm
lisa.quach@journeyhomect.org	Lisa	Quach	Journey Home	9/22/2023 3:32pm
edsvd@comcast.net	Phillip	Lysiak	St. Vincent DePaul Missiom	
ericajayon23@gmail.com	erica	king	of Bristol, Inc.	9/22/2023 3:32pm
srivera@fsc-ct.org	Suzy	Rivera	Friendship Service Center, Inc.	9/22/2023 3:32pm
silvia.moscariello@libertycs.org	Silvia	Moscariello	Liberty Community Services, Inc.	9/22/2023 3:32pm
Jlm.pettinelli@libertycs.org	Jim	Pettinelli	Liberty Community Services	9/22/2023 3:32pm
Kristina.Dalao@va.gov	Kristina	Dalao	Department of Veterans Affairs	9/22/2023 3:32pm
jlawlor@theconnectioninc.org	John	Lawlor	The Connection	9/22/2023 3:32pm
msoussloff@safeuturesct.org	Margaret	Soussloff	SafeFutures, Inc.	9/22/2023 3:32pm
kshaw@sistersplacect.org	Kathy	Shaw	My Sisters' Place, Inc.	9/22/2023 3:32pm
lgilbert@immacare.org	Louis	Gilbert	ImmaCare Inc.	9/22/2023 3:32pm
bevans@bhcare.org	Bobbi Jo	Evans	BHcare, Inc.	9/22/2023 3:32pm
kjarmoc@ctcadv.org	Karen	Jarmoc	CT Coalition Against Domestic Violence	9/22/2023 3:32pm
iparker@tvcca.org	Ida	Parker	TVCCA	9/22/2023 3:32pm
kim.jakowski@wrccinc.org	Kim	Jakowski	WRCC	9/22/2023 3:32pm
pkosowsky@youthcontinuum.org	Paul	Kosowsky	Youth Continuum	9/22/2023 3:32pm
ahakian@chrhealth.org	Andrea	hakian	chr	9/22/2023 3:32pm
fsilva@allianceforliving.org	Frank	Silva	Alliance for Living	9/22/2023 3:32pm
blochw@crtct.org	Willa	Bloch	Community Renewal Team	9/22/2023 3:32pm
cathyz@ywcahartford.org	Catherine	Zeiner	YWCA Hartford Region, Inc.	9/22/2023 3:32pm
tmaguire@youthcontinuum.org	Tim	Maguire	Youth Continuum	9/22/2023 3:32pm
dalbini@chd.org	Diane	Albini	CHD	9/22/2023 3:32pm
browns@crtct.org	Sonia	Brown	Community Renewal Team	9/22/2023 3:32pm
czall@snet.net	Catherine	Zall	New London Homeless Hospitality Center	9/22/2023 3:32pm
tferraro@theconnectioninc.org	Teresa	Ferraro	The Connection, Inc.	9/22/2023 3:32pm
cmeaden@columbushouse.org	Cathleen	Meaden	Columbus House	9/22/2023 3:32pm
Tamika.Riley@JourneyHomeCT.org	Tamika	Riley	Journey Home	9/22/2023 3:32pm

killingly.housing@snet.net	Maryann	Picciarelli	Killingly Housing Authority	9/22/2023 3:32pm
Brittney.gibson@yale.edu	Brittney	Gibson	Yale/CSN Shelter Plus Care	9/22/2023 3:32pm
			PSH Community member -	
melissadz@live.com	Melissa	Dzierlatka	BOS CoC SC	9/22/2023 3:32pm
			Mercy Housing and Shelter	
scorbin@mercyhousingct.org	Stephanie	Corbin	Corp.	9/22/2023 3:32pm
Bshaw@handsonhartford.org	Barbara	Shaw	Hands On Hartford	9/22/2023 3:32pm
david@shworks.org	David	Rich	Supportive Housing Works	9/22/2023 3:32pm
ematt@bhcare.org	Elaine	Matt	BHcare, Inc.	9/22/2023 3:32pm
jmandelburg@tvcca.org	Jon Paul	Mandelbur	TVCCA	9/22/2023 3:32pm
mdamboise@newreach.org	Meredith	Damboise	New Reach, Inc.	9/22/2023 3:32pm
gpike@intercommunityct.org	Gregory	Pike	InterCommunity, Inc.	9/22/2023 3:32pm
			DMHAS Southeastern	
erik.clevenger@ct.gov	Erik	Clevenger	Mental Health Authority	9/22/2023 3:32pm
nzito@tvcca.org	Nicholas	Zito	TVCCA	9/22/2023 3:32pm
lisa.callahan@ct.gov	Lisa	Callahan	DMHAS	9/22/2023 3:32pm
			The Connection, Inc. Grants	
dcalabrese@theconnectioninc.org	Denice	Calabrese	& Contract Compliance	9/22/2023 3:32pm
			Housing Authority of the	
jdasilva@hacdct.org	Jennifer	DaSilva	City of Danbury	9/22/2023 3:32pm
			CREDO Housing	
			Development Corporation	
bobcva4064@aol.com	Robert	Dorr	Inc.	9/22/2023 3:32pm
nouteiro@immacare.org	Nancy	Outeiro	ImmaCare Inc.	9/22/2023 3:32pm
			Thames River Community	
kathya@trfp.org	Kathy	Allen	Service, Inc.	9/22/2023 3:32pm
			St. Vincent de Paul	
ron@svidmiddletown.org	Ron	Krom	Middletown	9/22/2023 3:32pm
			Charlotte Hungerford	
nancy.cannavo@hhchealth.org	Nancy	Cannavo	Hospital	9/22/2023 3:32pm
			Torrington Housing	
csweeney@thact.org	claudia	sweeney	Authority	9/22/2023 3:32pm
cjackson@theconnectioninc.org	Christina	Jackson	The Connection	9/22/2023 3:32pm
			Housing Authority City of	
dcarr@hacdct.org	Dionne	Carr	Danbury	9/22/2023 3:32pm
			Veteran SSVF & GPD,	
danielwalsh@veteransinc.org	Dan	Walsh	applying for HVRP again.	9/22/2023 3:32pm
alison.scharr@journeyhomect.org	Alison	Scharr	Journey Home	9/22/2023 3:32pm
mvazquez@southparkinn.org	Mary	Vazquez	South Park Inn, Inc.	9/22/2023 3:32pm
jkatz@southparkinn.org	Jeff	Katz	South Park Inn, Inc.	9/22/2023 3:32pm
			Connecticut Coalition	
kannelli@ctcadv.org	Kelly	Anelli	Against Domestic Violence	9/22/2023 3:32pm
bdamon@prudencecrandall.org	Barbara	Damon	Prudence Crandall Center	9/22/2023 3:32pm
williamstedenis@veteransinc.org	William	St.Denis	Veterans Inc.	9/22/2023 3:32pm
			The Open Hearth	
mrossetti@theopenhearth.org	Marilyn	Rossetti	Association	9/22/2023 3:32pm

akelly@handsonhartford.org	Abbie	Kelly	Hands On Hartford	9/22/2023 3:32pm
kknaughty@theconnectioninc.org	Keyonna	Naughty	The Connection Inc	9/22/2023 3:32pm
kday@newreach.org	Kellyann	Day	New Reach	9/22/2023 3:32pm
abocci@wtbyhosp.org	Tony	Bocci	Waterbury Health	9/22/2023 3:32pm
wrybczyk@newoppinc.org	William	Rybczyk	New Opportunities, Inc.	9/22/2023 3:32pm
gbrisco@nwcty.org	Greg	Brisco	Northwestern CT YMCA	9/22/2023 3:32pm
wdonahue@nwcty.org	Willem	Donahue	Northwestern CT YMCA	9/22/2023 3:32pm
dreamhomes@arcforpeace.org	Manuella	Cabral		9/22/2023 3:32pm
rsoderberg@chrhealth.org	Robert	Soderberg	CHR	9/22/2023 3:32pm
liany.arroyo@hartford.gov	Liany	Arroyo		9/22/2023 3:32pm
rebecca.rioux@use.salvationarmy.org	rebecca	rioux	salvation army Mental Health Connecticut,	9/22/2023 3:32pm
mculmo@mhconn.org	Michael	Culmo	Inc. Center for Human	9/22/2023 3:32pm
pwalsh@chd.org	Pam	Walsh	Development (CHD)	9/22/2023 3:32pm
cassandra.norfleet-johnson@ct.gov	Cassandra	Norfleet-Johnson		9/22/2023 3:32pm
terry.nash@chfa.org	Terry	Nash		9/22/2023 3:32pm
chelsea@pschousing.org	Chelsea	Ross	Partnership for Strong Communities	9/22/2023 3:32pm
jelam@hacdct.org	Jacqueline	Elam		9/22/2023 3:32pm
jmerz@aids-ct.org	John	Merz		9/22/2023 3:32pm
s.kim.somaroo@ct.gov	Kim	Somaroo-Rodriguez		9/22/2023 3:32pm
st.vincent.de.paul@snet.net	Gary	Beaulieu	St. Vincent DePaul Mission of Waterbury, Inc.	9/22/2023 3:32pm
Syed.Asghar@ct.gov	Syed Maso	Asghar	Southeastern Mental Health Authority	9/22/2023 3:32pm
jparadis@bethelmilford.org	Jennifer	Paradis	Beth-El Center, Inc.	9/22/2023 3:32pm
bryan.flint@cornerstone-cares.org	Bryan	Flint	Cornerstone Shelter Waterbury Housing	9/22/2023 3:32pm
dana.serra@waterburyha.org	Dana	Serra	Authority	9/22/2023 3:32pm
cpollifrone@theconnectioninc.org	Christine	Pollifrone	The Connection, Inc.	9/22/2023 3:32pm
kverano@safefuturesct.org	Katherine	Verano	Safe Futures	9/22/2023 3:32pm
sagamy@actspooner.org	Susan	Agamy	Spooner House	9/22/2023 3:32pm
swelinsky@columbushouse.org	Sarah	Hoffman	Columbus House	9/22/2023 3:32pm
mvan@reliancehouse.org	Michael	Van Vlaenderen		9/22/2023 3:32pm
megan.brown@tvcca.org	Megan	Brown		9/22/2023 3:32pm
vmalley@fsc-ct.org	Vanessa	Malley	Friendship Service Center	9/22/2023 3:32pm
kayla.a.calabro@gmail.com	Kayla	Calabro		9/22/2023 3:32pm
Rmoller@noankcss.org	Regina	Moller	Noank Community Support Services, Inc.	9/22/2023 3:32pm
Youthpond@gmail.com	Latoya	Stots	Youyhpound	9/22/2023 3:32pm
don.vincent@libertycs.org	Don	Vincent		9/22/2023 3:32pm
kimberly.karanda@ct.gov	Kim	Karanda	DMHAS	9/22/2023 3:32pm
shannon@housinginnovations.us	Shannon	Quinn	Housing Innovations	9/22/2023 3:32pm
Sfox@cceh.org	Sarah	Fox	CCEH	9/22/2023 3:32pm
cperez@columbushouse.org	Caroline	Perez	Columbus House	9/22/2023 3:32pm

manssour.hanne@ct.gov	Manssour	Hanne	DMHAS River Valley Services	9/22/2023 3:32pm
			CT Coalition to End	
rgraham@cceh.org	Roy	Graham	Homelessness	9/22/2023 3:32pm
shooker@theconnectioninc.org	Stacy	Hooker	The Connection Inc	9/22/2023 3:32pm
			Thames River Family	
Shandae@trfp.org	Shanda	Easley	Program	9/22/2023 3:32pm
housingfirst@arcforpeace.org				9/22/2023 3:32pm
k.prunty@danbury-ct.gov				9/22/2023 3:32pm
emergeinc@optonline.net				9/22/2023 3:32pm
hlavin@theconnectioninc.org	Helen	McAlinden		9/22/2023 3:32pm
keith.brown@rnpinc.org				9/22/2023 3:32pm
jessica@shworks.org	Jessica	Kubicki	Supportive Housing Works	9/22/2023 3:32pm
mramirez@cccymca.org				9/22/2023 3:32pm
ccoreano@cccymca.org				9/22/2023 3:32pm
hsmith@cccymca.org				9/22/2023 3:32pm
kcwikla@centerforfamilyjustice.org				9/22/2023 3:32pm
jolivares@gbapp.org				9/22/2023 3:32pm
saffoldt@crtct.org				9/22/2023 3:32pm
john.sullivan2@va.gov	John	Sullivan		9/22/2023 3:32pm
mjarvis@handsonhartford.org				9/22/2023 3:32pm
kortiz@hartfordhousing.org	Katrina	Ortiz		9/22/2023 3:32pm
hobread@aol.com				9/22/2023 3:32pm
ncannavo@hungerford.org	Nancy	J. Cannavo		9/22/2023 3:32pm
glenn.ryan@mccallcenterct.org				9/22/2023 3:32pm
lfusco@mhconn.org	Lysa	Fusco		9/22/2023 3:32pm
lbeeman@sbaproject.org				9/22/2023 3:32pm
dditrio@newoppinc.org	Dona	Ditrio		9/22/2023 3:32pm
ddecilla@continuumct.org	Dominique	DeCilla		9/22/2023 3:32pm
ssimone@fellowshipplace.org				9/22/2023 3:32pm
kkblack@theconnectioninc.org	Keyonna	K. Black		9/22/2023 3:32pm
ddejarnette@theconnectioninc.org				9/22/2023 3:32pm
agopian@workplace.org				9/22/2023 3:32pm
cpatrick@bhcare.org				9/22/2023 3:32pm
stoure@ccahelping.org				9/22/2023 3:32pm
rpotluri@columbushouse.org	Radhika	Potluri		9/22/2023 3:32pm
lwesoly@leeway.net				9/22/2023 3:32pm
njoyner@actspooner.org				9/22/2023 3:32pm
david.shadbegian@accessagency.org	David	Shadbegian		9/22/2023 3:32pm
dd@pacifichouse.org				9/22/2023 3:32pm
rrodriguez@mfap.com	Rosie	Rodriguez		9/22/2023 3:32pm
dcordovez@mfap.com				9/22/2023 3:32pm
nbatista@safefuturesct.org	Nazmie	Batista		9/22/2023 3:32pm
lpina@safefuturesct.org	Luanna	Pina		9/22/2023 3:32pm
sheilah@trfp.org	Sheila	Hayes		9/22/2023 3:32pm
anne.stockton@uwsect.org				9/22/2023 3:32pm

dkatz@kidsincrisis.org				9/22/2023 3:32pm
lschlesinger@safehavenofgw.org	Lee	Schlesinger		9/22/2023 3:32pm
			Connecticut Department of	
kathleen.durand@ct.gov	Katie	Durand	Housing	9/22/2023 3:32pm
alyssa.languth@csh.org	Alyssa	Languth	CSH	9/22/2023 3:32pm
clavoie@newreach.org	Cindy	Lavoie	New Reach Inc	9/22/2023 3:32pm
			United Way of Greater New	
kfitzgerald@uwgnh.org	Kelly	Fitzgerald	Haven	9/22/2023 3:32pm
pam@thehousingcollective.org	pam	ralston	The Housing Collective	9/22/2023 3:32pm
rhiannon.mccabe@accessagency.org	Rhiannon	McCabe	Access Agency	9/22/2023 3:32pm
lborkowski@theconnectioninc.org	Lee Anne	Borkowski	The Connection inc	9/22/2023 3:32pm
hkudisch@columbushouse.org	Hebe	Kudisch	Columbus House, Inc	9/22/2023 3:32pm
lilla@columbushouse.org	Lilla	Bryan-Herr	Columbus House, Inc	9/22/2023 3:32pm
dpascua@reliancehealthinc.org	David	Pascua	Reliance Health, Inc.	9/22/2023 3:32pm
			Connecticut Coalition to End	
tbryant@cceh.org	Tashmia	Bryant	Homelessness	9/22/2023 3:32pm
Rcho@cceh.org	Richard	Cho	CCEH	9/22/2023 3:32pm
forimogunje@cceh.org	Folashade	Orimogunj	CCEH	9/22/2023 3:32pm
kcallaghan@tvcca.org	Kerry	Callaghan	TVCCA	9/22/2023 3:32pm
krrice@theconnectioninc.org	Kristin	Rice		9/22/2023 3:32pm
michaelroberson@gmail.com	Michael	Roberson	NLHHC volunteer	9/22/2023 3:32pm
			YWCA Greenwich Domestic	
j.dimuzio@ywcagreenwich.org	Jessie	DiMuzio	Abuse Services	9/22/2023 3:32pm
kdaisey@chrysaliscenterct.org	Kelley	Daisey	Chrysalis Center Inc	9/22/2023 3:32pm
wvalaitis@womenfamilies.org	Wayne	Valaitis	Women and Families Center	9/22/2023 3:32pm
cdyer@reliancehealthinc.org	Carrie	Dyer	Reliance Health, Inc.	9/22/2023 3:32pm
bennettjoce@dss.nyc.gov	J	bennett		9/22/2023 3:32pm
			Connecticut Housing Finance	
karen.futoma@chfa.org	Karen	Futoma	Authority	9/22/2023 3:32pm
			South Park Inn / Director of	
kstarks@southparkinn.org	Keysha	Starks	Programs	9/22/2023 3:32pm
heather.flannery@intervalhousect.org	Heather	Flannery	Interval House	9/22/2023 3:32pm
g	Melvya	Blount	ImmaCare Inc.	9/22/2023 3:32pm
mbount@immacare.org	Melvya	Blount		9/22/2023 3:32pm
pookab731@outlook.com	Melvya	Blount		9/22/2023 3:32pm
melissa.santiago@ct.gov	Melissa	Santiago	DOC	9/22/2023 3:32pm
grantsadmin@ywc Hartford.org	Sarah	Ward	YWCA Hartford Region	9/22/2023 3:32pm
			Connecticut Coalition	
asabrowski@ctcadv.org	Annie	Stockton S	Against Domestic Violence	9/22/2023 3:32pm
			Przybysz + Associates	
bsullivan@klpgovaffairs.com	Brian	Sullivan	Government Affairs	9/22/2023 3:32pm
paul.casanova@perceptionprograms.org	Paul	Casanova	Perception Programs Inc	9/22/2023 3:32pm
			New London Homeless	
davidh@nlhhc.org	David	Horst	Hospitality Center	9/22/2023 3:32pm

lpawlik@mercyhousingct.org	Lisa	Pawlik	Mercy Housing & Shelter Corp and My Sisters' Place	9/22/2023 3:32pm
mylesw@housinginnovations.us	Myles	Wensek		9/22/2023 3:32pm
gcavallo@cmhacc.org	Grace	Cavallo	CMHA	9/22/2023 3:32pm
cporcher@cmhacc.org	Christophe	Porcher	CMHA	9/22/2023 3:32pm
			Partnership for Strong	
danielle@pschousing.org	Danielle	Hubley	Communities	9/22/2023 3:32pm
monika.gunning@hhchealth.org	Monika	Gunning	Rushford Center Inc	9/22/2023 3:32pm
jrrouleau@newoppinc.org	Jeffrey	Rouleau	New Opportunities, Inc.	9/22/2023 3:32pm
ybird@southparkinn.org	Yoshi	Bird	South Park Inn	9/22/2023 3:32pm
jsendeck@chrysaliscenterct.org	Jadwiga	Sendecka	Chrysalis Center	9/22/2023 3:32pm
alopez@mhconn.org	Agustin	Lopez	Mental Health CT	9/22/2023 3:32pm
lauren@shworks.org	Lauren	Zimmerma	Supportive Housing Works	9/22/2023 3:32pm
jparker@tvcca.org	Jaime	Parker	TVCCA	9/22/2023 3:32pm
jbanks@southparkinn.org	Jane	Banks	South Park Inn	9/22/2023 3:32pm
jason.hyatt@soundct.org	Jason	Hyatt	Sound Community Services	9/22/2023 3:32pm
ccrane@midymca.org	Candace	Crane		9/22/2023 3:32pm
			Center for Human	
ahinman@chd.org	Ashley	Hinman	Development, Inc. (CHD)	9/22/2023 3:32pm
			St. Vincent DePaul Mission	
mcremers@svdpmission.org	Megan	Cremers	of Waterbury, Inc.	9/22/2023 3:32pm
kcapone@mercyhousingct.org	Kara	Capone	CHA/Mercy/MSP	9/22/2023 3:32pm
rbeach@cceh.org	Ryan	Beach	CCEH	9/22/2023 3:32pm
sharon.redfern@cornerstone-cares.org	Sharon	Redfern	The Cornerstone Foundation	9/22/2023 3:32pm
hardink@chc1.com	Kathleen	Harding	CHC	9/22/2023 3:32pm
kmiller@chrysaliscenterct.org	Kimberly	May-Miller	Chrysalis Center	9/22/2023 3:32pm
ksholomicky@mhconn.org	Kaylynn	Sholomick	Mental Health Connecticut	9/22/2023 3:32pm
jenn.kirchmeier@cornerstone-cares.org	Jennifer	Kirchmeier	Cornerstone Shelter	9/22/2023 3:32pm
acaruso@chrysaliscenterct.org	Angie	Caruso	Chrysalis Center	9/22/2023 3:32pm
rosemaryf@sistersplacect.org				9/22/2023 3:32pm
awhite@housinginnovations.us	Andrea	White		9/22/2023 3:32pm
andrea.white.ny@gmail.com	Andrea	White	Housing Innovations	9/22/2023 3:32pm
			St Vincent de Paul	
maryellen@svdmiddletown.org	MARYELLE M	SHUCKE	Middletown, Inc.	9/22/2023 3:32pm
			Partnership for Strong	
carline@pschousing.org	Carline	Charmelus	Communities	9/22/2023 3:32pm
hfish@usmhs.org	Holly	Fish	United Services	9/22/2023 3:32pm
sandy.midura@use.salvationarmy.org	Sandy	Midura	The Salvation Army	9/22/2023 3:32pm
mmiddleton@columbushouse.org	Margaret	Middleton	Columbus House, Inc.	9/22/2023 3:32pm
tbruff@immacare.org	tahira	bruff	Immacare	9/22/2023 3:32pm
jcaraballosvdp@comcast.net	Jessica	Caraballo	SVDP	9/22/2023 3:32pm
lmarmolejos@chnct.org	Luz	Marmolejc	Community Health Network	9/22/2023 3:32pm
nsmith@chrysaliscenterct.org	Nicole	Smith	Chrsyalis Center	9/22/2023 3:32pm

layotte@safehavenofgw.org	lori	ayotte	safe haven of gw	9/22/2023 3:32pm
bkeo@newreach.org	Brenda	Keo	New Reach	9/22/2023 3:32pm
			Thames River Community	
teenah@trfp.org	TEENA	HAYES	Service, INC	9/22/2023 3:32pm
			CT Coalition to End	
afreeman@cceh.org	Amber	Freeman	Homelessness	9/22/2023 3:32pm
jerrato@newreach.org	Jamie	Errato		9/22/2023 3:32pm
pzakarian@abhct.com	paul	zakarian		9/22/2023 3:32pm
alecours@reliancehealthinc.org	Alisa	Lecours	Reliance Health Inc	9/22/2023 3:32pm
			United Way of Greater New	
mlefever@uwgnh.org	Margaret	LeFever	Haven	9/22/2023 3:32pm
robert.bongiolatti@ct.gov	Robert	Bongiolatti	CT Department of Labor	9/22/2023 3:32pm
cwc1646@gmail.com	Crane W	Cesario	DMHAS-Capitol Region MHC	9/22/2023 3:32pm
aroldan@newoppinc.org	Anthony	Roldan	New Opportunities Inc.	9/22/2023 3:32pm
bshultz@bethelmilford.org	Bianca	Shultz	Beth-El Center	9/22/2023 3:32pm
kkeller@alwayshome.org	Kathryn	Keller	Always Home, Inc.	9/22/2023 3:32pm
			Corporation for Supportive	
sonya.jelks@csh.org	Sonya	Jelks	Housing	9/22/2023 3:32pm
kimberlyonardone@gmail.com	Kimberly	Nardone		9/22/2023 3:32pm
abbym@housinginnovations.us	Abby	Miller	Housing Innovations	9/22/2023 3:32pm
jremmey@mhconn.org	Jessica	Remmey	Mental Health CT	9/22/2023 3:32pm
chris.venable@journeyhomect.org	Chris	Venable	Journey Home, Inc.	9/22/2023 3:32pm
bbonds@chrysaliscenterct.org	Brian	Bonds	The Chrysalis Center	9/22/2023 3:32pm
			Sound Community Services	
tabitha.wolchesky@soundct.org	Tabitha	Wolchesky	Inc	9/22/2023 3:32pm
			Sound Community Services,	
lisa.moon@soundct.org	Lisa	Moon	Inc.	9/22/2023 3:32pm
agordon@mercyhousingct.org	Amanda	Gordon	Mercy & My Sisters Place	9/22/2023 3:32pm
emma.king@accessagency.org	Emma	King		9/22/2023 3:32pm
lucianad@ywcahartford.org	Luciana	DeGray	YWCA Hartford Region	9/22/2023 3:32pm
jmerz@act-ct.org	John	Merz		9/22/2023 3:32pm
			The Open Hearth	
emcfolley@theopenhearth.org	Elijah	McFolley II	Association	9/22/2023 3:32pm
rlyas@southparkinn.org	Rebekah	Lyas	South Park Inn	9/22/2023 3:32pm
jcorrea@immacare.org	Janievette	Correa	ImmaCare	9/22/2023 3:32pm
dhall@usmhs.org	Demetrice	Hall		9/22/2023 3:32pm
stephanie.lazarus@csh.org	Stephanie	Lazarus		9/22/2023 3:32pm
kyren.mccrorey@use.salvationarmy.org	Kyren	McCrorey	The Salvation Army	9/22/2023 3:32pm
crose@fsc-ct.org	Caitlin	Rose	Friendship Service Center	9/22/2023 3:32pm
profcreel@snet.net	Teddi Leslie	Creel	DMHAS/WCMHN	9/22/2023 3:32pm
amitkevicius17@gmail.com	Anna	Smith		9/22/2023 3:32pm
rlemanski@prudencecrandall.org	Rebecca	Lemanski	Prudence Crandall Center	9/22/2023 3:32pm
sarah.pavone@journeyhomect.org	sarah	pavone	Journey Home	9/22/2023 3:32pm
			Liberty Community Services,	
lhumbert@libertycs.org	Lydia	Humbert	Inc	9/22/2023 3:32pm

sviolante@cca-ct.org	Stacey	Center for Children's Violante Cr Advocacy	9/22/2023 3:32pm
kellie@svdmiddletown.org	Kellie	Robbins St Vincent de Paul Middletown Supportive Housing Works /	9/22/2023 3:32pm
lindsay@shworks.org	Lindsay	Fabrizio CT503 CoC	9/22/2023 3:32pm
tina@nutmegit.com	Tina	Cormier	9/22/2023 3:32pm
dbencivengo@chrysaliscenterct.org	Deanna	Bencivengo Chrysalis Center Inc	9/22/2023 3:32pm
nhilton@newoppinc.org	Nichelle	hilton New Opportunitites	9/22/2023 3:32pm
mrussell@fellowshipplace.org	Melissa	Russell Fellowship Place	9/22/2023 3:32pm
dina.hill@ccfc-ct.org	Dina	Hill	9/22/2023 3:32pm
deborah.boulet@accessagency.org	Deborah	Boulet ACCESS Agency	9/22/2023 3:32pm
shurley@usmhs.org	Steve	Hurley United Services	9/22/2023 3:32pm
lynnette.sparkman@hhchealth.org	Lynnette	Sparkman- Rushford	9/22/2023 3:32pm
ystephen@fsc-ct.org	Yeharar	Stephen Friendship Service Center	9/22/2023 3:32pm
zhernandez@chrysaliscenterct.org	Zaida	Hernandez Chrysalis Center Inc Covenant Shelter of New	9/22/2023 3:32pm
director@covenantshelternl.org	Peggy	Miceli London	9/22/2023 3:32pm
bcomerford@leeway.net	Brenda	Comerford Leeway	9/22/2023 3:32pm
kvail@townofwinchester.org	Katie	Vaill Town of Winchester	9/22/2023 3:32pm
kcrafft@newoppinc.org	Kelly	Craft New Opportunties	9/22/2023 3:32pm
fitzgibbons.ryan22@gmail.com	Ryan	Fitzgibbon: Holy Family Home & Shelter St. Vincent DePaul Mission	9/22/2023 3:32pm
alebron@svdpmission.org	Amanda	Lebron of Waterbury, Inc. Community Health	9/22/2023 3:32pm
slambert@chrhealth.org	Sheryl	Lambert Resources	9/22/2023 3:32pm
brett.sandman@use.salvationarmy.org	Brett	Sandman Salvation Army Southern New England	9/22/2023 3:32pm
mollie.machado@ct.gov	Mollie	Machado State of CT	9/22/2023 3:32pm
rgrant@newreach.org	Randy	Grant New Reach Inc	9/22/2023 3:32pm
tchirsky@newoppinc.org	Tanya	Chirsky New Opportunities	9/22/2023 3:32pm
afeeley@newreach.org	Allison	Feeley New Reach	9/22/2023 3:32pm
tachica@nutmegit.com	Tachica	Murray "Nutmeg Consulting, LLC" Liberty Community Services	9/22/2023 3:32pm
vjones@libertycs.org	Victor	Jones Inc	9/22/2023 3:32pm
diamond.lovette804@gmail.com	Diamomd	Lovette	9/22/2023 3:32pm
dellavalle8173@gmail.com	Christine	DellaValle Self	9/22/2023 3:32pm
lgomez@immacare.org	Linda	Gomez ImmaCare Inc Connecticut Coalition to End	9/22/2023 3:32pm
pschmitz@cceh.org	Paul	Schmitz Homelessness New London Homeless	9/22/2023 3:32pm
donna@nlhhc.org	Donna	Russo Hospitality Center	9/22/2023 3:32pm
kagosto@fsc-ct.org	Kassandra	Agosto The Friendship Center Northwest Hills Council of	9/22/2023 3:32pm
lgchio@northwesthillscog.org	LEONARD	C GHIO Governments	9/22/2023 3:32pm

kathleen@kazanastategies.com	Kathy	Hunter	Kazanas Development Strategies	9/22/2023 3:32pm
mpaulemon@bhcare.org	Marie	Paulemon	Bhcare	9/22/2023 3:32pm
			Alpha Community Services	
jriversa@cccymca.org	Jadette	Rivera	YMCA	9/22/2023 3:32pm
jpierce@ctcadv.org	Jasmine	Pierce	CCDAV	9/22/2023 3:32pm
sarahs@ywc Hartford.org	Sarah	Szczebak	YWCA Hartford Region	9/22/2023 3:32pm
anniestockton2@hotmail.com	Annie	Stockton		9/22/2023 3:32pm
nadine.malone@journeyhomect.org	Nadine	Malone	Journey Home	9/22/2023 3:32pm
orinkes@hotmail.com	liv	r		9/22/2023 3:32pm
			New London Homeless	
czall@nlhhc.org	Catherine	Zall	Hospitality Center	9/22/2023 3:32pm
msantiago@svdpmmission.org	Megan	Santiago		9/22/2023 3:32pm
			Northwest CT Community	
jscharnberg@northwestcf.org	Julie	Scharnberg	Foundation	9/22/2023 3:32pm
			Downtown Evening Soup	
eserio@deskct.org	Evan	Serio	Kitchen (DESK)	9/22/2023 3:32pm
			Holy Family Home & Shelter	
floranne@hfhscommunity.org	Floranne	Rawolle	/ Homes Plus Supp Hsg	9/22/2023 3:32pm
ryan@hfhscommunity.org	Ryan	Fitzgibbon	Holy Family Home & Shelter	9/22/2023 3:32pm
			Clifford Beers Community	
eoakes@cliffordbeers.org	Emily	Oakes	Health Partners	9/22/2023 3:32pm
ggrullon@newoppinc.org	Gawdys	Grullon	New Opportunities, Inc.	9/22/2023 3:32pm
agarcia@cmhacc.org	Amanda	Garcia	CMHA	9/22/2023 3:32pm
malvarez@fsc-ct.org	Melanie	Alvarez	Friendship Service Center	9/22/2023 3:32pm
crich@newreach.org	Cara	Rich	New Reach	9/22/2023 3:32pm
eerussell@theconnectioninc.org	Erin	Russell		9/22/2023 3:32pm
			Center For human	
chbishop@chd.org	christina	bishop	Devolopment	9/22/2023 3:32pm
creynolds@columbushouse.org	Carl	Reynolds	Columbus House Inc.	9/22/2023 3:32pm
			Community Mental Health	
alavoie@cmhacc.org	Ann	Lavoie	Affiliates	9/22/2023 3:32pm
sboyce@handsonhartford.org	Stephanie	Boyce	Hands On Hartford	9/22/2023 3:32pm
mabney@immcare.org	Mercedez	Abney	ImmaCare Inc.	9/22/2023 3:32pm
			Center for Human	
ptang@chd.org	Paul	Tang	Development	9/22/2023 3:32pm
tania.banks.icr@gmail.com	Tania	Banks	CLIP	9/22/2023 3:32pm
aleena.durant@gmail.com				9/22/2023 3:32pm
rdenise1919@gmail.com				9/22/2023 3:32pm
ngalella@gmail.com				9/22/2023 3:32pm
ebonybeall@yahoo.com				9/22/2023 3:32pm
tsamuel2569@gmail.com	Tracy	Samuel	Clip Cohort 2	9/22/2023 3:32pm
sarruda@chd.org	Samantha	Arruda	CHD	9/22/2023 3:32pm
kgiurintano@usmhs.org	Kaitlyn	Giurintano	United Services Inc.	9/22/2023 3:32pm

maryannburns89@gmail.com	Maryann	Burns		9/22/2023 3:32pm
genea124@gmail.com	GENEA	STEPHENS		211 9/22/2023 3:32pm
leeshep424@gmail.com	LEE	SHEPERD	SELF AGENCY	9/22/2023 3:32pm
uduake@trfp.org				9/22/2023 3:32pm
jaleec1203@gmail.com	Jamie	Main		9/22/2023 3:32pm
geri.harrison@journeyhomect.org	Gerilyn	Harrison	Journey Home	9/22/2023 3:32pm
nstone@chrhealth.org	Nordia	Stone	CHR	9/22/2023 3:32pm
			The Friendship Service	
aguerrera@fsc-ct.org	Anthony	Guerrera	Center	9/22/2023 3:32pm
			Mercy Housing & Shelter	
mvassell@mercyhousingct.org	Marcus	Vassell	Corp.	9/22/2023 3:32pm
angel.cotto@icrweb.org				9/22/2023 3:32pm
richardcoleman158@gmail.com				9/22/2023 3:32pm
natmazzone@gmail.com				9/22/2023 3:32pm
ahebert@chd.org	Anthony	Hebert	CHD	9/22/2023 3:32pm
modoi@wheelerclinic.org	Magdalin	Odoi	Wheeler Clinic	9/22/2023 3:32pm
mabney@immacare.org	Mercedez	Abney	ImmaCare Inc.	9/22/2023 3:32pm
tbruff@cceh.org	TAHIRA	BRUFF	CCEH	9/22/2023 3:32pm
jvitarelli@ctcadv.org	Joanne	Vitarelli	CCDAV	9/22/2023 3:32pm
phylicia.adams@csh.org	Phylicia	Adams		9/22/2023 3:32pm
lstarkes@columbushouse.org	Leslie	Starkes	Columbus House	9/22/2023 3:32pm
			Community Mental Health	
aevans@cmhacc.org	Angela	Evans	Affiliates	9/22/2023 3:32pm
cpollifrone@fellowshipplace.org	Christine	Pollifrone	Fellowship Place, Inc.	9/22/2023 3:32pm
			Nuvance Health:	
			Accountable Health	
patricia.gilbanks@nuvancehealth.org	Patricia	Gilbanks	Communities	9/22/2023 3:32pm
anastacia.woolcock@journeyhomect.org	Anastacia	Woolcock	Journey Home	9/22/2023 3:32pm
rgordils@newoppinc.org	Rosalyn	Gordils	new beginning	9/22/2023 3:32pm
			Mercy House/ My Sister's	
kmitchell@sistersplacect.org	Kimberly	Mitchell	Place	9/22/2023 3:32pm
yonique.hendricks@ct.gov	Yonique	Hendricks	DMHAS	9/22/2023 3:32pm
kimberly.beach@ct.gov	Kimberly	Beach	DMHAS	9/22/2023 3:32pm
			Advancing Connecticut	
bcolbert@act-ct.org	Brennden	Colbert	Together	9/22/2023 3:32pm
mdiaz@act-ct.org	Maria	Diaz	Advancing CT Together	9/22/2023 3:32pm
jonm@martinhousect.org	Jon	Maderia	Martin House Inc	9/22/2023 3:32pm
1phoenixcb@gmail.com	Vaniel	Tate	None	9/22/2023 3:32pm
			CT Coalition Against	
tjohnson@ctcadv.org	Tonya	Johnson	Domestic Violence, Inc.	9/22/2023 3:32pm
teamiles@yahoo.com				9/22/2023 3:32pm
amietrz@gmail.com				9/22/2023 3:32pm
tracie.douglas@ct.gov	Tracie	Douglas	DMHAS-WCMHN	9/22/2023 3:32pm
soloughlin@ctlegal.org	Stephanie	O'Loughlin	Connecticut Legal Services	9/22/2023 3:32pm
cogbf.ministries@gmail.com	Nelta	Glaudin	cogbf	9/22/2023 3:32pm
jdowner@youthcontinuum.org	Jasene	Downer	Youth Continuum	9/22/2023 3:32pm

			United Way of Greater New	
jscherb@uwgnh.org	Julia	Scherb	Haven	9/22/2023 3:32pm
iheredia@usmhs.org	Ignacio	Heredia	United Services, Inc.	9/22/2023 3:32pm
liztorres@housingsmarts.com	Elizabeth	Torres	HousingSmarts	9/22/2023 3:32pm
nichele.carver@usich.gov	Nichele	Carver	USICH	9/22/2023 3:32pm
			Housing Authority of the	
lcretella@nbhact.org	Lisa	Cretella	City of New Britain	9/22/2023 3:32pm
luv4musiq94@gmail.com				9/22/2023 3:32pm
			Association of Religious	
sylvon@interfaithharc.org	sylvon	griffin	Communities	9/22/2023 3:32pm
candice.capotorto@carelon.com	Candice	Capotorto	CARELON Behavioral Health	9/22/2023 3:32pm
mjohnston@newreach.org	Maggie	Johnston	New Reach, Inc.	9/22/2023 3:32pm
cindy.hernandez1@ct.gov	Cindy	Hernandez	DMHAS-WCMHN	9/22/2023 3:32pm
aferguson@chrhealth.org	Anne-Mari	Ferguson	CHR	9/22/2023 3:32pm
			Association of Religious	
isabela@interfaithharc.org	Isabela	Lamorte	Communities	9/22/2023 3:32pm
lfranceshi@bhcare.org	Lesette	Franceshi	BHCARE	9/22/2023 3:32pm
kingraham@columbushouse.org	Karen	Ingraham	Columbus House	9/22/2023 3:32pm
jcaraballo@svdpofbristol.com	Jessica	Caraballo	SVDP	9/22/2023 3:32pm
lmaisonet@fsc-ct.org	Ladine	Maisonet	Friendship Service Center	9/22/2023 3:32pm
kara.zichichi@ct.gov	Kara	Zichichi	DOH	9/22/2023 3:32pm
			Liberty Community Services,	
smoscariello@libertycs.org	Silvia	Moscarielli	Inc.	9/22/2023 3:32pm
sarruda@aol.com	Samantha	Arruda	CHD	9/22/2023 3:32pm
abaker@youthcontinuum.org	Ann	Baker	Youthcontinuum.org	9/22/2023 3:32pm
brahamatullah@columbushouse.org	Bibi	Rahamatul	Columbus House Inc.	9/22/2023 3:32pm
crobalino@ctcadv.org	Carlos	Robalino	CCADV	9/22/2023 3:32pm
ccasey@fsc-ct.org	Catellia	Casey		9/22/2023 3:32pm
krigarvey@ihcda.in.gov	Kristin	Garvey	IHCDA	9/22/2023 3:32pm
leticiasepulveda@housingsmarts.com	Leticia	Sepulveda		9/22/2023 3:32pm
cwills@hfpfg.org	Cynthia	Wills	Hartford Foundation	9/22/2023 3:32pm
			Community Renewal Team -	
rosadoi@crtct.org	Imani	Rosado	CRT	9/22/2023 3:32pm
michaelmoore2023@myyahoo.com				9/22/2023 3:32pm
jaboa1@unh.newhaven.edu				9/22/2023 3:32pm
tqimaribanks@gmail.com				9/22/2023 3:32pm
			Community Representative	
jakenjenntwins14@gmail.com	Sonia	Soto	CT BOS CoC	9/22/2023 3:32pm
hlindell1217@gmail.com				9/22/2023 3:32pm
tayna.castillo@uconn.edu				9/22/2023 3:32pm
ademusis@columbushouse.org	Aimee	DeMusis	Columbus House	9/22/2023 3:32pm
wmobley@dungarvin.com	Willie	Mobley	Dungarvin CT LLC	9/22/2023 3:32pm
phillip.e.mckeough@hud.gov	Phillip	McKeough	HUD	9/22/2023 3:32pm
risa.c@outlook.com	Larissa	Cuevas		9/22/2023 3:32pm

hsmith@bethelmilford.org	hannah	smith	ACSYMCA St Vincent Depaul	9/22/2023 3:32pm
jane@svdmiddletown.org	Jane	Johnson	Middletown St. Vincent De Paul Mission	9/22/2023 3:32pm
egrochowska@svdpofbristol.com	Ewa	Grochowski	of Bristol	9/22/2023 3:32pm
ypotter@ctcadv.org	Yolanda	Potter	CCADV	9/22/2023 3:32pm
john.e.thomas@ct.gov	John	Thomas	DMHAS	9/22/2023 3:32pm
beth@endsexualviolencect.org				9/22/2023 3:32pm
kenisha@endsexualviolencect.org				9/22/2023 3:32pm
kara.capobianco@ct.gov	Kara	Capobianco	Doh	9/22/2023 3:31pm
crane.cesario@ct.gov	Crane	Cesario	DMHAS - CRMHC Liberty Community Services	9/22/2023 3:31pm
sara.loffredo@libertycs.org	Sara	Loffredo	Inc Liberty Community Services,	9/22/2023 3:31pm
eileen.krause@libertycs.org	Eileen	Krause	Inc	9/22/2023 3:31pm
bcavanaugh@youthcontinuum.org	Brenda	Cavanaugh	Youth Continuum	9/22/2023 3:31pm
kgrega@youthcontinuum.org	Kathy	grega	Youth Continuum Center for Human	9/22/2023 3:31pm
barcelopez@chd.org	Belinda	Arce	Development	9/22/2023 3:31pm
floranne@holymfamilywillimantic.org	Floranne	Roswolle	Holy Family Home & Shelter	9/22/2023 3:31pm
steve.dilella@ct.gov	Steve	DiLella	CT DOH	9/22/2023 3:31pm
teddi.creel@ct.gov	Teddi	Creel	DMHAS/WCMHN	9/22/2023 3:31pm
eileen.higgins@ct.gov	eileen	higgins	RVS/DMHAS Coalition on Housing &	9/22/2023 3:31pm
Ann@GrowStrongCT.org	Ann	Faust	Homelessness	9/22/2023 3:31pm
munderwood@tvcca.org	Marylou	Underwood	TVCCA	9/22/2023 3:31pm
louis.tallarita@ct.gov	Louis	Tallarita	CSDE	9/22/2023 3:31pm
barcaro@sistersplacet.org	Beverly	Arcaro	My Sisters' Place, Inc.	9/22/2023 3:31pm
Elisha.Chornoby@ct.gov	Elisha	Chornoby	DOC	9/22/2023 3:31pm
james.deloughery@beaconhealthoptions.com	James	DeLougher	Beacon Health Options	9/22/2023 3:31pm
ldupontdiehl@cmhacc.org	Liz	Dupont-Di	CMHA	9/22/2023 3:31pm
dgleason@continuumct.org	Dianna	Gleason	Continuum of Care	9/22/2023 3:31pm
kwytrykowska@cmhacc.org	Karolina	Wytrykow	CMHA Windham Regional	9/22/2023 3:31pm
liz.myers@wrccinc.org	Liz	Myers	Community Council, Inc	9/22/2023 3:31pm
lrodriguez@casaincct.org				9/22/2023 3:31pm
jvargas@cccymca.org				9/22/2023 3:31pm
smachattie@immacare.org				9/22/2023 3:31pm
sharlene@mwchrysalis.org	Sharlene	Kerelejza		9/22/2023 3:31pm
btaylor@leeway.net				9/22/2023 3:31pm
spunzalan@reliancehealthinc.org				9/22/2023 3:31pm
aestrella@inspiricact.org				9/22/2023 3:31pm
mary.mcgowan@journeyhomeCT.org	Mary	McGowan	Journey Home	9/22/2023 3:31pm

Connecticut legal Rights

mklawiter@clrp.org	Maren	Klawiter	Organization	9/22/2023 3:31pm
brenda.earle@ct.gov	Brenda	Earle	DMHAS	9/22/2023 3:31pm
david.pascua@ct.gov	David	Pascua	Reliance Health, Inc.	9/22/2023 3:31pm
mmormile@cmhacc.org	Marie	Mormile	CMHA, Inc.	9/22/2023 3:31pm
deborah.lawrence@ct.gov	Deborah	Lawrence	DMHAS - WCMHN	9/22/2023 3:31pm
kcarmelich@chrysaliscenterct.org	Kimberly	Carmelich	Chrysalis Center, Inc.	9/22/2023 3:31pm
fstolz@columbushouse.org	felicia	stolz	Columbus House	9/22/2023 3:31pm
joanne.comstock@ct.gov	Joanne	Comstock	DMHAS/RVS	9/22/2023 3:31pm
			St. Vincent DePaul Mission	
aguerrera@svdpmission.org	Anthony	Guerrera	of Waterbury, Inc.	9/22/2023 3:31pm
lisa.cretella@use.salvationarmy.org	Lisa	Cretella	The Salvation Army	9/22/2023 3:31pm
cbiscette@mercyhousingct.org				9/22/2023 3:31pm
flee@safefuturesct.org	Fenty	Lee	Safe Futures	9/22/2023 3:31pm
dmcbride@chrysaliscenterct.org	Denetra	McBride	Chrysalis Center	9/22/2023 3:31pm
esoucy@chrhealth.org	Emily	Soucy	CHR	9/22/2023 3:31pm
julia.flores@accessagency.org	Julia	Flores	Access Agency	9/22/2023 3:31pm
			New Opportunities of	
obrown@newoppinc.org	Ola	Brown	Greater Meriden	9/22/2023 3:31pm
rsaintvil@bethelmilford.org	Ruth	Menard	Beth-El Center	9/22/2023 3:31pm
sofina.begum@journeyhomect.org	Sofina	Begum	Journey Home	9/22/2023 3:31pm
kiya.kennebrew@csh.org	Kiya	Kennebrew		9/22/2023 3:31pm
amaitland@fsc-ct.org	April	Maitland	The Friendship Center	9/22/2023 3:31pm
mcabanas@bhcare.org	Mayra	Cabanas	BHcare	9/22/2023 3:31pm
			Corporation for Supportive	
felicity.eles@csh.org	Felicity	Eles	Housing	9/22/2023 3:31pm
			Community Health	
kconforti@chrhealth.org	Katie	Conforti	Resources	9/22/2023 3:31pm
nsmith@prudencecrandall.org	Nicole	Smith	Prudence Crandall Center	9/22/2023 3:31pm
jriver@nhlegal.org	Johanetsy	Rivera	New Haven Legal Assistance	9/22/2023 3:31pm
			New London Homeless	
tbooker@nlhhc.org	Tara	Booker	Hospitality Center	9/22/2023 3:31pm
llawsonscott33@gmail.com				9/22/2023 3:31pm
			Center for Human	
jhiggins@chd.org	Jennifer	Higgins	Development	9/22/2023 3:31pm
cbeltre@columbushouse.org	Caroline	Beltre	Columbus House	9/22/2023 3:31pm
mmiddleton@columbushouse.org	Margaret	Middleton	Columbus House	9/22/2023 3:31pm
			New London Homeless	
sarahj@nlhhc.org	Sarah	Jarrett	Hospitality Center	9/22/2023 3:31pm

2023 HDX Competition Report

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

Total Population PIT Count Data

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count	2208	2044	2327	2418
Emergency Shelter Total	1,642	1,449	1,841	1721
Safe Haven Total	9	9	13	16
Transitional Housing Total	289	241	231	247
Total Sheltered Count	1940	1699	2085	1984
Total Unsheltered Count	268	345	242	434

Chronically Homeless PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	133	135	105	106
Sheltered Count of Chronically Homeless Persons	97	81	63	37
Unsheltered Count of Chronically Homeless Persons	36	54	42	69

2023 HDX Competition Report

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

Homeless Households with Children PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	225	182	243	237
Sheltered Count of Homeless Households with Children	224	182	243	237
Unsheltered Count of Homeless Households with Children	1	0	0	0

Homeless Veteran PIT Counts

	2011 PIT	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	178	155	104	117	117
Sheltered Count of Homeless Veterans	154	144	93	108	101
Unsheltered Count of Homeless Veterans	24	11	11	9	16

*For CoCs that did not conduct an unsheltered count in 2021, 2020 data were used.

2023 HDX Competition Report

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

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Current, Year-Round, HMIS Beds	Total Year-Round, Current, Non-VSP Beds*	HMIS Bed Coverage Rate for Year-Round Beds	Total Year-Round, Current VSP Beds in an HMIS Comparable Database	Total Year-Round, Current, VSP Beds**	HMIS Comparable Bed Coverage Rate for VSP Beds	Total Current, Year-Round, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
ES Beds	1,540	1,289	1,313	98.17%	227	227	100.00%	1,516	98.44%
SH Beds	20	20	20	100.00%	0	0	NA	20	100.00%
TH Beds	321	228	256	89.06%	65	65	100.00%	293	91.28%
RRH Beds	1,129	733	740	99.05%	389	389	100.00%	1,122	99.38%
PSH Beds	5,395	4,205	5,320	79.04%	75	75	100.00%	4,280	79.33%
OPH Beds	646	0	646	0.00%	0	0	NA	0	0.00%
Total Beds	9,051	6,475	8,295	78.06%	756	756	100.00%	7,231	79.89%

2023 HDX Competition Report

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

2023 HDX Competition Report

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

Notes

*For OPH Beds, this does NOT include any beds that are Current, Non-VSP, Non-HMIS, and EHV-funded.

**For OPH Beds, this does NOT include any beds that are Current, VSP, Non-HMIS, and EHV-funded.

In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").

In the HIC, Current beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2020 HIC	2021 HIC	2022 HIC	2023 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	3392	0	0	0

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

Households with Children	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH units available to serve families on the HIC	193	247	237	223

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH beds available to serve all populations on the HIC	1127	1322	1323	1129

2023 HDX Competition Report

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

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

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

Measure 1: Length of Time Persons Remain Homeless

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

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

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

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

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2021	FY 2022	Submitted FY 2021	FY 2022	Difference	Submitted FY 2021	FY 2022	Difference
1.1 Persons in ES and SH	3918	4451	83	83	0	56	57	1
1.2 Persons in ES, SH, and TH	4306	4822	90	89	-1	59	59	0

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

NOTE: Due to the data collection period for this year's submission, the calculations for this metric are based on the data element 3.17 that was active in HMIS from 10/1/2015 to 9/30/2016. This measure and the calculation in the SPM specifications will be updated to reflect data element 3.917 in time for next year's submission.

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2021	FY 2022	Submitted FY 2021	FY 2022	Difference	Submitted FY 2021	FY 2022	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	4987	5613	431	426	-5	192	200	8
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	5287	5913	426	420	-6	192	200	8

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

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

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

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2022	% of Returns	FY 2022	% of Returns	FY 2022	% of Returns	FY 2022	% of Returns
Exit was from SO	126	11	9%	11	9%	11	9%	33	26%
Exit was from ES	1755	170	10%	114	6%	144	8%	428	24%
Exit was from TH	185	8	4%	5	3%	13	7%	26	14%
Exit was from SH	8	1	13%	1	13%	0	0%	2	25%
Exit was from PH	1649	71	4%	65	4%	102	6%	238	14%
TOTAL Returns to Homelessness	3723	261	7%	196	5%	270	7%	727	20%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

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

	January 2021 PIT Count	January 2022 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	2044	2327	283
Emergency Shelter Total	1449	1841	392
Safe Haven Total	9	13	4
Transitional Housing Total	241	231	-10
Total Sheltered Count	1699	2085	386
Unsheltered Count	345	242	-103

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2021	FY 2022	Difference
Universe: Unduplicated Total sheltered homeless persons	4306	4977	671
Emergency Shelter Total	3887	4577	690
Safe Haven Total	53	50	-3
Transitional Housing Total	470	455	-15

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	2122	2043	-79
Number of adults with increased earned income	137	112	-25
Percentage of adults who increased earned income	6%	5%	-1%

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

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	2122	2043	-79
Number of adults with increased non-employment cash income	838	878	40
Percentage of adults who increased non-employment cash income	39%	43%	4%

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

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	2122	2043	-79
Number of adults with increased total income	920	957	37
Percentage of adults who increased total income	43%	47%	4%

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	951	965	14
Number of adults who exited with increased earned income	150	153	3
Percentage of adults who increased earned income	16%	16%	0%

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

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	951	965	14
Number of adults who exited with increased non-employment cash income	191	196	5
Percentage of adults who increased non-employment cash income	20%	20%	0%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	951	965	14
Number of adults who exited with increased total income	320	325	5
Percentage of adults who increased total income	34%	34%	0%

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	4013	4341	328
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	1657	1731	74
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	2356	2610	254

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

	Submitted FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	5535	5926	391
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	2565	2722	157
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	2970	3204	234

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

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

This Measure is not applicable to CoCs in FY2022 (Oct 1, 2021 - Sept 30, 2022) reporting period.

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

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

	Submitted FY 2021	FY 2022	Difference
Universe: Persons who exit Street Outreach	216	678	462
Of persons above, those who exited to temporary & some institutional destinations	45	170	125
Of the persons above, those who exited to permanent housing destinations	26	218	192
% Successful exits	33%	57%	24%

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

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

	Submitted FY 2021	FY 2022	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	3331	5702	2371
Of the persons above, those who exited to permanent housing destinations	1956	3150	1194
% Successful exits	59%	55%	-4%

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

	Submitted FY 2021	FY 2022	Difference
Universe: Persons in all PH projects except PH-RRH	4303	4594	291
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	4247	4515	268
% Successful exits/retention	99%	98%	-1%

2023 HDX Competition Report

FY2022 - SysPM Data Quality

CT-505 - Connecticut Balance of State CoC

	All ES, SH			All TH			All PSH, OPH			All RRH			All Street Outreach		
	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022
1. Number of non-DV Beds on HIC	1310	1325	1290	280	275	223	5226	5365	5332	1026	1132	1018			
2. Number of HMIS Beds	1304	1325	1289	238	241	195	4212	4336	4304	1025	1130	1017			
3. HMIS Participation Rate from HIC (%)	99.54	100.00	99.92	85.00	87.64	87.44	80.60	80.82	80.72	99.90	99.82	99.90			
4. Unduplicated Persons Served (HMIS)	4351	4650	5113	727	545	632	5009	5082	5133	2778	3363	3288	280	415	424
5. Total Leavers (HMIS)	4275	3623	3244	508	362	422	577	624	680	1585	1812	2063	190	222	265
6. Destination of Don't Know, Refused, or Missing (HMIS)	712	696	560	49	37	30	15	35	44	72	97	87	39	39	43
7. Destination Error Rate (%)	16.65	19.21	17.26	9.65	10.22	7.11	2.60	5.61	6.47	4.54	5.35	4.22	20.53	17.57	16.23

2023 HDX Competition Report
FY2022 - SysPM Data Quality

2023 HDX Competition Report

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

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2023 PIT Count	1/24/2023	

Report Submission Date in HDX

	Submitted On	Met Deadline
2023 PIT Count Submittal Date	4/21/2023	Yes
2023 HIC Count Submittal Date	4/21/2023	Yes
2022 System PM Submittal Date	2/22/2023	Yes

Housing Leveraging Commitments



STATE OF CONNECTICUT
DEPARTMENT OF HOUSING



September 6, 2023

Sharon Castelli, CEO
Chrysalis Center Inc.
255 Homestead Ave
Hartford, CT 06112

Dear Ms. Castelli:

Project Name: Chrysalis Center Cedar Pointe
Source of Commitment: 811 Housing Vouchers

This letter of commitment confirms that the CT Department of Housing has committed six 811 vouchers (non CoC/ESG funded Project-based Rental Assistance) for all of the units in the Chrysalis Center Cedar Pointe proposed new PSH project located in Newington, CT. This commitment of rental assistance is funded by 811 vouchers for the six units (100% of units) proposed to receive CoC program funding via the new project application submitted by the CT Department of Mental Health in the 2022 CoC Program Competition (project name is Chrysalis Center Cedar Pointe).

These certificates will be provided on the grant start date of the project if awarded through the 2023 CoC Competition. Assuming the project is awarded CoC funds and a grant is executed, these six units will be available for program participants by no later than 7 /1/24.

Sincerely,

Steve DiLella
CT Department of Housing



STATE OF CONNECTICUT
DEPARTMENT OF HOUSING



September 6, 2023

Sharon Castelli, CEO
Chrysalis Center Inc.
255 Homestead Ave
Hartford, CT 06112

Dear Ms. Castelli:

Project Name: Chrysalis Center Cedar Pointe
Source of Commitment: CT State Bond Funding

This letter of commitment confirms that the CT Department of Housing has committed Connecticut State Bond Funding for Chrysalis Center Cedar Pointe in the amount of \$333,000 for the six units of housing for individuals (100% of the proposed HUD PSH CoC project). This funding will subsidize all 6 units in the project located in Newington, CT. This commitment of non-CoC/ESG funding will subsidize 6 units with capital and operating funding for the new project application submitted by the CT Department of Mental Health and Addiction Services (DMHAS) in the 2023 CoC Program Competition (project name is ChrysalisCenter Cedar Pointe).

These funds have been committed, and this commitment is also codified in a DOH contract that has already been awarded which covers operating costs for twenty years for the proposed project cited above. As such, these subsidies will be provided beginning on the grant start date of the project, if awarded through the 2023 CoC Competition. Assuming the project is awarded CoC funds and a grant agreement is executed, these 6 units will be available for program participants as of a presumed project start date of 7/1/24.

Sincerely,

Steve DiLella
CT Department of Housing

Healthcare Formal Agreements



STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency

NED LAMONT
GOVERNOR

NANCY NAVARRETTA, MA, LPC, NCC
COMMISSIONER

August 24, 2023

To Whom It May Concern:

This letter of commitment confirms a formal agreement between the Connecticut Department of Mental Health and Addiction Services (DMHAS) and the Connecticut Balance of State Continuum of Care (CT BOS). DMHAS will provide Substance Use Disorder (SUD) treatment and recovery services for all program participants who qualify and choose those services in the proposed new PSH project with the project name Southeastern Mental Health Authority PSH Bonus 2023, which has been submitted as part of the CT BOS 2023 Consolidated CoC Application. The services will be tailored to the needs of the project participants and provided by Southeastern Mental Health Authority, the Local Mental Health Authority (LMHA), which operate under the auspices of DMHAS.

These SUD treatment and recovery services will be provided beginning on the grant start date of the project if awarded through the 2023 CoC Competition and for the full project operating year. DMHAS will continue to provide these services for the full operating year for each subsequent renewal. The annual value of these services, estimating that 5 of the 10 program participants use SUD treatment or recovery services at \$11,542 per program participant, is \$57,710 which represents 25 percent of the funding being requested (\$225,470). This valuation is consistent with costs for comparable services provided by LMHAS and not supported by CoC grant funds.

If awarded by HUD, the project will serve 10 households who meet DedicatedPLUS eligibility criteria as defined by HUD and who will be referred and prioritized by the applicable Coordinated Access Network in accordance with the written standards adopted by the CT Balance of State Continuum of Care. Participant eligibility for the project is based on HUD CoC Program fair housing requirements and is not restricted by DMHAS.

Sincerely,

A handwritten signature in black ink, appearing to read "Alice M. Minervino".

Alice M. Minervino, MA
Director of Housing & Homeless Services
Department of Mental Health & Addiction Services
CT BOS Co-Chair

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



STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency

NED LAMONT
GOVERNOR

NANCY NAVARRETTA, MA, LPC, NCC
COMMISSIONER

August 24, 2023

To Whom It May Concern:

This letter of commitment confirms a formal agreement between the Connecticut Department of Mental Health and Addiction Services (DMHAS) and the Connecticut Balance of State Continuum of Care (CT BOS). DMHAS will provide Substance Use Disorder (SUD) treatment and recovery services for all program participants who qualify and choose those services in the proposed PSH new project with the project name New Reach New Haven PSH Bonus 2023, which has been submitted as part of the CT BOS 2023 Consolidated CoC Application. The services will be tailored to the needs of the project participants and provided by Local Mental Health Authorities (LMHAS), which operate under the auspices of DMHAS.

These SUD treatment and recovery services will be provided beginning on the grant start date of the project if awarded through the 2023 CoC Competition and for the full project operating year. DMHAS will continue to provide these services for the full operating year for each subsequent renewal.

The annual value of these services, estimating that 14 of the 26 program participants use SUD treatment or recovery services at \$11,542 per program participant, is \$161,588 which represents 25 percent of the funding being requested (\$646,314). This valuation is consistent with costs for comparable services provided by LMHAS and not supported by CoC grant funds.

If awarded by HUD, the project will serve 26 households who meet DedicatedPLUS eligibility criteria as defined by HUD and who will be referred and prioritized by the applicable Coordinated Access Network in accordance with the written standards adopted by the CT Balance of State Continuum of Care. Participant eligibility for the project is based on HUD CoC Program fair housing requirements and is not restricted by DMHAS.

Sincerely,

A handwritten signature in black ink, appearing to read "Alice M. Minervino".

Alice M. Minervino, MA
Director of Housing & Homeless Services
Department of Mental Health & Addiction Services
CT BOS Co-Chair

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

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