<u>DMHAS PATH Monitoring – Document Request</u>

INSTRUCTIONS: In preparation for your upcoming monitoring visit, please upload this completed form and copies of all indicated documents, to your Dropbox folder (see Dropbox instructions sent to you by email). All documents are due by no later than <u>INSERT DATE.</u> Please contact the HI staff member who is leading your monitoring visit (lpareti@housinginnovations.us, shannon@housinginnovations.us, or abarnett@housinginnovations.us) if you have questions.

Project Name:
PATH Recipient Agency:

Contact Name:	Email:
	Phone:

Is this project a collaboration between two or more agencies that are receiving PATH funding as either a recipient or subrecipient? ❍   Yes   ❍   No
If yes, please list all partner agencies and include a contact person's name, email and phone at each agency:

<u>Remote Visit - Preferred Submission Method for Participant Chart Materials:</u> Each remote monitoring visit will include a review of selected items from enrolled and discharged participant charts. HI staff conducting the remote monitoring will provide additional details about what materials are selected after you complete and submit this document request form. The types of materials that HI may request are included in the document titled *PATH Program Required Documentation*.

Each agency will need to provide the HI team with time-limited, remote access to your CoC participant client records in **HMIS.**

- Has each agency requested HMIS access for all monitoring team members? ❍Yes❍No
- If no, please indicate the date by which each agency will request HMIS access:
  _____

Please be sure to carefully review the instructions for requesting HMIS access provided in the *Preparing for Monitoring* section of the *Overview of the CT DMHAS PATH Monitoring Process.*

PLEASE CHECK THE BOX BELOW IF ANY PARTICIPATING AGENCIES ARE OPTING TO PROVIDE ACCESS TO CLIENT RECORDS VIA YOUR AGENCIES OWN ELECTRONIC CLIENT RECORD SYSTEM IN ADDITION TO HMIS.

☐ **Remote Access Via Your Agency's Electronic Client Record Syste**m - Your agency will provide the HI monitoring team with time-limited remote access to your electronic client records in addition to HMIS. If your agency will require participating HI team members to complete any related forms or sign any related agreements to enable use of this option, please include those forms/agreements with your Dropbox submission.

If this is a partnership project, please indicate which partner agencies have selected to provide remote access to their agency's electronic client record system:

_____

_____

Grievances:

Has your agency received any grievances and/or appeals submitted verbally or in writing from program participants in the PATH project being monitored during the past 12 months? ◯ Yes   ◯   No

If Yes, please list all participants who submitted a grievance or appeal (please provide HMIS IDs only). For each participant, please indicate the date the grievance was initially received:

Reasonable Accommodation Requests

Has your agency received any reasonable accommodation requests verbally or in writing from program participants in the PATH project being monitored during the past 12 months? ◯ Yes   ◯   No

If Yes, please list all participants who submitted such a request (please provide HMIS IDs only). For each participant, please indicate the date the request was initially received:

Please provide the information requested below:

PROGRAM OUTCOME DATA FROM PATH ANNUAL REPORT (9/1/21-8/31/22)	
% of PATH enrolled individuals who had income from any source at project entry (formula: 19a1/(19a1+19b1):	
% of PATH enrolled individuals who had income from any source at project exit or report end (formula: (19a2+19a3/(19a2+19a3+19b2+19b3):	
% of PATH enrolled individuals who had SSI/SSDI income from any source at project entry (formula: 20a1/(20a1+20b1):	

% of PATH enrolled individuals who had SSI/SSDI income from any source at project exit or report end (formula: (20a2+20a3/(20a2+20a3+20b2+20b3):	
% of PATH enrolled individuals who had non-cash benefits from any source at project entry (formula: 21a1/(21a1+21b1):	
% of PATH enrolled individuals who had non-cash benefits from any source at project exit or report end (formula: (21a2+21a3/(21a2+21a3+21b2+21b3):	
% of PATH enrolled individuals who were covered by health insurance at project entry (formula: 23a1/(23a1+23b1):	
% of PATH enrolled individuals who were covered by health insurance at project exit or report end (formula: (23a2+23a3/(23a2+23a3+23b2+23b3):	

INTERRUPTIONS IN OUTREACH SERVICES

Was there any period during the past 12 months in which your PATH outreach project ceased to provide street outreach services in any area of your CAN? ◯Yes ◯No

If yes, please provide the details requested below:

Geographic Area	Date(s) Street Outreach Ceased	Date(s) Street Outreach Resumed	Brief Explanation

REQUIRED DOCUMENTS: The items listed below are required to be submitted by the deadline indicated on page 1 of this form. For projects that entail collaboration between 2 or more agencies that are receiving PATH funding as either a recipient or subrecipient, please ensure the participant lists and other information submitted cover all agencies and clients served by the project. Please note that, to protect client confidentiality, no client names or other identifying information should be included in what you submit to Dropbox or by email.

PLEASE CHECK BOXES BELOW FOR EACH ITEM BEING SUBMITTED.

- ☐ Completed version of this **Document Request form**
- ☐ **HMIS Participants List**: List of all participants active during past 12 months, including PATH project entry date and discharge date (if applicable). For example, if your visit is on 3/22/23, you might run the report for the period 3/1/22 to 2/28/23. Please be sure to include the date range on the report. For projects involving subcontractors please be sure to distinguish which agency

is serving each client. Please include HMIS ID's and delete all confidential information prior to submission. This list must be generated in HMIS. Agencies are responsible for reviewing the list for accuracy and making all necessary data corrections in HMIS prior to submission of the list. Please see [Instructions for generating participant list in HMIS](#).

☐ **DDAP Participants list**: list of all participants 1) contacted by PATH staff 2)enrolled in PATH for the period 9/1/21 through 8/31/22. This list must be generated via DDAP. DMHAS offers training on the use of DDAP. If you are unsure of how to generate this list please contact Mollie Machado (Mollie.Machado@ct.gov) for information about training.

☐ **PATH – By Name List Crosswalk Report:** this view available in HMIS contains PATH enrolled clients with their current BNL status. It allows users to confirm participants' inclusion on the BNL and that the correct status is listed to avoid people being left out of the housing matching process. Please provide this report using the same date range as the HMIS participant list that you submit (see above). More information is available [here](#).

☐ Spreadsheet or other tracking system recording dates of **engagement attempts, contact locations, and referrals** for outreach clients contacted but not enrolled in PATH for past 12 months (please include participant initials or unique identifier only).

  ▪ Is your project is using HMIS to track contacts for people not enrolled in PATH?

  ❍ Yes   ❍ No   If Yes, on approximately what date did you begin? _____

☐ Spreadsheet or other **tracking system recording housing placements** for past 12 months (please include participant initials or unique identifier only). See sample [outreach housing placement tracking tool](#).

☐ **Training records** for outreach staff documenting participation in training over the past 12 months on topics relevant to provision of street outreach services (for example: field safety, assertive engagement, identifying/responding to signs of mental illness & addiction, identifying/responding to signs of overdose, Housing First, Motivational Interviewing, safety assessments, crisis intervention, trauma-informed care, and/or service planning) – please be sure to provide for all agencies receiving PATH funding as either a recipient or subrecipient.

☐ Most recent written **outreach plan** approved by DMHAS and the CAN.

<u>Written policies and procedures and forms</u> - For projects that entail collaboration between 2 or more agencies that are receiving PATH funding as either a recipient or subrecipient, please provide each document listed below for each partner organization. Please note: Agencies that have previously participated in CT PATH Monitoring need *<u>only</u>* submit: policies/forms not previously submitted; policies/forms that have changed; and/or policies/forms you would like HI to consider to address previous findings. If you do not submit new policies/forms, related findings will be carried forward from your 2022 monitoring report.

  ☐ Emergency Preparedness and Response Plan
  ☐ Infection Control Protocols (If one or more agency receiving PATH funds does not have written infection control protocols or those protocols are not comprehensive enough to meet the related requirements outlined in the [PATH Monitoring Guide](#), please provide the information requested starting on page 5.)

☐ Non-discrimination policy (pertaining both to employment practices and participant services and including fair housing and reasonable accommodation provisions)
☐ Conflict of Interest policy (pertaining both to staff and Board)
☐ Agency Code of Conduct
☐ Confidentiality policy
☐ Grievance Policy
☐ Safety policy for outreach workers
☐ Incident reporting policy
☐ Policy pertaining to educational rights of homeless children and young adults as defined in McKinney Vento legislation and updated under ESSA.
☐ Program eligibility criteria
☐ Intake policy and procedures for the program being monitored (including all documents provided to participants and all documents participants must sign)
☐ Release of information forms provided to and completed by program participants.

The following are required only if applicable to your project:

☐ If all clients on your HMIS participants list do not receive full case management services please submit a list of **HMIS IDs of the clients that receive(d) full case management services**.
☐ **Current Memorandum of Agreement** (or similar document) among project partners (applies only to collaborations between 2 or more agencies that are receiving PATH funding as either a recipient or subrecipient).
☐ **Approval from DMHAS** for waivers of any criteria contained in the Monitoring Guide.
☐ Forms and/or agreements necessary to enable use enable **access to your agency's internal electronic health record system** (only applicable if your agency has selected this option on page 2).

OPTIONAL SUBMISSIONS: Submission of the materials listed below is optional. Please consider providing this important information:
☐ Evidence of coordination with community partners to assist people living in **encampments** (e.g. planning meeting minutes, MOU, or other written agreement – see Monitoring Guide for details)
☐ Information on agency **Race Equity and Consumer Involvement** Efforts (see section that begins on page 11)

PLEASE PROVIDE AN EXPLANATION FOR ANY REQUIRED MATERIALS INCLUDED IN THE CHECKLISTS ABOVE THAT ARE NOT BEING SUBMITTED:

Infection Control Practices.

Instructions: If one or more agency receiving PATH funds through your project does not have written infection control protocols or those protocols are not comprehensive enough to meet the related requirements outlined in the Monitoring Guide, please provide the information requested below for each agency.

NAME OF AGENCY #1: _____

Has the project incorporated into its COVID-19 strategy the following infection control protocols[1] and strategies for enhancing safety[2]?

    A. **Whole Community Approach** – Does the project coordinate with the following partners in the development of its COVID-19 response plan and are each partner's roles and responsibilities clear: local/state health department, other homeless service providers, CANs, local/state emergency management, health/behavioral care providers, housing providers, funders, law enforcement, local government leadership? ❍ **Yes** ❍ **No**

    B. **Maintenance of Effort** Has the outreach project maintained operations to ensure that homeless people continue to receive critical outreach services across the CAN throughout the pandemic? ❍ **Yes** ❍ **No**

    C. **Identification of additional resources -** Are decisions regarding whether participants should remain in their current sleeping location or be directed to alternative housing sites (e.g., decompressed shelter, hotels/motels isolation sites, quarantine sites) made in coordination with local health authorities? ❍Yes ❍ **No**

    D. **Communications** Has the project monitored what is happening locally and stayed updated with regards to any public health emergency and have they distributed critical information to staff and clients? ❍ Yes ❍ No

    E. **Staff Considerations**
       1. Has the project adjusted job duties for staff at higher risk of transmission and severe illness? ❍ Yes ❍ No
       2. Have supervisors regularly discussed with and provided resources to staff related to mental health and coping with stress during a public health emergency? ❍ Yes ❍ No

    F. **Risk Reduction Protocols, Universal Precautions, Hygiene and Disinfecting**
       1. Has the project implemented the risk reduction, universal precautions, hygiene, and disinfection protocols as recommended by public health authorities?
          ❍ Yes ❍ No
       2. Has the project provided all staff with training on how to properly implement these protocols? ❍ Yes ❍ No

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[1] CDC Infection Control Inventory Planning Tool
[2] Framework for Enhancing Safety in Your Homeless Response System

3. Has the project assessed staff compliance with these protocols and taken action as necessary to ensure compliance? ❍ Yes ❍ No
4. Has the project provided staff and clients with the necessary supplies?
   ❍ Yes ❍ No

G. Symptom Screening & Testing
1. Has the project implemented a plan to regularly screen staff and clients for symptoms and/or conduct testing as recommended by public health authorities?
   ❍ Yes ❍ No
2. Does the project have clear protocols as recommended by public health authorities for what to do if a staff person or client has symptoms or receives positive test results?
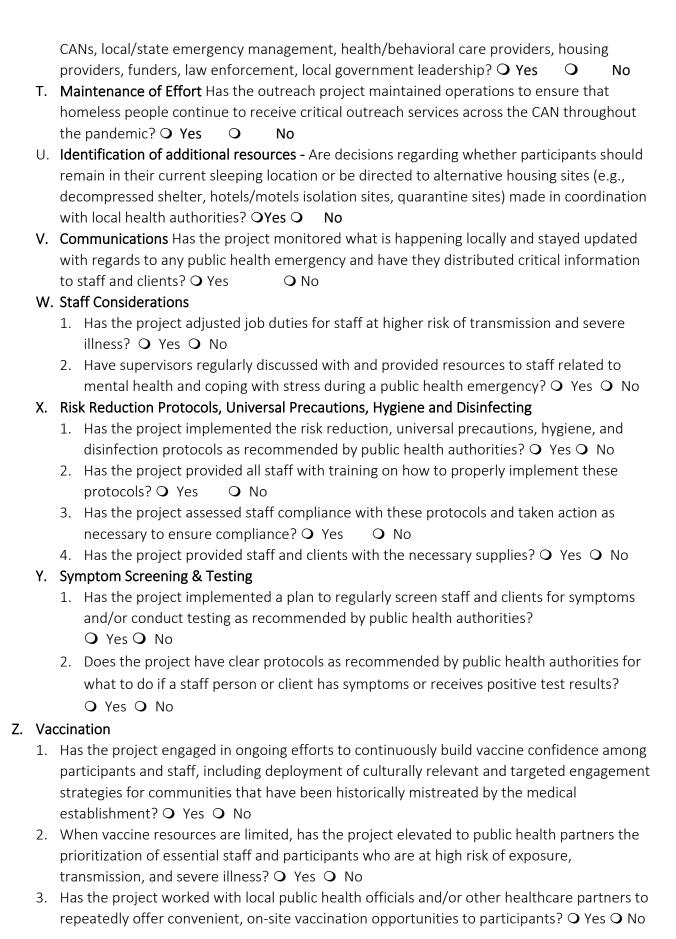   ❍ Yes ❍ No

H. Vaccination
1. Has the project engaged in ongoing efforts to continuously build vaccine confidence among participants and staff, including deployment of culturally relevant and targeted engagement strategies for communities that have been historically mistreated by the medical establishment? ❍ Yes ❍ No
2. When vaccine resources are limited, has the project elevated to public health partners the prioritization of essential staff and participants who are at high risk of exposure, transmission, and severe illness? ❍ Yes ❍ No
3. Has the project worked with local public health officials and/or other healthcare partners to repeatedly offer convenient, on-site vaccination opportunities to participants? ❍ Yes ❍ No
4. Has the project tracked vaccination status at the individual level and conducted continuous follow-up accordingly to help ensure that participants receive all required doses in a timely manner? ❍ Yes ❍ No

I. Accelerated housing
1. Has the project worked with their CAN to prioritize housing placement for clients most at-risk of serious complications? ❍ Yes ❍ No
2. Has the project worked with their CAN to identify housing resources and recruit landlord participation in accelerated housing efforts? ❍ Yes ❍ No

Agency Comments:

NAME OF AGENCY #2: _____

Has the project incorporated into its COVID-19 strategy the following infection control protocols[3] and strategies for enhancing safety[4]?

J. **Whole Community Approach** – Does the project coordinate with the following partners in the development of its COVID-19 response plan and are each partner's roles and responsibilities clear: local/state health department, other homeless service providers, CANs, local/state emergency management, health/behavioral care providers, housing providers, funders, law enforcement, local government leadership? ❍ **Yes**   ❍   **No**

K. **Maintenance of Effort** Has the outreach project maintained operations to ensure that homeless people continue to receive critical outreach services across the CAN throughout the pandemic? ❍ **Yes**   ❍   **No**

L. **Identification of additional resources -** Are decisions regarding whether participants should remain in their current sleeping location or be directed to alternative housing sites (e.g., decompressed shelter, hotels/motels isolation sites, quarantine sites) made in coordination with local health authorities? ❍Yes ❍   **No**

M. **Communications** Has the project monitored what is happening locally and stayed updated with regards to any public health emergency and have they distributed critical information to staff and clients? ❍ Yes   ❍ No

N. **Staff Considerations**
1. Has the project adjusted job duties for staff at higher risk of transmission and severe illness? ❍ Yes ❍ No
2. Have supervisors regularly discussed with and provided resources to staff related to mental health and coping with stress during a public health emergency? ❍ Yes ❍ No

O. **Risk Reduction Protocols, Universal Precautions, Hygiene and Disinfecting**
1. Has the project implemented the risk reduction, universal precautions, hygiene, and disinfection protocols as recommended by public health authorities? ❍ Yes ❍ No
2. Has the project provided all staff with training on how to properly implement these protocols? ❍ Yes   ❍ No
3. Has the project assessed staff compliance with these protocols and taken action as necessary to ensure compliance? ❍ Yes   ❍ No
4. Has the project provided staff and clients with the necessary supplies? ❍ Yes ❍ No

P. **Symptom Screening & Testing**
1. Has the project implemented a plan to regularly screen staff and clients for symptoms and/or conduct testing as recommended by public health authorities?
❍ Yes ❍ No
2. Does the project have clear protocols as recommended by public health authorities for what to do if a staff person or client has symptoms or receives positive test results?

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[3] CDC Infection Control Inventory Planning Tool
[4] Framework for Enhancing Safety in Your Homeless Response System

❍ Yes ❍ No

Q. Vaccination

1. Has the project engaged in ongoing efforts to continuously build vaccine confidence among participants and staff, including deployment of culturally relevant and targeted engagement strategies for communities that have been historically mistreated by the medical establishment? ❍ Yes ❍ No

2. When vaccine resources are limited, has the project elevated to public health partners the prioritization of essential staff and participants who are at high risk of exposure, transmission, and severe illness? ❍ Yes ❍ No

3. Has the project worked with local public health officials and/or other healthcare partners to repeatedly offer convenient, on-site vaccination opportunities to participants? ❍ Yes ❍ No

4. Has the project tracked vaccination status at the individual level and conducted continuous follow-up accordingly to help ensure that participants receive all required doses in a timely manner? ❍ Yes ❍ No

R. Accelerated housing

1. Has the project worked with their CAN to prioritize housing placement for clients most at-risk of serious complications? ❍ Yes ❍ No

2. Has the project worked with their CAN to identify housing resources and recruit landlord participation in accelerated housing efforts? ❍ Yes ❍ No

Agency Comments:

NAME OF AGENCY #3: _____

Has the project incorporated into its COVID-19 strategy the following infection control protocols[5] and strategies for enhancing safety[6]?

S. **Whole Community Approach** – Does the project coordinate with the following partners in the development of its COVID-19 response plan and are each partner's roles and responsibilities clear: local/state health department, other homeless service providers,

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[5] CDC Infection Control Inventory Planning Tool
[6] Framework for Enhancing Safety in Your Homeless Response System

CANs, local/state emergency management, health/behavioral care providers, housing providers, funders, law enforcement, local government leadership? ❍ **Yes**   ❍   **No**

T. **Maintenance of Effort** Has the outreach project maintained operations to ensure that homeless people continue to receive critical outreach services across the CAN throughout the pandemic? ❍ **Yes**   ❍   **No**

U. **Identification of additional resources -** Are decisions regarding whether participants should remain in their current sleeping location or be directed to alternative housing sites (e.g., decompressed shelter, hotels/motels isolation sites, quarantine sites) made in coordination with local health authorities? ❍**Yes** ❍   **No**

V. **Communications** Has the project monitored what is happening locally and stayed updated with regards to any public health emergency and have they distributed critical information to staff and clients? ❍ Yes   ❍ No

W. **Staff Considerations**
   1. Has the project adjusted job duties for staff at higher risk of transmission and severe illness? ❍ Yes ❍ No
   2. Have supervisors regularly discussed with and provided resources to staff related to mental health and coping with stress during a public health emergency? ❍ Yes ❍ No

X. **Risk Reduction Protocols, Universal Precautions, Hygiene and Disinfecting**
   1. Has the project implemented the risk reduction, universal precautions, hygiene, and disinfection protocols as recommended by public health authorities? ❍ Yes ❍ No
   2. Has the project provided all staff with training on how to properly implement these protocols? ❍ Yes   ❍ No
   3. Has the project assessed staff compliance with these protocols and taken action as necessary to ensure compliance? ❍ Yes   ❍ No
   4. Has the project provided staff and clients with the necessary supplies? ❍ Yes ❍ No

Y. **Symptom Screening & Testing**
   1. Has the project implemented a plan to regularly screen staff and clients for symptoms and/or conduct testing as recommended by public health authorities?
      ❍ Yes ❍ No
   2. Does the project have clear protocols as recommended by public health authorities for what to do if a staff person or client has symptoms or receives positive test results?
      ❍ Yes ❍ No

Z. **Vaccination**
   1. Has the project engaged in ongoing efforts to continuously build vaccine confidence among participants and staff, including deployment of culturally relevant and targeted engagement strategies for communities that have been historically mistreated by the medical establishment? ❍ Yes ❍ No
   2. When vaccine resources are limited, has the project elevated to public health partners the prioritization of essential staff and participants who are at high risk of exposure, transmission, and severe illness? ❍ Yes ❍ No
   3. Has the project worked with local public health officials and/or other healthcare partners to repeatedly offer convenient, on-site vaccination opportunities to participants? ❍ Yes ❍ No

4. Has the project tracked vaccination status at the individual level and conducted continuous follow-up accordingly to help ensure that participants receive all required doses in a timely manner? ❍ Yes ❍ No

AA. **Accelerated housing**
1. Has the project worked with their CAN to prioritize housing placement for clients most at-risk of serious complications? ❍ Yes ❍ No
2. Has the project worked with their CAN to identify housing resources and recruit landlord participation in accelerated housing efforts? ❍ Yes ❍ No

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Agency Comments:

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Race Equity & Consumer Involvement - Optional

Instructions: Please provide the information requested below for each agency receiving funds through your PATH project (optional).

NAME OF AGENCY #1: _____

Has your 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)*

1. Recruiting, retaining and promoting people with lived experience of homelessness in staff and Board positions? ❍ Yes ❍ No
2. Recruiting, retaining and promoting people who identify as BIPoC, Latinx and LGBTQIA+, and people from nations of origin and linguistic groups that are significantly represented in the relevant CAN in staff and Board positions? ❍ Yes ❍ No
3. Creating and maintaining an inclusive organizational culture that promotes equity? ❍Yes ❍ No
4. Engaging people with lived experience of homelessness in meaningful opportunities to shape homeless services programs? ❍ Yes ❍ No

5. Developing partnerships with local organizations that focus on work with marginalized populations? ❍ Yes ❍ No
6. 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? ❍ Yes ❍ No
7. Planning and or implementation of steps to address any disparate access and/or outcomes? ❍ Yes ❍ No

If your agency has not taken specific actions in the past 12 months to advance at least 3 of the above items, please briefly describe specific actions your agency plans to take over the next 12 months to advance additional items. For each action, please be sure to include a target date.

Letter	Action	Target Date
EXAMPLE: C.	*Customize a race equity impact assessment tool for use in analyzing policies and programmatic decision-making.* *Pilot use of the tool in two programs*	*9/30/21* *11/30/21*

Agency Comments:

NAME OF AGENCY #2: _____

Has your 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)*

1. Recruiting, retaining and promoting people with lived experience of homelessness in staff and Board positions? ❍ Yes ❍ No
2. Recruiting, retaining and promoting people who identify as BIPoC, Latinx and LGBTQIA+, and people from nations of origin and linguistic groups that are significantly represented in the relevant CAN in staff and Board positions? ❍ Yes ❍ No
3. Creating and maintaining an inclusive organizational culture that promotes equity? ❍Yes ❍ No
4. Engaging people with lived experience of homelessness in meaningful opportunities to shape homeless services programs? ❍ Yes ❍ No
5. Developing partnerships with local organizations that focus on work with marginalized populations? ❍ Yes ❍ No
6. 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? ❍ Yes ❍ No

7. Planning and or implementation of steps to address any disparate access and/or outcomes?
   ○ Yes ○ No

If your agency has not taken specific actions in the past 12 months to advance at least 3 of the above items, please briefly describe specific actions your agency plans to take over the next 12 months to advance additional items. For each action, please be sure to include a target date.

Letter	Action	Target Date
EXAMPLE: C.	*Customize a race equity impact assessment tool for use in analyzing policies and programmatic decision-making.*	*9/30/21*
	Pilot use of the tool in two programs	*11/30/21*

Agency Comments:

NAME OF AGENCY #3: _____

Has your 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)*

1. Recruiting, retaining and promoting people with lived experience of homelessness in staff and Board positions? ○ Yes   ○ No
2. Recruiting, retaining and promoting people who identify as BIPoC, Latinx and LGBTQIA+, and people from nations of origin and linguistic groups that are significantly represented in the relevant CAN in staff and Board positions? ○ Yes   ○ No
3. Creating and maintaining an inclusive organizational culture that promotes equity? ○Yes ○ No
4. Engaging people with lived experience of homelessness in meaningful opportunities to shape homeless services programs? ○ Yes ○ No
5. Developing partnerships with local organizations that focus on work with marginalized populations? ○ Yes   ○ No
6. 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? ○ Yes   ○ No

7. Planning and or implementation of steps to address any disparate access and/or outcomes?
   ○ Yes ○ No

If your agency has not taken specific actions in the past 12 months to advance at least 3 of the above items, please briefly describe specific actions your agency plans to take over the next 12 months to advance additional items. For each action, please be sure to include a target date.

Letter	Action	Target Date
EXAMPLE: C.	*Customize a race equity impact assessment tool for use in analyzing policies and programmatic decision-making.*	*9/30/21*
	Pilot use of the tool in two programs	*11/30/21*

Agency Comments: