Before Starting the Special CoC Application

You must submit both of the following parts in order for us to consider your Special NOFO Consolidated Application complete:
1. the CoC Application, and
2. the CoC Priority Listing.

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

As the Collaborative Applicant, you are responsible for reviewing the following:
1. The Special Notice of Funding Opportunity (Special NOFO) for specific application and program requirements.
2. The Special NOFO Continuum of Care (CoC) Application Detailed Instructions for Collaborative Applicants 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.

CoC Approval is Required before You Submit Your CoC's Special NOFO CoC Consolidated Application
- 24 CFR 578.9 requires you to compile and submit the Special NOFO CoC Consolidated Application 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 the [Specific Attachment Name] attachment to the 4A. 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

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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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

1A-5.	New Projects	
	Complete the chart below by indicating which funding opportunity(ies) your CoC applying for projects under. A CoC may apply for funding under both set asides; however, projects funded through the rural set aside may only be used in rural areas, as defined in the Special NOFO.	
1.	Unsheltered Homelessness Set Aside	Yes
2.	Rural Homelessness Set Aside	Yes

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

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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1B-1.	**Web Posting of Your CoC Local Competition Deadline–Advance Public Notice. (All Applicants)**	
	Special NOFO Section VII.B.1.b.	
	You must upload the Local Competition Deadline attachment to the 4A. Attachments Screen.	
	Enter the date your CoC published the deadline for project application submission for your CoC's local competition.	07/27/2022

1B-2.	**Project Review and Ranking Process Your CoC Used in Its Local Competition. (All Applicants)**	
	Special NOFO Section VII.B.1.a.	
	You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.	
	Select yes or no in the chart below to indicate how your CoC ranked and selected new project applications during your CoC's 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

1B-3.	**Projects Rejected/Reduced–Notification Outside of e-snaps. (All Applicants)**	
	Special NOFO Section VII.B.1.b.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4A. Attachments Screen.	
1.	**Did your CoC reject or reduce any project application(s)?**	Yes
2.	**Did your CoC inform the applicants why their projects were rejected or reduced?**	Yes
3.	**If you selected yes, for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, list the latest date of any notification. For example, if you notified applicants on 6/26/22, 6/27/22, and 6/28/22, then you must enter 6/28/22.**	09/29/2022

1B-3a.	Projects Accepted–Notification Outside of e-snaps. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Notification of Projects Accepted attachment to the 4A. Attachments Screen.	
	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, list the latest date of any notification. For example, if you notified applicants on 6/26/22, 6/27/22, and 6/28/22, then you must enter 6/28/22.	10/04/2022

1B-4.	Web Posting of the CoC-Approved Special NOFO CoC Consolidated Application. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Web Posting–Special NOFO CoC Consolidated Application attachment to the 4A. Attachments Screen.	
	Enter the date your CoC posted its Special NOFO CoC Consolidated Application on the CoC's website or affiliate's website–which included: 1. the CoC Application, and 2. Priority Listings.	10/13/2022

2A. System Performance

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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

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

(limit 2,500 characters)

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

2A-2.	**Length of Time Homeless–Strategy to Reduce. (All Applicants)**	
	Special NOFO Section VII.B.2.c.	

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

(limit 2,500 characters)

1) BOS monitors Length of Time Homeless (LOTH) by reviewing Systems Performance Measure outcomes quarterly at Steering Committee meetings. The average LOTH for persons in ES, SH & TH was 90 days in FY 21, a slight increase from FY20. The CoC uses multiple strategies to reduce LOTH: dedicates 100% of PSH beds to Dedicated Plus; adopted CPD Notice 16-11 to ensure prioritization for PSH based on LOTH; requires Housing First approach at 100% of projects; provides training to staff on rapid exit; evaluates LOTH measures in program evaluations; prioritizes HCV vouchers for people moving on from PSH to increase turnover; and increases housing units thru CoC and other federal, state and local resources (e.g., added 327 RRH units and 239 PSH units from 2019 to 2022; applying for 12 new PSH projects and 5 new RRH projects in the 2022HUD CoC and Supplemental NOFOs). The CT Housing Finance Agency (CHFA) has and will continue to prioritize LIHTC projects creating new PSH. In 2022, CHFA awarded funds for 345 new affordable units including 72 units of PSH for homeless people. The HCV-CV vouchers issued to CT were dedicated to homeless people. To encourage rapid exits, in the last year, a new metric was added to the renewal evaluation to track length of time from assignment to a housing resource to move-in. The Housing Solutions Collaborative (HSC) provides training to shelter staff with the goal of reducing LOTH via rapid exits to PH. Per DOH program standards, shelters develop Housing Plans for all clients and use Motivational Interviewing and Person-Centered Planning to engage people in housing plans focused on rapid exit to PH. The increase in LOTH has been partly attributed to an incredibly tight housing market and the CoC is exploring additional landlord engagement efforts as specified in the Supplemental NOFO Plan and providing more training on shared housing and other affordable options to speed up placements. 2) The CoC identifies households with the longest LOTH using a by-name list generated by HMIS. This list tabulates the cumulative LOTH and is used to prioritize households with the longest LOTH through the Coordinated Access Networks (CAN). Housing Placement teams in each CAN match long-term homeless households with vacancies, and CAN staff work with outreach, service providers, and the housing provider to obtain required documentation and remove barriers to housing access. 3) CT Dept of Housing is responsible for overseeing this strategy.

2A-3.	Successful Permanent Housing Placement or Retention. (All Applicants)	
	Special NOFO Section VII.B.2.d.	

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

(limit 2,500 characters)

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

2A-4.	Returns to Homelessness–CoC's Strategy to Reduce Rate. (All Applicants)	
	Special NOFO Section VII.B.2.e.	

	Describe in the field below:
1.	how your CoC identifies individuals and families who return to homelessness;
2.	your CoC's strategy to reduce the rate of additional returns to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.

(limit 2,500 characters)

1) Coordinated Access Networks (CANs) flag all households returning to homelessness at the point of return and assess reasons for the return. Plans for re-housing are based on preventing what caused the previous housing situation to fail from happening again. System Performance Measures (SPMs) show that returns are most likely in the first 6 months following exit and remained steady from FY 2020 to FY 2021 at 8%. Analysis of FY 21 SPMs indicates that common factors among returners include: 43% have no income; 63% have mental illness; and 24% are DV survivors 2) The CoC reviews SPMs quarterly at Steering Committee (SC) meetings to adjust strategies to reduce returns. For FY 2021, rate of return to homelessness for the first 6 months for TH is 6% and for ES is 10%. CTCANdata.org provides direct access to return data, enabling providers, CAN and CoC leaders, and funders to see rates of return for a project, agency, intervention type, and/or CAN and to compare return rates across time periods. This ensures transparency and accountability and allows easy monitoring of effectiveness of efforts to reduce return rates. When CANs identify returning households, reasons for return are assessed and additional housing supports provided. CoC written policy requires that housing providers notify the CAN if a household is at risk of returning to homelessness. The CAN convenes a case conference to identify housing stabilization resources and prevent a return. Case managers monitor housing stability risks, help tenants reduce risks, mediate conflicts with landlords and assist those at-risk of return to access prevention services. Providers use motivational interviewing and person-centered planning to engage tenants in housing stabilization services, including regular home visits, intensive case management and linkages to a range of mainstream services and income supports. The CoC monitors these practices, establishes performance standards and evaluates projects based on factors that reduce risk of returns (e.g., exit destination, increasing income, connecting participants to benefits/employment). CoC requires corrective action, as necessary. Given that the rate of returners with no income is so high, the CoC will be focusing more on ensuring participants are accessing all public benefits they are eligible for and getting more assistance around employment. 3) CT BOS Steering Committee is responsible for overseeing this strategy.

2A-5.	Increasing Employment Cash Income–Strategy. (All Applicants)	
	Special NOFO Section VII.B.2.f.	

	Describe in the field below:
1.	the strategy your CoC has implemented to increase employment cash sources;
2.	how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.

(limit 2,500 characters)

1) Rates of increasing employment cash income have decreased slightly (by 2%) this year and the CoC is continuing current efforts and updating its approach to support increases in earned income. Currently, all projects assess participants at entry & every 6 months to determine employment income and goals. Annually, the CoC evaluates projects on increasing employment income & requires corrective action as needed. The CoC Steering Committee (SC) reviews rates of increased employment income quarterly & strategizes on improving outcomes. Staff at CoC agencies conduct outreach to private employers, connect consumers w/staffing agencies, provide resources on job fairs & other employment resources. The CoC provides training on employment best practices and more training will be provided using agencies with success in this area. The CoC will consider requiring employment assessments (beyond basic income & goals) at the time of intake and look at expanding employment specialists in the system. Connections between agencies and Workforce Development Boards/American Job Centers will continue to be supported. With support from the Melville Charitable Trust, Secure Jobs CT provides lessons learned for increasing earned income among homeless families. 2) CoC efforts to work with mainstream employment orgs. to increase cash income include: CT Dept of Labor was added to the CoC Steering Committee; ES, TH, & PH programs connect w/American Job Centers in each CAN; specialized staff train consumers on job readiness, job training & employment opportunities. Case managers connect tenants to American Jobs Centers, provide transportation, help w/on-line access & follow-up. Two examples of mainstream connections are MOU w/Journey Home and an Aerospace Employment Program & MOU w/Goodwin College which offers job training/certification courses. Via a HRSA & HHS grant, in partnership with Boston University, an effort in New Haven engages mainstream & CoC providers to improve employment outcomes by addressing barriers on the individual, organizational & system level, holding regular meetings to share employment resources& mutual learning -60% of participants secured paid employment, 11% joined a volunteer program and 7% enrolled in education/training. As part of this program, The American Job Center sends postings to 180+ people. Workforce Development Boards meet with shelter staff & clients, provide tours of & connect clients to job centers. 3) CoC Chairs oversee this strategy.

2A-5a.	Increasing Non-employment Cash Income–Strategy. (All Applicants)	
	Special NOFO Section VII.B.2.f.	

	Describe in the field below:
1.	the strategy your CoC has implemented to increase non-employment cash income;
2.	your CoC's strategy to increase access to non-employment cash sources; and

3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.

(limit 2,500 characters)

1) The strategy the CoC has implemented to increase non-employment cash income is varied. The CoC Steering Committee (SC) reviews rates of increased cash income quarterly & strategizes on improving outcomes. The CoC offers training on 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 and the state's General Assistance programs. Per CoC policies, all projects assess participants at entry and every 6 months to determine cash benefits income & sources and work with participants to apply for benefits. Providers help participants access and complete application processes and maintain benefits through assisting with re-certification requirements. To increase rates of receipt of SSI/SSDI, the CT Dept. of Mental Health and Addiction Services (DMHAS) funds SSI 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. In prior years, program evaluations have included criteria around the rate of receipt of cash benefits. Assessment of those results lead to some of the strategies outlined above. 2) The CoC's strategy to increase access to non-employment cash income includes the efforts outlined above. In addition, the State of CT makes applying for TANF easy through 24-hour online access. The portal for TANF access is at https://connect.ct.gov/access/jsp/access/Home.jsp. 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 needed. Providers in CoC programs also 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. Evaluation criteria are updated every year and adjusted based on performance to emphasize areas needing improvement. Since the percent of people leaving with increased non-employment cash income has declined from 25% to 20%, the SC will consider adding this criterion back into the renewal evaluation criteria in the future. 3) The CoC Chairs are responsible for overseeing this strategy.

2B. Coordination and Engagement–Inclusive Structure and Participation

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2B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry. (All Applicants)	
	Special NOFO Sections VII.B.3.a.(1)	

	In the chart below for the period from May 1, 2021 to April 30, 2022:
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:

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

20.	Non-CoC Funded Youth Homeless Organizations	Yes	No	Yes
21.	Non-CoC-Funded Victim Service Providers	No	No	No
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
23.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
24.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
28.	Street Outreach Team(s)	Yes	Yes	Yes
29.	Substance Abuse Advocates	Yes	Yes	Yes
30.	Substance Abuse Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Service Providers	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.	US Department of Veterans Affairs	Yes	Yes	Yes
34.	CT Department of Labor	Yes	Yes	Yes

2B-2.	Open Invitation for New Members. (All Applicants)	
	Special NOFO Section VII.B.3.a.(2), V.B.3.g.	

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

(limit 2,500 characters)

1) Public invitations to join the CoC are announced via email blast (to over 400 people) and on the CoC website (www.ctbos.org) at least twice/year. But anyone can join the CoC at any time and sign up for multiple free email listservs via the CoC website. All CoC Steering Committee (SC) meetings Coordinated Access Network (CAN) meetings and work groups are open to the public. Meeting materials are posted on the CoC website at least monthly. Each CoC meeting announcement goes out to over 225 people. 2)The CoC posts a commitment to Section 508 compliance on its website, has updated the website and content reflecting same, and publishes documents in accessible format ensuring effective communication with people with disabilities. Interpreters (including sign language), TRS phone services and large print materials are available as needed. 3) The CoC has used a variety of methods to outreach to ensure those with lived experience (PLE) are encouraged to join the CoC including having 8 PLE as voting members on the CoC's decision-making body, the Steering Committee (SC), & sponsoring the Consumer Leadership involvement Project (CLIP), a program to engage and support PLE in meaningful involvement in the CoC SC and participation as leaders in other committee and advocacy efforts in the State. CLIP outreaches to PLE's through emails, flyers, social media, announcements at CoC and other meetings, visits to programs, targeted outreach to providers and using current CLIP members to reach out to their networks via social media, word of mouth etc. The CLIP Fellow is a PLE and has a vast network of contacts throughout the state. CLIP provides members with access to technology to participate in videoconferences, enabling them to attend SC and other decision-making meetings. 4) The CoC listservs includes many 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 (PLE) to address equity. The listserv is continually growing as new organizations are engaged and join 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.

2B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness. (All Applicants)	
	Special NOFO Section VII.B.3.a.(3)	

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

(limit 2,500 characters)

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

2B-4.	Public Notification for Proposals from Organizations Not Previously Funded. (All Applicants)	
	Special NOFO Section VII.B.3.a.(4)	

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

(limit 2,500 characters)

1) CTBOS notified the public that the local competition was open & accepting project applications via the following: announcement on its website; emailing the announcement, RFP instructions and a link to the website to 400+ contacts; and other statewide organization postings on the web, social media and emails to their listservs. 2) The same notifications methods outlined above were used to notify the public that CTBOS would consider project applications from organizations that had not yet received CoC funding. Anyone can join the CoC's email list via the web. The RFP notice reached hundreds of organizations and individuals. 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. 3) Written instructions and a live, publicly accessible, webinar (recorded & posted to CoC website) provided a deadline, steps for application submission, detailed instructions, & 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 & simply requires a web browser. Assistance to use this system was provided to all applicants and was reviewed in the RFP webinar. 4) The CoC notified the public about how applications were chosen for submission to HUD through email distribution to 400+ contacts, 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. 5) The CoC has implemented a plan to ensure accessible communication, posting a statement on the website regarding commitment to Section 508 electronic format accessibility. The website has been remediated and documents posted/published have been reviewed to meet accessibility requirements. The new project application instructions, along with submission instructions were reviewed for accessibility prior to distribution. The webinar included visual and audio guidance on applicant eligibility, instructions on application completion and submission. Interpreters (including sign language), TRS phone services & large print materials are available as needed.

2C. Coordination / Engagement–with Federal, State, Local, Private, and Other Organizations

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

2C-1.	Coordination with Federal, State, Local, Private, and Other Organizations. (All Applicants)	
	Special NOFO Section VII.B.3.b.	

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

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	
18.		

2C-2.	CoC Consultation with ESG Program Recipients. (All Applicants)	
	Special NOFO Section VII.B.3.b.	

	Describe in the field below how your CoC:
1.	consulted with ESG Program recipients in planning and allocating ESG 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 Consolidated Plan update.

(limit 2,500 characters)

1) ESG recipients include the CT Department of Housing (DOH) and the jurisdictions of Waterbury, Hartford and New Haven. At Steering Committee (SC) meetings, DOH reports on ESG monitoring activities, services and outcomes and seeks input on the planning and allocation of ESG funds. Steve DiLella, SC Co-Chair & DOH representative to the SC brings feedback, including funding priorities, from the SC to DOH and uses this information in planning and allocating ESG funds. At the April 2022 SC meeting, Michael Santoro of DOH presented the State of CT Action Plan, which included ESG allocations. The SC provided feedback and endorsed the plan, which is posted on the CT BOS website. The CoC also gives input on the allocation of ESG through the local Coordinated Access Networks (CANs). In Waterbury, Hartford and New Haven, ESG entitlement communities, CAN SC representatives work with ESG recipients on planning, allocation, performance standards and monitoring for ESG projects. 2) All ESG projects enter data in the CT HMIS. The CoC reviews ESG performance through quarterly SPMs review and analysis. CCEH, a CT BOS SC member, monitors performance of ESG recipients under contract with CT DOH. CAN staff along with CoC funded agencies provided feedback and suggestions to ESG recipients on subrecipient performance. Performance outcome data for ESG funded RRH and ES projects are publicly available at ctcandata.org. 3) The CoC provided 2022 HIC/PIT homeless counts for inclusion in Con Plan updates for all 17 Con Plan jurisdictions & regions covered by the State Con Plan. 4) Additional local data, including average length of stay, income changes, exit destination, returns, and number of households served is available for each CAN and all HMIS participating projects at ctcandata.org. DOH ensures local information is addressed in state Con Plan updates. CANs work with the other jurisdictions to ensure local info is communicated and addressed in Con Plan updates.

2C-3.	Discharge Planning Coordination. (All Applicants)	
	Special NOFO Section VII.B.3.c.	

	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

2C-4.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, School Districts. (All Applicants)	
	Special NOFO Section VII.B.3.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

2C-4a.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, School Districts–Formal Partnerships. (All Applicants)	
	Special NOFO Section VII.B.3.d.	

	Describe in the field below:
1.	how your CoC collaborates with the entities checked in Question 2C-4; and
2.	the formal partnerships your CoC has with the entities checked in Question 2C-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.

2C-4b.	CoC Collaboration Related to Children and Youth–Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services. (All Applicants)	
	Special NOFO Section VII.B.3.d.	

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

(limit 2,500 characters)

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

2C-5.	Mainstream Resources–CoC Training of Project Staff. (All Applicants)	
	Special NOFO Section VII.B.3.e.	

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

	Mainstream Resource	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	TANF–Temporary Assistance for Needy Families	Yes
4.	Substance Abuse Programs	Yes
5.	Employment Assistance Programs	Yes
6.	Other	Yes

2C-5a.	Mainstream Resources–CoC Collaboration with Project Staff Regarding Healthcare Organizations. (All Applicants)	
	Special NOFO Section VII.B.3.e.	

	Describe in the field below how your CoC:
1.	systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;
2.	works with project staff to collaborate with healthcare organizations to assist program participants with enrolling in health insurance;
3.	provides assistance to project staff with the effective use of Medicaid and other benefits; and
4.	works with projects to promote SOAR certification of program staff.

(limit 2,500 characters)

1) CT BOS uses regular monthly Steering Committee (SC) meetings and annual special training sessions to share up to date information on mainstream resources, especially healthcare. 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 year on HUSKY, SNAP, Medicaid & TANF. Other trainings have been provided on: Eviction Prevention Resources and Accessing Substance Use & Mental Health Services. SOAR Coordinators provide annual trainings on accessing SSI and providers are also reminded annually to use the free online SOAR SAMHSA training. Regular Coordinated Access Network (CAN) meetings are also used to update mainstream benefits info. Providers share info with consumers through case management meetings, calls, e-mails, texts, flyers, and mailings. All info is also shared via the CoC Listserv the CoC website. 2) CoC providers and the CANS have strong connections with local FQHCs, LMHA's (locals mental health authorities) & local DSS offices & collaborate on care and ensuring participants enroll in Medicaid, Medicare or another form of insurance and have access to healthcare including medical treatment and substance use and mental health treatment. Community Care Teams in each CAN made up of local hospitals, community service providers, and local health centers work closely with providers and participants to provide and coordinate health care & ensure that participants maintain insurance. LMHA's provide the vast majority of substance abuse and mental health treatment in the State and participate in all CAN coordination meetings to facilitate access to services. Regular data analyses of program data consistently show participant health insurance enrollment rates greater than 90%. 3) DSS trains CoC project staff annually regarding the effective use of Medicaid and HUSKY (the state health insurance program for children), other benefits (food stamps, TANF, & GA), providing the basics of eligibility and how to apply. These trainings are recorded and posted to the CoC website. 4) For years, CT DMHAS has supported a certified SOAR Specialist in each CAN funded through State resources. With ARPA funding, the State added 8 new full-time CAN-based certified SOAR Specialists to meet the demand for this service. CoC provider staff have been made aware of the free SAMHSA online SOAR training and are encouraged to support staff in obtaining SOAR certifications.

3A. New Projects With Rehabilitation/New Construction Costs

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

3A-1.	**Rehabilitation/New Construction Costs–New Projects. (Rural Set Aside Only).**	
	Special NOFO Section VII.A.	

If the answer to the question below is yes, you must upload the CoC Letter Supporting Capital Costs attachment to the 4A. Attachments Screen.	
Is your CoC requesting funding for any new project(s) under the Rural Set Aside for housing rehabilitation or new construction costs?	No

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

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

3B-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. (Rural Set Aside Only)	
	Special NOFO Section VII.C.	

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

3B-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. (Rural Set Aside Only)	
	Special NOFO Section VII.C.	
	You must upload the Project List for Other Federal Statutes attachment to the 4A. Attachments Screen.	
	If you answered yes to question 3B-1, describe in the field below:	
1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and	
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.	

(limit 2,500 characters)

Not Applicable

4A. Attachments Screen For All Application Questions

	Please read 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 and reduces file size. 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.	Open attachments once uploaded to ensure they are the correct attachment for the required Document Type.

Document Type	Required?	Document Description	Date Attached
1B-1. Local Competition Announcement	Yes	Local Competition...	10/10/2022
1B-2. Local Competition Scoring Tool	Yes	Local Competition...	10/11/2022
1B-3. Notification of Projects Rejected-Reduced	Yes	Notification of P...	10/06/2022
1B-3a. Notification of Projects Accepted	Yes	Notification of P...	10/11/2022
1B-4. Special NOFO CoC Consolidated Application	Yes	Special NOFO CoC ...	10/13/2022
3A-1. CoC Letter Supporting Capital Costs	No		
3B-2. Project List for Other Federal Statutes	No		
P-1. Leveraging Housing Commitment	No	Leveraging Housin...	10/10/2022
P-1a. PHA Commitment	No	PHA Commitment	10/11/2022
P-3. Healthcare Leveraging Commitment	No	Healthcare Levera...	10/06/2022
P-9c. Lived Experience Support Letter	No	Lived Experience ...	10/06/2022
Plan. CoC Plan	Yes	CoC Plan	10/13/2022

Attachment Details

Document Description: Local Competition Deadline

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Notification of Projects Rejected-Reduced

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Special NOFO CoC Consolidated Application

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Leveraging Housing Commitment

Attachment Details

Document Description: PHA Commitment

Attachment Details

Document Description: Healthcare Leveraging Commitment

Attachment Details

Document Description: Lived Experience Support Letter

Attachment Details

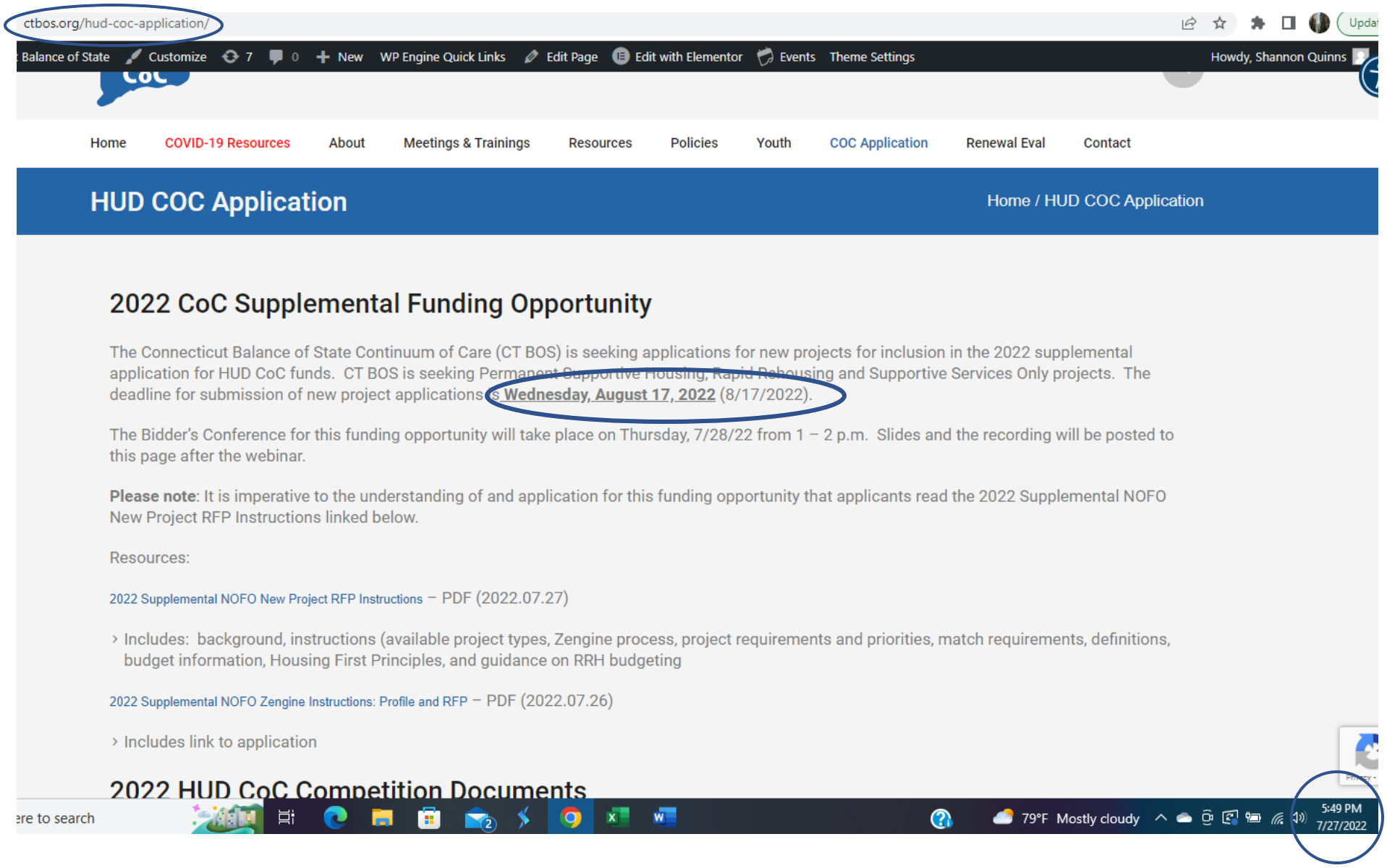
Document Description: CoC Plan

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/21/2022
1B. Project Review, Ranking and Selection	10/13/2022
2A. System Performance	10/10/2022
2B. Coordination and Engagement	10/10/2022
2C. Coordination and Engagement–Con't.	10/10/2022
3A. New Projects With Rehab/New Construction	No Input Required
3B. Homelessness by Other Federal Statutes	09/12/2022
4A. Attachments Screen	10/13/2022
Submission Summary	No Input Required

Local Competition Deadline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About
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Resources
Policies
Youth
COC Application
Renewal Eval
Contact
HUD COC Application
Home / HUD COC Application
2022 CoC Supplemental Funding Opportunity
The Connecticut Balance of State Continuum of Care (CT BOS) is seeking applications for new projects for inclusion in the 2022 supplemental application for HUD CoC funds. CT BOS is seeking Permanent Supportive Housing, Rapid Rehousing and Supportive Services Only projects. The deadline for submission of new project applications is Wednesday, August 17, 2022 (8/17/2022).
The Bidder's Conference for this funding opportunity will take place on Thursday, 7/28/22 from 1 – 2 p.m. Slides and the recording will be posted to this page after the webinar.
Please note: It is imperative to the understanding of and application for this funding opportunity that applicants read the 2022 Supplemental NOFO New Project RFP Instructions linked below.
Resources:
2022 Supplemental NOFO New Project RFP Instructions – PDF (2022.07.27)
› Includes: background, instructions (available project types, Zengine process, project requirements and priorities, match requirements, definitions, budget information, Housing First Principles, and guidance on RRH budgeting
2022 Supplemental NOFO Zengine Instructions: Profile and RFP – PDF (2022.07.26)
› Includes link to application
2022 HUD CoC Competition Documents
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Connecticut Balance of State Continuum of Care

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

INSTRUCTIONS

2022 REQUEST FOR PROPOSALS FUNDED THROUGH SUPPLEMENTAL COC NOFO TO ADDRESS UNSHELTERED AND RURAL HOMELESSNESS

BACKGROUND

On 6/22/22, HUD released a supplemental COC Notice of Funding Opportunity (NOFO) to address unsheltered and rural homelessness. The Connecticut Balance of State Continuum of Care (CT BOS)[1] is seeking applications for new projects for inclusion in the CoC's 2022 application for HUD Supplemental CoC funds. The deadline for submission of applications is **8/17/22** (see details below). This supplemental NOFO competition is separate from and in addition to the regular CoC Competition, which HUD has not yet opened.

HUD's Policy Priorities for this supplemental NOFO include:

- **Unsheltered Homelessness**: This NOFO supports this highly vulnerable population by supporting CoCs in their efforts to identify people living in unsheltered situations, including encampments, and connect them with health and housing resources. Applicants proposing to serve participants experiencing and/or with a history of unsheltered homelessness anywhere within the CT BOS geographic area (see page 5 for details) are eligible to apply.
- **Unsheltered Homelessness and Individuals and Families Experiencing Homelessness with Severe Service Needs in Rural Areas.** This NOFO targets resources to rural areas and provides additional eligible activities to address some of the unique needs of rural areas. Eligible counties were determined by HUD, and only projects serving Litchfield County may apply for a new rural project.
- **Providing Assistance on Tribal Lands**. This NOFO provides incentives for creating projects that serve individuals and families in geographic areas that have high levels of homelessness, housing distress, or poverty, and are located where CoC services have until now been entirely unavailable, such as, for example, Trust Lands and Reservations.
- **Involving a Broad Array of Stakeholders in the CoC's Efforts to Reduce Homelessness**. As

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Local Competition Scoring Tool

Program Name: _____ Evaluator: _____

2022 CT Balance of State Continuum of Care New Project Scoring Tool for CoC Supplemental Competition

Applicant Organization Name: _____ **Proposed Project Name:** _____

Project Location: _____ **Relevant CAN:** _____

Type of Project: (select one): ☐ PSH ☐ RRH ☐ SSO (Specify Type): _____

THRESHOLD REVIEW

Proposed projects must meet the following requirements in order to be scored. Housing Innovations (HI) 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 and eligible geographic area ☐
4. Agrees to participate in HMIS ☐
5. Agrees to participate in Coordinated Access Networks (CANs) ☐
6. Meets the minimum requirement for supportive services funding and does not exceed the Support Services Cap ☐

SCORES

Scoring Factor #1 – Objective Criteria & System Performance _____ of 53 (53% of total points)

All points in scoring factor 1 are based on objective criteria.

- For applicants that were already scored for one or more CT BOS CoC funded projects in 2022, CT BOS will use average 2022 Renewal Evaluation results across all of the applicant's scored projects to determine points on these factors.
- For applicants that were not already scored for one or more CT BOS CoC funded projects in 2022, applicants will submit the necessary data and CT BOS will use average results across all of the applicant's relevant projects to determine points on these factors.
- HI will calculate these points and provide to reviewers for all applicants.
- See Appendix for details on scored factors.

Scoring Factor #2 – Organizational Capacity	_____ **of 10**
Scoring Factor #3 - Timeliness	_____ **of 7**
Scoring Factor #4 – Supportive Services and Housing First	_____ **of 20**
Scoring Factor #5 – HUD SNOFO Priorities - Housing/Healthcare Leveraging	_____ **of 5**
Scoring Factor #6 - Application/Budget Quality	_____ **of 5**
Subtotal Scoring Factors 2-6:	_____ **of 47**
Subtotal Score (Factors 1-6)	_____ **of 100**
Bonus Score (Factor 7 – Rural Only)	_____ **of 10**
TOTAL FINAL SCORE (FACTORS 1 – 7)	_____ **of** _____

Note: While some of these scoring factors 2 through 7 contain objective or system performance criteria, the threshold of 33% for objective criteria and that of 20% for system performance criteria are already met in scoring factor 1, above. See pp. 8 - 10 for details.

Reviewer's Name: _____

Program Name: _____ Evaluator: _____

Scoring Factor # 2 – Organizational Experience and Capacity - 10 points	
See Applicant Profile – Experience of Applicant ○ **5A -** Do the applicant, subrecipient and key partner organization(s) appear to have the experience to successfully operate a HUD funded program for homeless persons? Specifically, do the relevant organization(s) demonstrate significant and long-standing experience: ▪ operating successful Housing First programs? ▪ linking participants to mainstream services including health care, health insurance, employment services and mainstream affordable housing? ▪ increasing participant income through employment and access to public benefits? ▪ helping participants to access and stabilize in housing? ▪ assessing interest in/assisting with moving on from PSH (if applicable)? ▪ locating units and administering rental assistance (if applicable)? ○ **5B -** Is there a clear organizational structure for managing operations, coordinating among departments within the agency and with partner organizations and an adequate financial accounting system? ○ **5C through H** - Does the organization have the capacity to effectively use federal funds, and ensure timely project start up and full expenditure of new project funds? Specifically, has the organization demonstrated sufficient capacity related to: ▪ Resolving monitoring/audit findings? ▪ Fully spending grant funds? ▪ Avoiding/resolving outstanding arrears? ▪ Regularly drawing down funds? ▪ Timely submission of reports? ○ **5I** - Has the agency demonstrated efforts and plans to ensure they are meeting the unique needs of marginalized communities, and integrating people with lived experience of homelessness in decision-making and service delivery for example: ▪ Ensuring diversity among staff and board ▪ Creating opportunities for people with lived experience of homelessness to shape programs ▪ Hiring people with lived experience of homelessness, particularly unsheltered homelessness ▪ 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 ▪ Identifying and addressing the needs of subpopulations who are disproportionately more likely to experience homelessness ▪ Any other unique qualifications that agency has to serve marginalized communities	**Score**

Program Name: _____ Evaluator: _____

Scoring Factor #3 - Timeliness – 7 points	
See Section #2P Project Description o Extent to which the applicant demonstrated an adequate plan for rapid project start-up o If a development project, will project be open in time to utilize HUD funds?	**Score**
Scoring Factor #4 – Supportive Services – Total of 20 points	
<u>Housing First Approach (5 points) - Supportive Services – Section 2R</u> **Extent to which the applicant:** • Clearly describes a program design that is consistent with a Housing First approach (i.e., A model of housing assistance that is offered without preconditions, such as sobriety or a minimum income threshold, or service participation requirements; rapid placement and stabilization in permanent housing are primary goals) **Questions to consider:** • Does the applicant clearly demonstrate a model that offers initial access to housing without preconditions, such as sobriety, income requirements and service participation? • 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?	**Score**
<u>Assistance with obtaining and remaining in permanent housing (5 points) – See Section 2R</u> **Questions to consider:** • Is there a clear description of how eligible participants are assisted to obtain and maintain housing? • Does the applicant have a plan to assess needs of participants and address those needs including but not limited to: health, behavioral health, education, employment, life skills and child care services, and domestic violence if applicable • Does the applicant have a plan to assist participants with housing stabilization and eviction prevention? • Does the project use the critical time intervention model to inform service delivery (recommended – information available at www.criticaltime.org)? • For tenant-based rental assistance, how will appropriate units be identified and rent reasonableness be determined?	**Score**

Program Name: _____ Evaluator: _____

Assistance with obtaining mainstream benefits, increasing employment and promoting independence (5 points) – See Section 2S • Does the agency coordinate with mainstream employment organizations? • Does the agency assist tenants to access SSI/SSDI and other mainstream benefits? • 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?	**Score**
Providing services to those with the highest service needs, including those with histories of unsheltered homelessness (5 points) – See Section 2J **Questions to consider: Does the applicant clearly describe how they will:** • Develop a street outreach plan to identify people experiencing unsheltered homelessness (SSO- Street Outreach only) • Engage people who do not traditionally engage with supportive services • Provide supportive services to those with the highest service needs, including those with histories of unsheltered homelessness • Develop and adjust their strategy for serving these populations over time	**Score**
Scoring Factor #5 – HUD Supplemental NOFO Priorities – 5 Points	
Leveraging Healthcare Resources (2.5 Points) See Section 2H **Questions to consider: Does the applicant clearly describe how they will:** • Leverage funding in any amount from one or more healthcare organizations • Demonstrate that they have secured funding in an amount that is at least 50% of the amount being requested from a healthcare organization • Provided a written commitment from the relevant healthcare organization, demonstrating the number of new units being developed or set-aside for individuals experiencing homelessness and the date by which they will be available.	**Score**
Leveraging Housing Resources (PSH and RRH only) (2.5 Points) See Section 2G **Questions to consider: Are the following included:** • Leverage any rental assistance/unit operating funding from a source other than the CoC or ESG programs. • Demonstrate that for at least 50% of new PSH units created or set-aside for people experiencing homelessness or at least 50% of the participants anticipated to be served by the RRH project rental assistance/unit operating costs are funded through a source other than CoC or ESG • Provided a written commitment from the relevant housing funding source demonstrating the number of new units being developed or set-aside for individuals experiencing homelessness and the date by which they will be available.	**Score**

Program Name: _____ Evaluator: _____

Scoring Factor #6: Application/Budget Quality - 5 Points	
Evaluate based on the entire application **Application Quality (2.5 points) - Extent to which the applicant:** o consistently followed instructions? o included all required attachments? o fully answered questions?	**Score**
See Section #3 **Budget Quality (2.5 points) - Extent to which the project budget** o was completed in accordance with the instructions? o met the minimum matching requirement (if applicable)? o included only eligible costs? o provided sufficient detail and made sense given the project description and target population? o Is cost effective and falls within established ranges for minimum and maximum per household costs?	**Score**

Questions/Comments

Details for Scoring Factor #1 – Objective Criteria & System Performance

- For applicants that were already scored for one or more CT BOS CoC funded projects in 2022, CT BOS will use average 2022 Renewal Evaluation results across all of the applicant's scored projects to determine points on these factors – see pages 2 through 4 of this appendix.
- For applicants that were not already scored for one or more CT BOS CoC funded projects in 2022, applicants will submit the necessary data and CT BOS will use average results across all of the applicant's relevant projects to determine points on these factors. See instructions below.
- For all applicants Scoring Factor #1 will be converted to a 53 point scale and will comprise 53% of the total new project application score.
- For all applicants: projects serving primarily adults 25 years of age and older are scored in accordance with page 2 of this document; projects serving primarily youth 18-24 years of age will be scored in accordance with pages 3 and 4 of this appendix.
- INSTRUCTIONS FOR APPLICANTS THAT WERE NOT ALREADY SCORED FOR ONE OR MORE CT BOS COC FUNDED PROJECTS IN 2022:
    - Such applicants are required to submit sufficient comparable data to enable scoring on the relevant criteria marked with an asterisk (*) on pages 2 through 4 of this appendix.
    - Such applicants must submit such data for at least one project operated by the applicant agency and that serves people experiencing homelessness.
    - Applicant agencies that operate Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), Transitional Housing (TH), Street Outreach, Diversion/Rapid Exit (Div/RE), and/or Housing Navigation projects must submit data for at least one of those project types.
    - Applicants must submit data for all relevant criteria for the projects they select to submit. Applicants may not pick which projects they would like CT BOS to score for each criterion.
    - Data must be from the most recently completed operating year (e.g. fiscal year 2022).
    - The type of project(s) and target population (i.e., primarily adults 25 years of age and older or primarily youth 18-24 years of age), reporting period, and description of the data being submitted, must be indicated in the submission.
    - Except as indicated in the relevant criteria, data must include both people who remained in the project at the end of the operating year and those who exited the project during the operating year.
    - The applicant must also indicate which, if any, of the criteria listed on pages 2 through 4 of this appendix they believe are not applicable to any project serving people experiencing homelessness that is currently operated by their agency and provide an explanation of why those criteria should be omitted from the scoring analysis.
    - For criteria not omitted from the scoring analysis, applicants will receive a score of zero for data that are missing, insufficiently described, not comparable, or otherwise insufficient to calculate scores on the marked criteria.
    - Questions regarding these data submission requirements can be submitted to ctboscoc@gmail.com.

Connecticut Balance of State (BOS) CoC

2022 Renewal Evaluation - Adult Programs - POINTS for Scored Criteria - Adopted 7-16-2021; Amended 2-18-22

	Evaluation Criteria	2022 Benchmark / Standard	2022 Scores			2nd 2022 Standard	2022 Scores (2nd Standard)			3rd 2022 Standard	2022 Scores (3rd Standard)		
	PERFORMANCE		**PSH**	**RRH**	**TH**		**PSH**	**RRH**	**TH**		**PSH**	**RRH**	**TH**
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	25	25	25	All projects spend 80%.	10	10	10				
2	Occupancy (based on quarterly unit utilization) [2] *+	90%	25	25	25	80%	10	10	10				
3	All adult participants with NON-CASH benefits excluding health insurance [3] *+	95% DV only - 76%	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 *+	100%	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%	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%	N/A	20	20	85%	N/A	10	10	80%	N/A	5	5
7	Consumer Surveys - Response Rate [5] *	35%	15	15	15	25%	5	5	5				
8	Lateness Penalty: 5 points deducted for each document submitted late	Submitted on-time	N/A	N/A	N/A								
9	Contacts Penalty: 2 points deducted for not updating/confirming Zengine Contacts	Update/Confirm contacts in past quarter	N/A	N/A	N/A								
	TOTAL POINTS		**100**	**100**	**110**								

	PSH	RRH	TH
Total Renewal Evaluation pts. based on objective criteria:	100	100	110
% of total new SNOFO project pts based on objective criteria:	53	53	53
Total Renewal Evaluation pts based on system performance criteria:	60	60	45
% of total new SNOFO project pts based on system performance criteria:	32	32	26

* indicates objective criteria

\+ indicates system performance criteria (Note: occupancy for PSH and RRH relates to system performance by reducing length of time homeless and reducing the # of people experiencing homelessness at a given time. It can also indicate an exit to PH from outreach projects)

FINAL Youth CT BOS Renewal Evaluation Criteria 2022 – changes to standard CT BOS criteria in red, new fields highlighted in yellow

Applies to all youth projects including: Youth RRH, Youth PSH, Youth CoC TH, YHDP Crisis TH, YHDP Div/RE (Div/RE treated as one project)

Evaluation Criteria	2022 Benchmark/Standard Full Points	2nd Tier Standard/Points	3rd Tier Standard/Points
Spending on last year's HUD grant * Projects over $2M spend 95% & leave <$75k unspent. Projects under $100K spend 90%. All other projects spend 95% & leave <$50K unspent. *For YHDP will look at second year spending*	Standard: See box to the left Points: 25	Standard: All projects spend 80% Points: 10	N/A
Occupancy (based on quarterly unit utilization) *+	Standard: 90% RRH, CoC TH, Div/RE; Up to 1 empty bed per quarter Crisis TH/PSH Points: 25	Standard: 80% RRH, NonYHDP TH, Div/RE; Up to 1.5 avg empty beds per quarter Crisis TH/PSH Points: 10	N/A
All adult participants with NON-CASH benefits excluding health insurance[i] *+ *Scored only for CoC TH.*	Standard: 95%; DV – 76% Points: 15	Standard: 85%; DV – 71% Points: 10	N/A
Percentage of adult participants who increased EARNED INCOME from entry to exit/follow-up *+ *Div/RE not scored*	Standard: 20% PSH, RRH, Crisis TH Points: 10	Standard: 10% PSH, RRH, Crisis TH Points: 5	N/A
YHDP Crisis TH Only: LOS is 60 days or less*+	Standard: 55% Points: 10	Standard: 45% Points: 5	N/A
TH Only (CoC Non-DV): LOS is 1 year or less *+ *Applies only to non-YHDP Youth TH. Does not apply to YHDP Crisis Housing.*	Standard: 90% Points: 10	Standard: 80% Points: 5	N/A
PSH Only: Percentage of participants who remain in PSH or exited to permanent housing[ii] *+	Standard: 95% Points: 20	Standard: 85% Points: 10	Standard: 80% Points: 5
RRH and TH Only: Percentage of leavers who exited to permanent housing[iii] *+	Standard: 95% RRH & TH 85% Youth RRH & Div/RE 60% Crisis TH Points: 20	Standard: 85% RRH & TH 75% Youth RRH & Div/RE 50% Crisis TH Points: 10	Standard: 80% RRH & TH 70% Youth RRH & Div/RE 45% Crisis TH Points: 5
Youth RRH, Div/RE, Crisis TH: percentage of leavers who exited to homeless shelter, unsheltered or unknown. *+	Standard: Less than 5% Points: 10	Standard: Less than 10% Points: 6	Standard: Less than 15% Points: 3

See next page for point distribution

* indicates objective criteria

+ indicates system performance criteria (Note: occupancy for PSH and RRH relates to system performance by reducing length of time homeless and reducing the # of people experiencing homelessness at a given time. It can also indicate an exit to PH from outreach projects)

Evaluation Criteria	2022 Benchmark/Standard Full Points	2nd Tier Standard/Points	3rd Tier Standard/Points
Consumer Surveys – Response Rate *	Standard: 35% Points: 15	N/A	N/A
Lateness Penalty: 5 points deducted for each document submitted late	Standard: Submitted on-time Points: -10/doc	N/A	N/A
Contacts Penalty: 2 points deducted for not updating/confirming Wizehive Contacts	Standard: Update/Confirm contacts in past quarter Points: -2	N/A	N/A

* indicates objective criteria

	PSH	RRH	CoCTH	Div/RE	YHDP Cr. TH
Total Renewal Evaluation pts. based on objective criteria:	110	105	120	95	115 - **this row also indicates total pts. available for each project type**
% of total new SNOFO project pts based on objective criteria:	53	53	53	53	53
Total Renewal Evaluation pts based on system performance criteria:	55	60	70	55	75
% of total new SNOFO project pts based on system performance criteria:	26	30	31	30.7	34.5

[i] Excludes participants who are not yet required to have an annual assessment. Non-Cash Benefits in HMIS include SNAP, WIC, TANF childcare services, TANF transportation services, other TANF-Funded Services, Other Source

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

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

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

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

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

[Vii] Excludes DV Projects

[Viii] Evaluated in same year as spending for new projects and when expanded or consolidated only (not when FMR increases)

Notification of Projects Rejected/Reduced

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

2022 SNOFO Project App Response - NLHHC RRH Supplemental 2022

CT BOS CoC <ctboscoc@gmail.com> Thu, Sep 29, 2022 at 3:58 PM
To: Cathy Zall <czall@nlhhc.org>

Dear Cathy,

Thank you for submitting your NLHHC RRH Supplemental 2022 project application to the CT BOS CoC for submission in the FY2022 HUD CoC SNOFO. We are writing to inform you that your application will not be included in the 2022 SNOFO project applications submitted to HUD.

To maximize the CoC application score and the likelihood of receiving funding, as recommended by the Scoring Committee, CT BOS prioritized housing projects that leveraged non CoC/ESG funds for housing subsidies/units.

We very much appreciate the time and energy you put into the application and thank you again for your submission. We are grateful for your efforts to end homelessness in CT. Please feel free to contact us with any questions.

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

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

2022 SNOFO Project App Response - CHR Greater Hartford Supplemental RRH 2022

CT BOS CoC <ctboscoc@gmail.com> Thu, Sep 29, 2022 at 3:57 PM
To: Andrea Hakian <AHakian@chrhealth.org>

Dear Andrea,

Thank you for submitting your CHR Greater Hartford Supplemental RRH 2022 project application to the CT BOS CoC for submission in the FY2022 HUD CoC SNOFO. We are writing to inform you that your application will not be included in the 2022 SNOFO project applications submitted to HUD.

To maximize the CoC application score and the likelihood of receiving funding, as recommended by the Scoring Committee, CT BOS prioritized housing projects that leveraged non CoC/ESG funds for housing subsidies/units.

We very much appreciate the time and energy you put into the application and thank you again for your submission. We are grateful for your efforts to end homelessness in CT. Please feel free to contact us with any questions.

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

Gmail CT BOS CoC <ctboscoc@gmail.com>

2022 SNOFO Project App Response - CHR Central RRH Supplemental 2022

1 message

CT BOS CoC <ctboscoc@gmail.com> Thu, Sep 29, 2022 at 3:56 PM
To: Andrea Hakian <AHakian@chrhealth.org>

Dear Andrea,

Thank you for submitting your CHR Central RRH Supplemental 2022 project application to the CT BOS CoC for submission in the FY2022 HUD CoC SNOFO. We are writing to inform you that your application will not be included in the 2022 SNOFO project applications submitted to HUD.

To maximize the CoC application score and the likelihood of receiving funding, as recommended by the Scoring Committee, CT BOS prioritized housing projects that leveraged non CoC/ESG funds for housing subsidies/units.

We very much appreciate the time and energy you put into the application and thank you again for your submission. We are grateful for your efforts to end homelessness in CT. Please feel free to contact us with any questions.

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

Gmail

CT BOS CoC <ctboscoc@gmail.com>

Safe Futures - 2022 Supplemental NOFO Project App Response

1 message

CT BOS CoC <ctboscoc@gmail.com> Tue, Sep 27, 2022 at 9:39 AM
To: Margaret Soussloff <MSoussloff@safefuturesct.org>

Dear Margaret,

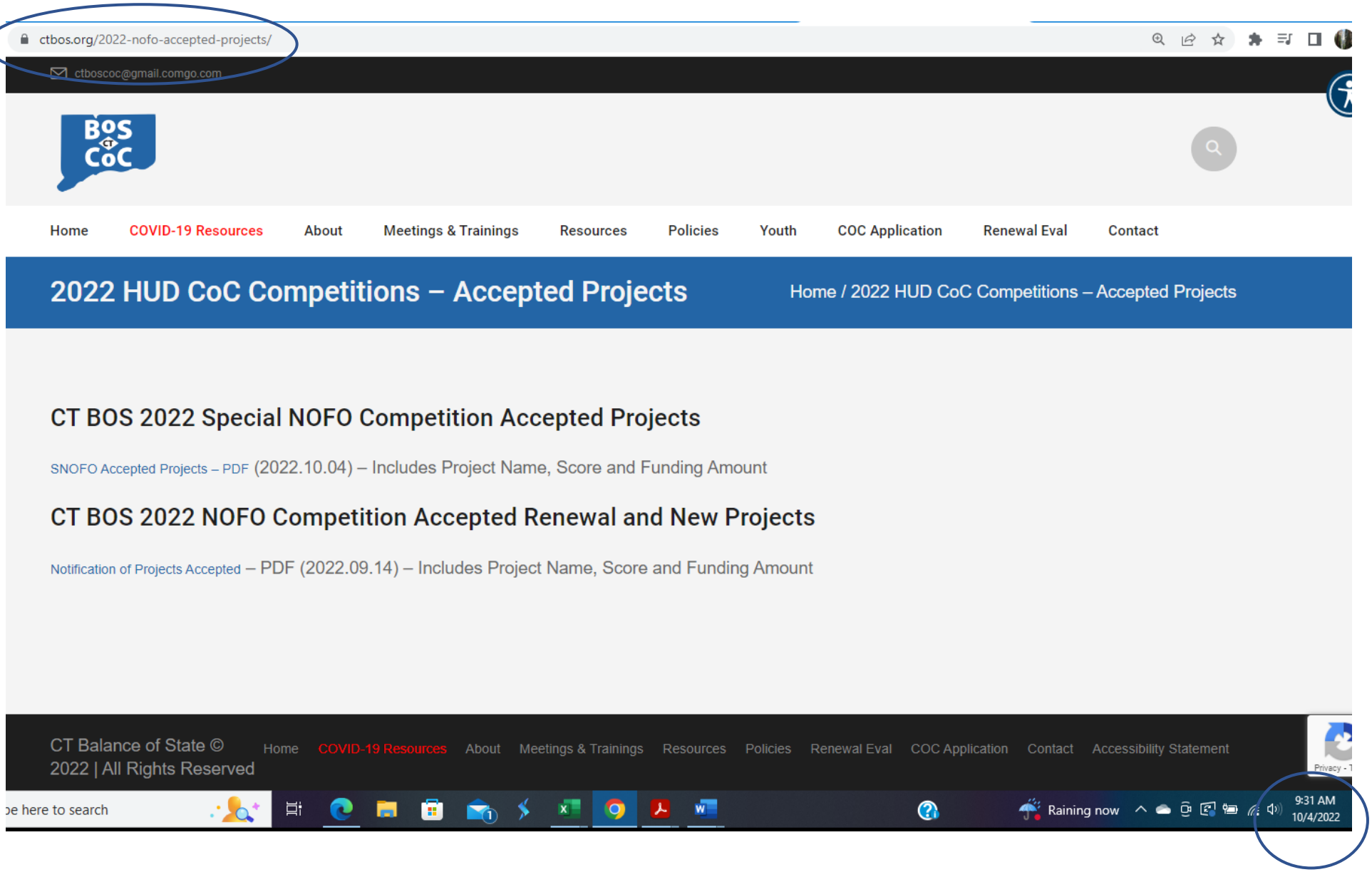
Thank you for submitting your Safe Futures - Katie Blair House SSO Project new project application to the CT BOS CoC for submission in the FY2022 HUD CoC SNOFO. We are writing to inform you that your application will not be included in the 2022 HUD CoC SNOFO projects.

The Scoring Committee voted to reject the application because the program model described in your application is not consistent with Housing First, and the project did not propose to serve unsheltered people.

We very much appreciate the time and energy you put into the application and thank you again for your submission. We are grateful for your efforts to end homelessness in CT. Please feel free to contact us with any questions.

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

Notification of
Projects Accepted


ctbos.org/2022-nofo-accepted-projects/
ctboscoc@gmail.comgo.com
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Renewal Eval
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2022 HUD CoC Competitions – Accepted Projects
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CT BOS 2022 Special NOFO Competition Accepted Projects
SNOFO Accepted Projects – PDF (2022.10.04) – Includes Project Name, Score and Funding Amount
CT BOS 2022 NOFO Competition Accepted Renewal and New Projects
Notification of Projects Accepted – PDF (2022.09.14) – Includes Project Name, Score and Funding Amount
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Meetings & Trainings
Resources
Policies
Renewal Eval
COC Application
Contact
Accessibility Statement
Raining now
9:31 AM
10/4/2022

https://www.ctbos.org/wp-content/uploads/SNOFO-New-Project-List-v3.pdf

Page view | Read aloud | Add text | Draw | Highlight | Erase

CT-505 Connecticut Balance of State CoC

2022 Supplemental NOFO: Unsheltered and Rural Applications Funding Amount

Applicant	Project Name	Score	Type	3 Year Budget
DMHAS	CT BOS Unsheltered Outreach 2022	82.97	SSO	$ 6,479,192
DMHAS	CHI Greater New Haven PSH Supplemental 2022	95.00	PSH	$ 2,901,077
DMHAS	CHI The Tyler Projects PSH Supplemental 2022	87.20	PSH	$ 606,690
DMHAS	CRT Hartford PSH Supplemental 2022	86.50	PSH	$ 1,155,600
DMHAS	New Reach New Haven PSH Supplemental 2022	84.80	PSH	$ 648,108
DMHAS	SVDP Middletown PSH Supplemental 2022	75.80	PSH	$ 551,232
DOH	Coordinated Entry Supplemental 2022	No Score	SSO	$ 4,617,458
DMHAS	BOS SNOFO Planning Grant	No Score	Planning	$ 524,515
DMHAS	LCHF Rural SSO-CE Project	63.00	SSO	$ 242,940
DMHAS	LCHF Rural PSH Project	60.50	PSH	$ 679,146

Email to list-serve through constant contact

2022 Special NOFO: Rural & Unsheltered Homelessness

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

Tue 10/4/2022 11:54 AM

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

Special NOFO to Address Unsheltered & Rural Homelessness Notice of Accepted Projects

Dear Colleagues:

The list of projects that have been accepted and ranked to be submitted to HUD for funding with the 2022 Special Continuum of Care NOFO to Address Unsheltered and Rural Homelessness has been posted to the CT BOS Website, per HUD requirement, and can be found at this link: SNOFO Accepted Projects. The list includes project names, scores and funding amounts.

Thank you for your continued support as we put forward our competition submissions this year.

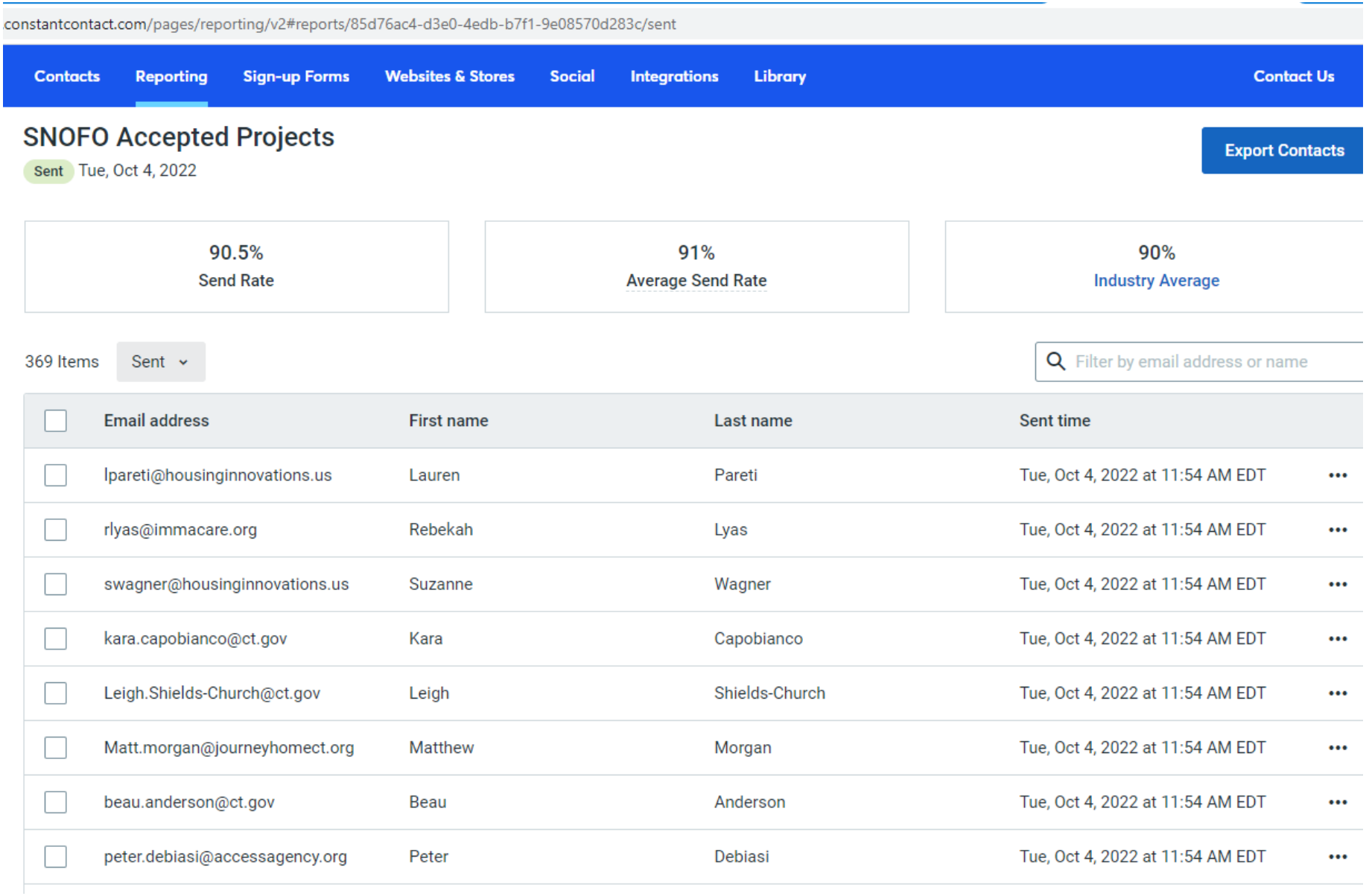
Thank you,
CT BOS Team

See what's happening on our website!

Contact the CT Balance of State

ctboscoc@gmail.com

Constant Contact: Sent List for SNOFO Accepted Projects email. Exported Contacts list follows this screenshot



Email address	First name	Last name	Agency/Affiliation	Sent At
lpareti@housinginnovations.us	Lauren	Pareti	HI	10/4/2022 11:54am
rlyas@immacare.org	Rebekah	Lyas	ImmaCare Inc.	10/4/2022 11:54am
swagner@housinginnovations.us	Suzanne	Wagner	Housing Innovations LLC	10/4/2022 11:54am
kara.capobianco@ct.gov	Kara	Capobianco	Doh	10/4/2022 11:54am
Leigh.Shields-Church@ct.gov	Leigh	Shields-Church	CT Dept. of Housing	10/4/2022 11:54am
Matt.morgan@journeyhomect.org	Matthew	Morgan	Journey Home	10/4/2022 11:54am
beau.anderson@ct.gov	Beau	Anderson	DOH	10/4/2022 11:54am
peter.debiasi@accessagency.org	Peter	Debiasi		10/4/2022 11:54am
alice.minervino@ct.gov	alice	minervino	dmhas	10/4/2022 11:54am
whodge@chrysaliscenterct.org	Wendy	Hodge		10/4/2022 11:54am
Jgreer@chrhealth.org	Jennifer	Greer	CHR	10/4/2022 11:54am
SCastelli@chrysaliscenterct.org	Sharon	Castelli	Chrysalis Center, Inc	10/4/2022 11:54am
nbarnofski@newreach.org	Nikki	Barnofski	New Reach, Inc.	10/4/2022 11:54am
schwartzz@crtct.org	Zoe	Schwartz	Community Renewal Team	10/4/2022 11:54am
episaf@comcast.net	Liz	Isaacs	Housing Innovations	10/4/2022 11:54am
lisa.quach@journeyhomect.org	Lisa	Quach	Journey Home	10/4/2022 11:54am
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ericajayon23@gmail.com	erica	king		10/4/2022 11:54am
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JIm.pettinelli@libertycs.org	Jim	Pettinelli	Liberty Community Services	10/4/2022 11:54am
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sara.loffredo@libertycs.org	Sara	Loffredo	Liberty Community Services Inc	10/4/2022 11:54am
jlawlor@theconnectioninc.org	John	Lawlor	The Connection	10/4/2022 11:54am
eileen.krause@libertycs.org	Eileen	Krause	Liberty Community Services, Inc	10/4/2022 11:54am
cconway@womenfamilies.org	Carissa	Conway	Women and Families Center	10/4/2022 11:54am
msoussloff@safefuturesct.org	Margaret	Soussloff	SafeFutures, Inc.	10/4/2022 11:54am
kshaw@sistersplacect.org	Kathy	Shaw	My Sisters' Place, Inc.	10/4/2022 11:54am
lgilbert@immacare.org	Louis	Gilbert	ImmaCare Inc.	10/4/2022 11:54am
bevans@bhcare.org	Bobbi Jo	Evans	BHcare, Inc.	10/4/2022 11:54am
iparker@tvcca.org	Ida	Parker	TVCCA	10/4/2022 11:54am
kim.jakowski@wrccinc.org	Kim	Jakowski	WRCC	10/4/2022 11:54am
pkosowsky@youthcontinuum.org	Paul	Kosowsky	Youth Continuum	10/4/2022 11:54am
ahakian@chrhealth.org	Andrea	hakian	chr	10/4/2022 11:54am
bcavanaugh@youthcontinuum.org	Brenda	Cavanaugh	Youth Continuum	10/4/2022 11:54am
fsilva@allianceforliving.org	Frank	Silva	Alliance for Living	10/4/2022 11:54am
blochw@crtct.org	Willa	Bloch	CRT	10/4/2022 11:54am
cathyz@ywcahartford.org	Catherine	Zeiner	YWCA Hartford Region, Inc.	10/4/2022 11:54am
tmaguire@youthcontinuum.org	Tim	Maguire	Youth Continuum	10/4/2022 11:54am
kgrega@youthcontinuum.org	Kathy	grega	Youth Continuum	10/4/2022 11:54am
dalbini@chd.org	Diane	Albini	CHD	10/4/2022 11:54am
browns@crtct.org	Sonia	Brown	CRT	10/4/2022 11:54am
barcelopez@chd.org	Belinda	Arce	Center for Human Development	10/4/2022 11:54am
floranne@holyfamilywillimantic.org	Floranne	Roswolle	Holy Family Home & Shelter	10/4/2022 11:54am
steve.dilella@ct.gov	Steve	DiLella	CT DOH	10/4/2022 11:54am
czall@snet.net	Catherine	Zall	New London Homeless Hospitality Center	10/4/2022 11:54am
deanna.bencivengo@hhchealth.org	Deanna	Bencivengo	Rushford Center Inc	10/4/2022 11:54am
tferraro@theconnectioninc.org	Teresa	Ferraro	The Connection, Inc.	10/4/2022 11:54am
cmeaden@columbushouse.org	Cathleen	Meaden	Columbus House Inc.	10/4/2022 11:54am
Tamika.Riley@JourneyHomeCT.org	Tamika	Riley	Journey Home	10/4/2022 11:54am
killingly.housing@snet.net	Maryann	Picciarelli	Killingly Housing Authority	10/4/2022 11:54am
Brittney.gibson@yale.edu	Brittney	Gibson	Yale/CSN Shelter Plus Care	10/4/2022 11:54am
Scorbin@mercyhousingct.org	Stephanie	Corbin	Mercy housing and shelter Corp.	10/4/2022 11:54am
Bshaw@handsonhartford.org	Barbara	Shaw	Hands On Hartford	10/4/2022 11:54am
david@shworks.org	David	Rich	Supportive Housing Works	10/4/2022 11:54am
ematt@bhcare.org	Elaine	Matt	BHcare, Inc.	10/4/2022 11:54am
jmandelburg@tvcca.org	Jon Paul	Mandelburg	TVCCA	10/4/2022 11:54am

mdamboise@newreach.org	Meredith	Damboise	New Reach	10/4/2022 11:54am
gpike@intercommunityct.org	Gregory	Pike	InterCommunity, Inc.	10/4/2022 11:54am
ortizt@crtct.org	Tina	Ortiz		10/4/2022 11:54am
teddi.creel@ct.gov	Teddi	Creel	DMHAS/WCMHN	10/4/2022 11:54am
yagaloffl@crtct.org	Lisa	Yagaloff	Community Renewal Team	10/4/2022 11:54am
Erik.Clevenger@ct.gov	Erik	Clevenger	Southeastern Mental Health Authority	10/4/2022 11:54am
nzito@tvcca.org	Nicholas	Zito	TVCCA	10/4/2022 11:54am
lisa.callahan@ct.gov	Lisa	Callahan	DMHAS OOC/Housing and Homeless serv	10/4/2022 11:54am
dcalabrese@theconnectioninc.org	Denice	Calabrese	The Connection, Inc. Grants & Contract C	10/4/2022 11:54am
eileen.higgins@ct.gov	eileen	higgins	RVS/DMHAS	10/4/2022 11:54am
jdasilva@hacdct.org	Jennifer	DaSilva	Housing Authority of the City of Danbury	10/4/2022 11:54am
bobcva4064@aol.com	Robert	Dorr	CREDO Housing Development Corporatio	10/4/2022 11:54am
nouteiro@immacare.org	Nancy	Outeiro	ImmaCare Inc.	10/4/2022 11:54am
kathya@trfp.org	Kathy	Allen	Thames River Community Service, Inc.	10/4/2022 11:54am
ron@svdmiddletown.org	Ron	Krom	St. Vincent de Paul Middletown	10/4/2022 11:54am
nancy.cannavo@hhchealth.org	Nancy	Cannavo	Charlotte Hungerford Hospital	10/4/2022 11:54am
csweeney@thact.org	claudia	sweeney	Torrington Housing Authority	10/4/2022 11:54am
cjackson@theconnectioninc.org	Christina	Jackson	The Connection Inc	10/4/2022 11:54am
dcarr@hacdct.org	Dionne	Carr	Housing Authority City of Danbury	10/4/2022 11:54am
mvazquez@southparkinn.org	Mary	Vazquez	South Park Inn, Inc.	10/4/2022 11:54am
jkatz@southparkinn.org	Jeff	Katz	South Park Inn, Inc.	10/4/2022 11:54am
sbarry@prudencecrandall.org	Sarah	Barry	Prudence Crandall Center	10/4/2022 11:54am
kannelli@ctcadv.org	Kelly	Annelli	Connecticut Coalition Against Domestic V	10/4/2022 11:54am
bdamon@prudencecrandall.org	Barbara	Damon	Prudence Crandall Center	10/4/2022 11:54am
williamstdenis@veteransinc.org	William	St.Denis	Veterans Inc.	10/4/2022 11:54am
akelly@handsonhartford.org	Abbie	Kelly	Hands On Hartford	10/4/2022 11:54am
kknaughty@theconnectioninc.org	Keyonna	Naughty	The Connection Inc	10/4/2022 11:54am
kday@newreach.org	Kellyann	Day	New Reach	10/4/2022 11:54am
wrybczyk@newoppinc.org	William	Rybczyk	New Opportunities, Inc.	10/4/2022 11:54am
gbrisco@nwcty.org	Greg	Brisco	Northwestern CT YMCA	10/4/2022 11:54am
wdonahue@nwcty.org	Willem	Donahue	Northwestern CT YMCA	10/4/2022 11:54am
rsoderberg@chrhealth.org	Robert	Soderberg	CHR	10/4/2022 11:54am
awoolcock@newoppinc.org	Anastacia	Woolcock	New Opportunities Inc.	10/4/2022 11:54am
rebecca.rioux@use.salvationarmy.org	rebecca	rioux	salvation army	10/4/2022 11:54am
bksvdp@comcast.net	Linda	Kerr	St Vincent DePaul Mission of Bristol, Inc	10/4/2022 11:54am
mculmo@mhconn.org	Michael	Culmo	Mental Health Connecticut, Inc.	10/4/2022 11:54am
pwalsh@chd.org	Pam	Walsh	Center for Human Development (CHD)	10/4/2022 11:54am
munderwood@tvcca.org	Marylou	Underwood	TVCCA	10/4/2022 11:54am
chelsea@pschousing.org	Chelsea	Ross	Partnership for Strong Communities	10/4/2022 11:54am
jmerz@aids-ct.org	John	Merz		10/4/2022 11:54am
st.vincent.de.paul@snet.net	Gary	Beaulieu	St. Vincent DePaul Mission of Waterbury,	10/4/2022 11:54am
mccluskeyc@crtct.org	Christopher	McCluskey	Community Renewal Team Inc	10/4/2022 11:54am
ackermanj@crtct.org	Julie	Ackerman	CRT	10/4/2022 11:54am
Syed.Asghar@ct.gov	Syed Masooc	Asghar	Southeastern Mental Health Authority	10/4/2022 11:54am
jparadis@bethelmilford.org	Jennifer	Paradis	Beth-El Center, Inc.	10/4/2022 11:54am
barcaro@sistersplacect.org	Beverly	Arcaro	My Sisters' Place, Inc.	10/4/2022 11:54am
bryan.flint@cornerstone-cares.org	Bryan	Flint	Cornerstone Shelter	10/4/2022 11:54am
dana.serra@waterburyha.org	Dana	Serra	Waterbury Housing Authority	10/4/2022 11:54am
tciocca@newreach.org	Terri-Jo	Ciocca	New Reach, Inc.	10/4/2022 11:54am
cpollifrone@theconnectioninc.org	Christine	Pollifrone	The Connection, Inc.	10/4/2022 11:54am
kverano@safefuturesct.org	Katherine	Verano	Safe Futures	10/4/2022 11:54am
swelinsky@columbushouse.org	Sarah	Welinsky	Columbus House	10/4/2022 11:54am
mvan@reliancehouse.org	Michael	Van Vlaenderen		10/4/2022 11:54am
megan.brown@tvcca.org	Megan	Brown		10/4/2022 11:54am
vmalley@fsc-ct.org	Vanessa	Malley	Friendship Service Center	10/4/2022 11:54am
kayla.a.calabro@gmail.com	Kayla	Calabro		10/4/2022 11:54am
Rmoller@noankcss.org	Regina	Moller	Noank Community Support Services, Inc.	10/4/2022 11:54am
Youthpond@gmail.com	Latoya	Stots	Youyhpond	10/4/2022 11:54am

don.vincent@libertycs.org	Don	Vincent		10/4/2022 11:54am
alanna.c.kabel@hud.gov	Alanna	Kabel	U.S. Dept of HUD	10/4/2022 11:54am
kimberly.karanda@ct.gov	Kim	Karanda	DMHAS	10/4/2022 11:54am
shannon@housinginnovations.us	Shannon	Quinn-Sheerar	Housing Innovations	10/4/2022 11:54am
Brittany.M.Thompson@use.salvationarmy.c	Brittany	Thompson	The Salvation Army	10/4/2022 11:54am
Cperez@columbushouse.org	Caroline	Perez	Columbus House	10/4/2022 11:54am
manssour.hanne@ct.gov	Manssour	Hanne	DMHAS River Valley Services	10/4/2022 11:54am
rgraham@cceh.org	Roy	Graham	CT Coalition to End Homelessness	10/4/2022 11:54am
shooker@theconnectioninc.org	Stacy	Hooker	The Connection Inc - Eddy Shelter	10/4/2022 11:54am
kwytrykowska@cmhacc.org	Karolina	Wytrykowska	CMHA	10/4/2022 11:54am
liz.myers@wrccinc.org	Liz	Myers	Windham Regional Community Council, I	10/4/2022 11:54am
Shandae@trfp.org	Shanda	Easley	Thames River Family Program	10/4/2022 11:54am
housingfirst@arcforpeace.org				10/4/2022 11:54am
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hlavin@theconnectioninc.org	Helen	McAlinden		10/4/2022 11:54am
keith.brown@rnpinc.org				10/4/2022 11:54am
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jessica@shworks.org	Jessica	Kubicki	Supportive Housing Works	10/4/2022 11:54am
mramirez@cccymca.org				10/4/2022 11:54am
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kcwikla@centerforfamilyjustice.org				10/4/2022 11:54am
jolivares@gbapp.org				10/4/2022 11:54am
saffoldt@crtct.org				10/4/2022 11:54am
john.sullivan2@va.gov	John	Sullivan		10/4/2022 11:54am
mjarvis@handsonhartford.org				10/4/2022 11:54am
kortiz@hartfordhousing.org	Katrina	Ortiz		10/4/2022 11:54am
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rcurrie@theconnectioninc.org	ROchelle	Currie		10/4/2022 11:54am
ncannavo@hungerford.org	Nancy	J. Cannavo		10/4/2022 11:54am
glenn.ryan@mccallcenterct.org				10/4/2022 11:54am
lfusco@mhconn.org	Lysa	Fusco		10/4/2022 11:54am
lbeeman@sbaproject.org				10/4/2022 11:54am
sharlene@mwchrysalis.org	Sharlene	Kerelejza		10/4/2022 11:54am
dditrio@newoppinc.org	Dona	Ditrio		10/4/2022 11:54am
ddecilla@continuumct.org	Dominique	DeCilla		10/4/2022 11:54am
ssimone@fellowshipplace.org				10/4/2022 11:54am
btaylor@leeway.net				10/4/2022 11:54am
kkblack@theconnectioninc.org	Keyonna	K. Black		10/4/2022 11:54am
ddejarnette@theconnectioninc.org				10/4/2022 11:54am
agopian@workplace.org				10/4/2022 11:54am
cpatrick@bhcare.org				10/4/2022 11:54am
stoure@ccahelping.org				10/4/2022 11:54am
rpotluri@columbushouse.org	Radhika	Potluri		10/4/2022 11:54am
lwesoly@leeway.net				10/4/2022 11:54am
njoyner@actspooner.org				10/4/2022 11:54am
david.shadbegian@accessagency.org	David	Shadbegian		10/4/2022 11:54am
dd@pacifichouse.org				10/4/2022 11:54am
rrodriguez@mfap.com	Rosie	Rodriguez		10/4/2022 11:54am
dcordovez@mfap.com				10/4/2022 11:54am
spunzalan@reliancehealthinc.org				10/4/2022 11:54am
nbatista@safefuturesct.org	Nazmie	Batista		10/4/2022 11:54am
lpina@safefuturesct.org	Luanna	Pina		10/4/2022 11:54am
sheilah@trfp.org	Sheila	Hayes		10/4/2022 11:54am
anne.stockton@uwsect.org				10/4/2022 11:54am

aestrella@inspiricact.org				10/4/2022 11:54am
dkatz@kidsincrisis.org				10/4/2022 11:54am
lschlesinger@safehavenofgw.org	Lee	Schlesinger		10/4/2022 11:54am
tracylane667@gmail.com	chamberlyn	jackson		10/4/2022 11:54am
kathleen.durand@ct.gov	Katie	Durand	Connecticut Department of Housing	10/4/2022 11:54am
mary.mcgowan@journeyhomeCT.org	Mary	McGowan	Journey Home	10/4/2022 11:54am
alyssa.languth@csh.org	Alyssa	Languth	CSH	10/4/2022 11:54am
kfitzgerald@uwgnh.org	Kelly	Fitzgerald	United Way of Greater New Haven	10/4/2022 11:54am
pam@thehousingcollective.org	Pam	Ralston	SHW/ODFC	10/4/2022 11:54am
wilsony@crtct.org	Ymonne	Wilson		10/4/2022 11:54am
rhiannon.mccabe@accessagency.org	RHIANNON	MCCABE		10/4/2022 11:54am
lborkowski@theconnectioninc.org	Lee Anne	Borkowski	The Connection inc	10/4/2022 11:54am
esimoes@cceh.org				10/4/2022 11:54am
jasmine.berry@ct.gov	Jasmine	Berry		10/4/2022 11:54am
lharrison@reliancehealthinc.org				10/4/2022 11:54am
kelly.gonzalez@use.salvationarmy.org				10/4/2022 11:54am
adelgado@theconnectioninc.org				10/4/2022 11:54am
hkudisch@columbushouse.org	Hebe	Kudisch		10/4/2022 11:54am
slazarus@reliancehealthinc.org				10/4/2022 11:54am
jbrayman@reliancehealthinc.org				10/4/2022 11:54am
fowlerc@crtct.org	CARMEN	FOWLER		10/4/2022 11:54am
cwalters@noankcss.org				10/4/2022 11:54am
jean.holcomb@ct.gov	Jean	Holcomb		10/4/2022 11:54am
rortiz@theconnectioninc.org	Renee	Ortiz		10/4/2022 11:54am
Sofia.Swaby@USE.SalvationArmy.Org				10/4/2022 11:54am
susan.gordon@ct.gov	Susan	Gordon	Department of Housing	10/4/2022 11:54am
dpascua@reliancehealthinc.org	David	Pascua	Reliance Health, Inc.	10/4/2022 11:54am
ablack@columbushouse.org	Andrew	Black		10/4/2022 11:54am
cfox@columbushouse.org	Cynthia	Fox		10/4/2022 11:54am
parker.stevens@accessagency.org	Parker	Stevens		10/4/2022 11:54am
ddorman@chrhealth.org	Douglas	Dorman		10/4/2022 11:54am
astrida@trfp.org	Astrid	Aalund		10/4/2022 11:54am
tbryant@cceh.org	Tashmia	Bryant	Connecticut Coalition to End Homelessne	10/4/2022 11:54am
Rcho@cceh.org	Richard	Cho	CCEH	10/4/2022 11:54am
brenda.earle@ct.gov	Brenda	Earle	DMHAS	10/4/2022 11:54am
forimogunje@cceh.org	Folashade	Orimogunje	CCEH	10/4/2022 11:54am
kcallaghan@tvcca.org	Kerry	Callaghan	TVCCA	10/4/2022 11:54am
krrice@theconnectioninc.org	Kristin	Rice		10/4/2022 11:54am
j.dimuzio@ywcagreenwich.org	Jessie	DiMuzio	YWCA Greenwich Domestic Abuse Servic	10/4/2022 11:54am
wvalaitis@womenfamilies.org	Wayne	Valaitis	Women and Families Center	10/4/2022 11:54am
cdyer@reliancehealthinc.org	Carrie	Dyer	Reliance Health, Inc.	10/4/2022 11:54am
bennettjoce@dss.nyc.gov	J	bennett		10/4/2022 11:54am
kstarks@southparkinn.org	Keysha	Starks	South Park Inn / Director of Programs	10/4/2022 11:54am
jbruzas@svdpmission.org	Jered	Bruzas	St. Vincent DePaul Mission of Waterbury,	10/4/2022 11:54am
heather.flannery@intervalhousect.org	Heather	Flannery	Interval House	10/4/2022 11:54am
willie.rodriguez@use.salvationarmy.org	Willie	Rodriguez		10/4/2022 11:54am
mblount@immacare.org	Melvya	Blount	ImmaCare Inc.	10/4/2022 11:54am
pookab731@outlook.com	Melvya	Blount		10/4/2022 11:54am
david.pascua@ct.gov	David	Pascua	Reliance Health, Inc.	10/4/2022 11:54am
grantsadmin@ywcahartford.org	Sarah	Ward	YWCA Hartford Region	10/4/2022 11:54am
asabrowski@ctcadv.org	Annie	Stockton Sabr	Connecticut Coalition Against Domestic V	10/4/2022 11:54am
paul.casanova@perceptionprograms.org	Paul	Casanova	Perception Programs Inc	10/4/2022 11:54am
feles@newoppinc.org	Felicity	Eles	MMW CAN - New Opportunities	10/4/2022 11:54am
tercolia.troxler@ct.gov	Tercolia	Troxler	State of CT/DHMAS	10/4/2022 11:54am
mollie.greenwood@beaconhealthoptions.c	Mollie	Greenwood	Beacon Health Options	10/4/2022 11:54am
lpawlik@mercyhousingct.org	Lisa	Pawlik	Mercy Housing & Shelter Corp and My Sis	10/4/2022 11:54am
mylesw@housinginnovations.us	Myles	Wensek		10/4/2022 11:54am
mmormile@cmhacc.org	Marie	Mormile Mehl	CMHA, Inc.	10/4/2022 11:54am

gcavallo@cmhacc.org	Grace	Cavallo	CMHA	10/4/2022 11:54am
cporcher@cmhacc.org	Christopher	Porcher	CMHA	10/4/2022 11:54am
monika.gunning@hhchealth.org	Monika	Gunning	Rushford Center Inc	10/4/2022 11:54am
jrouleau@newoppinc.org	Jeffrey	Rouleau	New Opportunities, Inc.	10/4/2022 11:54am
ybird@southparkinn.org	Yoshi	Bird	South Park Inn	10/4/2022 11:54am
alopez@mhconn.org	Agustin	Lopez	Mental Health CT	10/4/2022 11:54am
deborah.lawrence@ct.gov	Deborah	Lawrence	DMHAS - WCMHN	10/4/2022 11:54am
jparker@tvcca.org	Jaime	Parker	TVCCA	10/4/2022 11:54am
jbanks@southparkinn.org	Jane	Banks	South Park Inn	10/4/2022 11:54am
lvaughan@tvcca.org	Lucille	Vaughan	TVCCA	10/4/2022 11:54am
kcarmelich@chrysaliscenterct.org	Kimberly	Carmelich	Chrysalis Center, Inc.	10/4/2022 11:54am
jason.hyatt@soundct.org	Jason	Hyatt	Sound Community Services	10/4/2022 11:54am
ahinman@chd.org	Ashley	Hinman	Center for Human Development, Inc. (CH	10/4/2022 11:54am
joanne.comstock@ct.gov	Joanne	Comstock		10/4/2022 11:54am
aguerrera@svdpmission.org	Anthony	Guerrera	St. Vincent DePaul Mission of Waterbury,	10/4/2022 11:54am
mcremers@svdpmission.org	Megan	Cremers	St. Vincent DePaul Mission of Waterbury,	10/4/2022 11:54am
sarah.dimaio@beaconhealthoptions.com	Sarah	DiMaio	Beacon Health Options	10/4/2022 11:54am
kcapone@mercyhousingct.org	Kara	Capone	CHA/Mercy/MSP	10/4/2022 11:54am
rbeach@cceh.org	Ryan	Beach	CCEH	10/4/2022 11:54am
sharon.redfern@cornerstone-cares.org	Sharon	Redfern	The Cornerstone Foundation	10/4/2022 11:54am
hardink@chc1.com	Kathleen	Harding	CHC	10/4/2022 11:54am
kmiller@chrysaliscenterct.org	Kimberly	May-Miller	Chrysalis Center	10/4/2022 11:54am
ksholomicky@mhconn.org	Kaylynn	Sholomicky	Mental Health Connecticut	10/4/2022 11:54am
jenn.kirchmeier@cornerstone-cares.org	Jennifer	Kirchmeier	Cornerstone Shelter	10/4/2022 11:54am
lisa.cretella@use.salvationarmy.org	Lisa	Cretella	The Salvation Army	10/4/2022 11:54am
acaruso@chrysaliscenterct.org	Angie	Caruso	Chrysalis Center	10/4/2022 11:54am
awhite@housinginnovations.us	Andrea	White		10/4/2022 11:54am
andrea.white.ny@gmail.com	Andrea	White	Housing Innovations	10/4/2022 11:54am
maryellen@svdmiddletown.org	Maryellen	Shuckerow		10/4/2022 11:54am
carline@pschousing.org	Carline	Charmelus	Partnership for Strong Communities	10/4/2022 11:54am
grants@newreach.org	T-J	Ciocca	New Reach, Inc	10/4/2022 11:54am
flee@safefuturesct.org	Fenty	Lee	Safe Futures	10/4/2022 11:54am
hfish@usmhs.org	Holly	Fish	United Services	10/4/2022 11:54am
sandy.midura@use.salvationarmy.org	Sandy	Midura	The Salvation Army	10/4/2022 11:54am
mmiddleton@columbushouse.org	Margaret	Middleton	Columbus House, Inc.	10/4/2022 11:54am
tbruff@immacare.org	tahira	bruff	Immacare	10/4/2022 11:54am
jcaraballosvdp@comcast.net	Jessica	Caraballo	SVDP	10/4/2022 11:54am
esoucy@chrhealth.org	Emily	Soucy	CHR	10/4/2022 11:54am
lmarmolejos@chnct.org	Luz	Marmolejos	Community Health Network	10/4/2022 11:54am
nsmith@chrysaliscenterct.org	Nicole	Smith	Chrsyalis Center	10/4/2022 11:54am
layotte@safehavenofgw.org	lori	ayotte	safe haven of gw	10/4/2022 11:54am
mbannister@columbushouse.org	Molly	Bannister	Columbus House	10/4/2022 11:54am
bkeo@newreach.org	Brenda	Keo	New Reach	10/4/2022 11:54am
teenah@trfp.org	TEENA	HAYES	Thames River Community Service, INC	10/4/2022 11:54am
afreeman@cceh.org	Amber	Freeman	CT Coalition to End Homelessness	10/4/2022 11:54am
alecours@reliancehealthinc.org	Alisa	Lecours	Reliance Health Inc	10/4/2022 11:54am
mlefever@uwgnh.org	Margaret	LeFever	United Way of Greater New Haven	10/4/2022 11:54am
robert.bongiolatti@ct.gov	Robert	Bongiolatti	CT Department of Labor	10/4/2022 11:54am
cwc1646@gmail.com	Crane W	Cesario	DMHAS-Capitol Region MHC	10/4/2022 11:54am
julia.flores@accessagency.org	Julia	Flores	Access Agency	10/4/2022 11:54am
aroldan@newoppinc.org	Anthony	Roldan	New Opportunities Inc.	10/4/2022 11:54am
bshultz@bethelmilford.org	Bianca	Shultz	Beth-El Center	10/4/2022 11:54am
rsaintvil@bethelmilford.org	Ruth	Menard	Beth-El Center	10/4/2022 11:54am
lboudreau@cceh.org	Lindsey	Boudreau	CCEH	10/4/2022 11:54am
kkeller@alwayshome.org	Kathryn	Keller	Always Home, Inc.	10/4/2022 11:54am
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kimberlyonardone@gmail.com	Kimberly	Nardone		10/4/2022 11:54am
abbym@housinginnovations.us	Abby	Miller	Housing Innovations	10/4/2022 11:54am

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chris.venable@journeyhomect.org	Chris	Venable	Journey Home, Inc.	10/4/2022 11:54am
bbonds@chrysaliscenterct.org	Brian	Bonds	The Chrysalis Center	10/4/2022 11:54am
tabitha.wolchesky@soundct.org	Tabitha	Wolchesky	Sound Community Services Inc	10/4/2022 11:54am
lisa.moon@soundct.org	Lisa	Moon	Sound Community Services, Inc.	10/4/2022 11:54am
agordon@mercyhousingct.org	Amanda	Gordon	Mercy Housing and Shelter	10/4/2022 11:54am
emma.king@accessagency.org	Emma	King		10/4/2022 11:54am
lucianad@ywcahartford.org	Luciana	DeGray	YWCA Hartford Region	10/4/2022 11:54am
jmerz@act-ct.org	John	Merz		10/4/2022 11:54am
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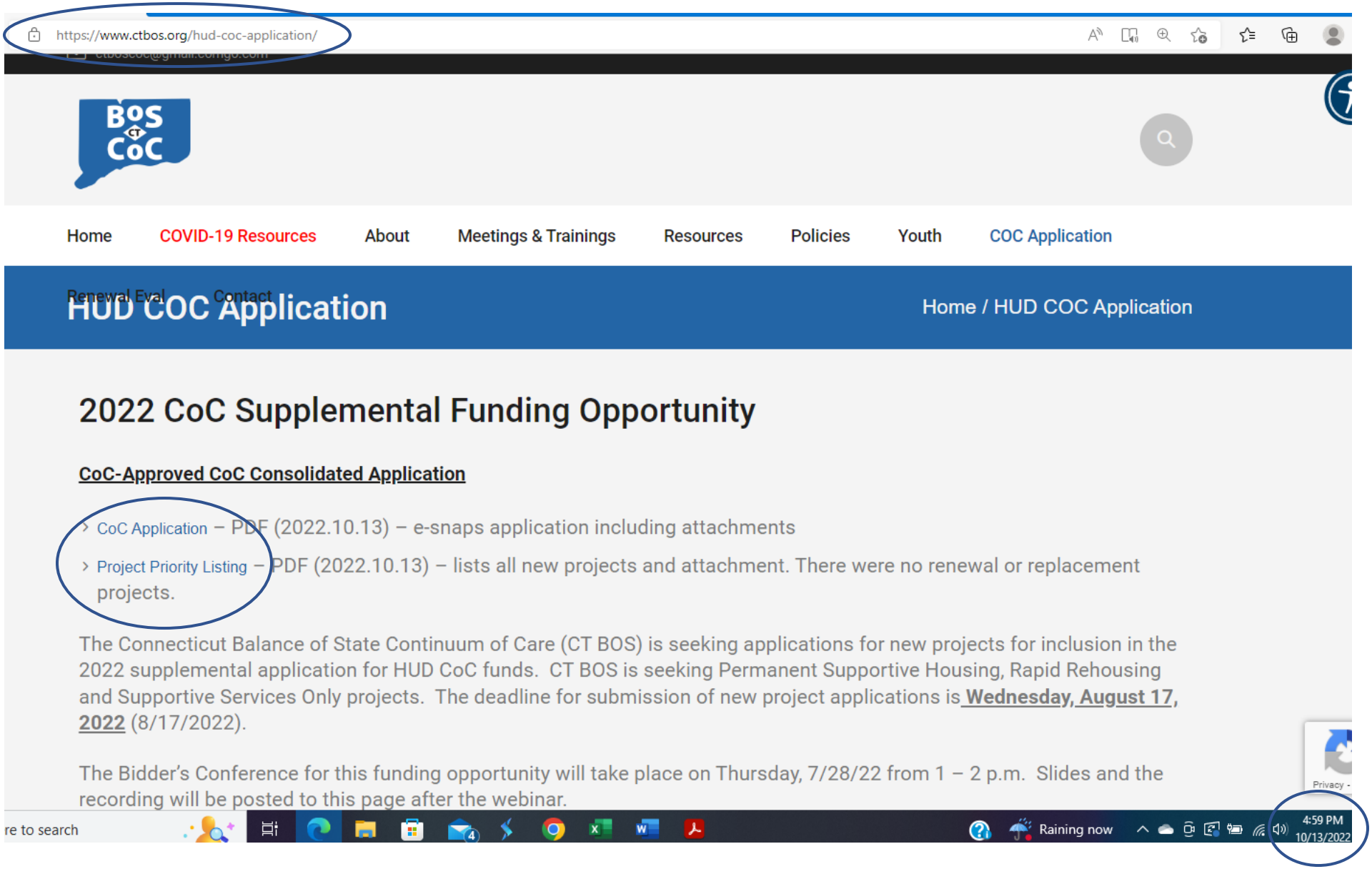
rlyas@southparkinn.org	Rebekah	Lyas	South Park Inn	10/4/2022 11:54am
jcorrea@immacare.org	Janievette Cc	Correa	ImmaCare	10/4/2022 11:54am
dhall@usmhs.org	Demetrice	Hall		10/4/2022 11:54am
kyren.mccrorey@use.salvationarmy.org	Kyren	McCrorey	The Salvation Army	10/4/2022 11:54am
crose@fsc-ct.org	Caitlin	Rose	Friendship Service Center	10/4/2022 11:54am
profcreel@snet.net	Teddi Leslie	Creel	DMHAS/WCMHN	10/4/2022 11:54am
sarah.pavone@journeyhomect.org	Sarah	Pavone	Journey Home	10/4/2022 11:54am
lhumbert@libertycs.org	Lydia	Humbert	Liberty Community Services, Inc	10/4/2022 11:54am
clozada@casaincct.org	Cynthia	Lozada	CASA, INC	10/4/2022 11:54am
sviolante@cca-ct.org	Stacey	Violante Cote	Center for Children's Advocacy	10/4/2022 11:54am
kellie@svdmiddletown.org	Kellie	Robbins	St Vincent de Paul Middletown	10/4/2022 11:54am
lindsay@shworks.org	Lindsay	Fabrizio	Supportive Housing Works / CT503 CoC	10/4/2022 11:54am
tina@nutmegit.com	Tina	Cormier		10/4/2022 11:54am
dbencivengo@chrysaliscenterct.org	Deanna	Bencivengo	Chrysalis Center Inc	10/4/2022 11:54am
nhilton@newoppinc.org	Nichelle	hilton	New Opportunites	10/4/2022 11:54am
deborah.boulet@accessagency.org	Deborah	Boulet	ACCESS Agency	10/4/2022 11:54am
shurley@usmhs.org	Steve	Hurley	United Services	10/4/2022 11:54am
lynnette.sparkman@hhchealth.org	Lynnette	Sparkman-Mcl	Rushford	10/4/2022 11:54am
ystephen@fsc-ct.org	Yeharar	Stephen	Friendship Service Center	10/4/2022 11:54am
zhernandez@chrysaliscenterct.org	Zaida	Hernandez	Chrysalis	10/4/2022 11:54am
bcomerford@leeway.net	Brenda	Comerford	Leeway	10/4/2022 11:54am
mcabanas@bhcare.org	Mayra	Cabanas	BHcare	10/4/2022 11:54am
kcraft@newoppinc.org	Kelly	Craft	New Opportunties	10/4/2022 11:54am
fitzgibbons.ryan22@gmail.com	Ryan	Fitzgibbons	Holy Family Home & Shelter	10/4/2022 11:54am
alebron@svdpmission.org	Amanda	Lebron	St. Vincent DePaul Mission of Waterbury,	10/4/2022 11:54am
felicity.eles@csh.org	Felicity	Eles	Corporation for Supportive Housing	10/4/2022 11:54am
slambert@chrhealth.org	Sheryl	Lambert	Community Health Resources	10/4/2022 11:54am
brett.sandman@use.salvationarmy.org	Brett	Sandman	Salvation Army Southern New England	10/4/2022 11:54am
mollie.machado@ct.gov	Mollie	Machado	State of CT	10/4/2022 11:54am
mmartinez@chrysaliscenterct.org	Manny	Martinez	Chrysalis Center	10/4/2022 11:54am
rgrant@newreach.org	Randy	Grant	New Reach Inc	10/4/2022 11:54am
tchirsky@newoppinc.org	Tanya	Chirsky	New Opportunities	10/4/2022 11:54am
afeeley@newreach.org	Allison	Feeley	New Reach	10/4/2022 11:54am
tachica@nutmegit.com	Tachica	Murray	"Nutmeg Consulting, LLC"	10/4/2022 11:54am
vjones@libertycs.org	Victor	Jones	Liberty Community Services Inc	10/4/2022 11:54am
diamond.lovette804@gmail.com	Diamomd	Lovette		10/4/2022 11:54am
dellavalle8173@gmail.com	Christine	DellaValle	Self	10/4/2022 11:54am
lgomez@immacare.org	Linda	Gomez	ImmaCare Inc	10/4/2022 11:54am
pschmitz@cceh.org	Paul	Schmitz	Connecticut Coalition to End Homelessne	10/4/2022 11:54am
donna@nlhhc.org	Donna	Russo	New London Homeless Hospitality Center	10/4/2022 11:54am
kmastrobuono@mhconn.org	Kimberly	Mastrobuono	Mental Health CT	10/4/2022 11:54am
kagosto@fsc-ct.org	Kassandra	Agosto	The Friendship Center	10/4/2022 11:54am
djohnson-winston@columbushouse.org	Dominique	Johnson-Wins	Columbus House INC	10/4/2022 11:54am
kconforti@chrhealth.org	Katie	Conforti	Community Health Resources	10/4/2022 11:54am
leo.ghio90@gmail.com	LEONARDO	GHIO	Northwest Hills Council of Governments	10/4/2022 11:54am
kathleen@kazanasstrategies.com	Kathy	Hunter	Kazanas Development Strategies	10/4/2022 11:54am
mpaulemon@bhcare.org	Marie	Paulemon	Bhcare	10/4/2022 11:54am
tracy.radden@use.salvationarmy.org	Tracy	Radden	The Salvation Army	10/4/2022 11:54am

jrivera@cccymca.org	Jadette	Rivera	Alpha Community Services YMCA	10/4/2022 11:54am
jpierce@ctcadv.org	Jasmine	Pierce	CCDAV	10/4/2022 11:54am
sarahs@ywcahartford.org	Sarah	Szczebak	YWCA Hartford Region	10/4/2022 11:54am
anniestockton2@hotmail.com	Annie	Stockton		10/4/2022 11:54am
nadine.malone@journeyhomect.org	Nadine	Malone	Journey Home	10/4/2022 11:54am
ruthfbruno15@gmail.com	Ruth	Bruno	Sexual Assault Crisis Center of New Britai	10/4/2022 11:54am
orinkes@hotmail.com	liv	r		10/4/2022 11:54am
czall@nlhhc.org	Catherine	Zall	New London Homeless Hospitality Center	10/4/2022 11:54am
ibisrsvdp@outlook.com	Ibis	Rivera	St. Vincent DePaul Misson of Bristol, Inc.	10/4/2022 11:54am
msantiago@svdpmission.org	Megan	Santiago		10/4/2022 11:54am
malvarez@act-ct.org	Melanie	Alvarez		10/4/2022 11:54am
eserio@deskct.org	Evan	Serio	Downtown Evening Soup Kitchen (DESK)	10/4/2022 11:54am
fbrown@fsc-ct.org	Fred	Brown	Friendship Service Center	10/4/2022 11:54am
floranne@hfhscommunity.org	Floranne	Rawolle	Holy Family Home &l Shelter / Homes Plu	10/4/2022 11:54am
ryan@hfhscommunity.org	Ryan	Fitzgibbons	Holy Family Home & Shelter	10/4/2022 11:54am
marmstong@immacare.org	Melvya	Armstrong	ImmaCare	10/4/2022 11:54am
eoakes@cliffordbeers.org	Emily	Oakes	Clifford Beers Community Health Partner	10/4/2022 11:54am
ggrullon@newoppinc.org	Gawdys	Grullon	New Opportunities, Inc.	10/4/2022 11:54am
agarcia@cmhacc.org	Amanda	Garcia	CMHA	10/4/2022 11:54am
malvarez@fsc-ct.org	Melanie	Alvarez	Friendship Service Center	10/4/2022 11:54am
nsmith@prudencecrandall.org	Nicole	Smith	Prudence Crandall Center	10/4/2022 11:54am
eerussell@theconnectioninc.org	Erin	Russell		10/4/2022 11:54am

Special NOFO CoC Consolidated Application

(Web Posting CoC-Approved Consolidated Application)


https://www.ctbos.org/hud-coc-application/
BOS CT CoC
Home
COVID-19 Resources
About
Meetings & Trainings
Resources
Policies
Youth
COC Application
Renewal Eval
Contact
HUD COC Application
Home / HUD COC Application
2022 CoC Supplemental Funding Opportunity
CoC-Approved CoC Consolidated Application
CoC Application – PDF (2022.10.13) – e-snaps application including attachments
Project Priority Listing – PDF (2022.10.13) – lists all new projects and attachment. There were no renewal or replacement projects.
The Connecticut Balance of State Continuum of Care (CT BOS) is seeking applications for new projects for inclusion in the 2022 supplemental application for HUD CoC funds. CT BOS is seeking Permanent Supportive Housing, Rapid Rehousing and Supportive Services Only projects. The deadline for submission of new project applications is Wednesday, August 17, 2022 (8/17/2022).
The Bidder's Conference for this funding opportunity will take place on Thursday, 7/28/22 from 1 – 2 p.m. Slides and the recording will be posted to this page after the webinar.
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4:59 PM
10/13/2022

HUD CoC Supplemental Competition

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

Thu 10/13/2022 4:54 PM

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

CT BOS Supplemental CoC Competition Consolidated Application: CoC Application & Priority Listing Now Available

Dear Colleagues:

The CoC-approved versions of the CoC Application and the Priority Listing along with their respective attachments to be submitted to HUD for funding in the 2022 Continuum of Care Supplemental Competition to Address Unsheltered and Rural Homelessness have been posted to the CT BOS Website, per HUD requirement. They can be found on the HUD CoC Application page under the heading 2022 CoC Supplemental Funding Opportunity, CoC-Approved CoC Consolidated Application.

This has been a special year with 2 CoC Program competitions. Please accept our sincere gratitude for your contributions to this process and to ending homelessness in Connecticut.

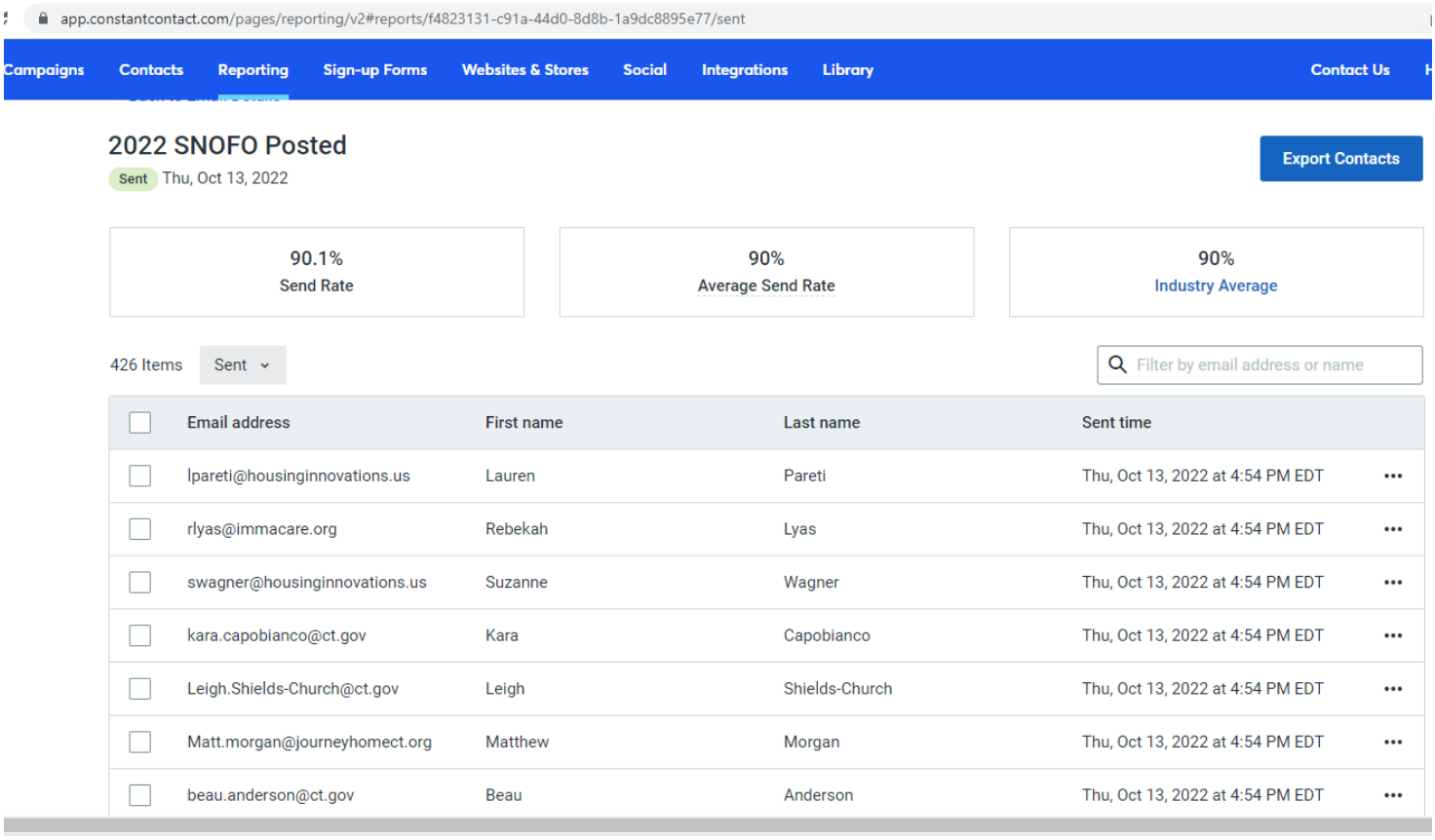
Thank you,
CT BOS Team

See what's happening on our website!

Contact the CT Balance of State

ctboscoc@gmail.com

Constant Contact Screenshot showing Special NOFO Consolidated Application posted to community members and stakeholders - sent to CT BOS distribution list of 426 emails.



Leveraging Housing Commitment

Ned Lamont
Governor

STATE OF CONNECTICUT
DEPARTMENT OF HOUSING

Seila Mosquera-Bruno
Commissioner

October 5, 2022

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

As detailed below, this letter of commitment confirms that the CT Department of Housing (DOH) has committed non-CoC/ESG funding to subsidize a total of 71 units included in the following three project applications submitted by CT Department of Mental Health and Addiction Services in the 2022 Continuum of Care Supplemental Competition to Address Unsheltered and Rural Homelessness: CRT Hartford PSH Supplemental 2022, New Reach New Haven PSH Supplemental 2022, CHI The Tyler Projects PSH Supplemental 2022.

Specifically, this letter confirms that DOH has committed:

- 55 non-CoC/ESG funded Section 8 Housing Choice Vouchers to two projects as follows:
    - CT DOH is committing this rental assistance to CRT Hartford PSH Supplemental 2022 for 40 units proposed to receive CoC services funding (applicant: CT Department of Mental Health and Addiction Services; project name: CRT Hartford PSH Supplemental 2022).
    - DOH is also committing rental assistance to New Reach New Haven PSH Supplemental 2022 for 15 of the 18 units proposed to receive CoC services funding (applicant: CT Department of Mental Health and Addiction Services; project name: New Reach New Haven PSH Supplemental 2022).
    - These 55 vouchers will be made available through turnover in DOH's Housing Choice Voucher Program. This is consistent with DOH's administrative plan, which sets aside a portion of turnover units for the people experiencing homelessness. These project-based rental assistance vouchers will be provided on the grant start date of the project if awarded through the 2022 CoC Supplemental Competition. Assuming the project is awarded CoC funds and a grant is executed, these rent subsidies for 55 units will be available for program participants by no later than 7/1/23.
- Non-CoC/ESG Connecticut State Bond funding in the amounts of $6 million to Tyler Housing Project and $6 million for Mather Housing Project. This funding will subsidize the 21 units in CHI The Tyler Projects PSH Supplemental 2022. Seven units are located in the Mather Housing Project and 14 units are located in the Tyler Housing Project. This commitment of non-CoC/ESG funding will subsidize 21 units with capital and operating funding (applicant: CT Department of Mental Health and Addiction Services; project name: CHI The Tyler Projects PSH Supplemental 2022). The funds subsidizing these additional 21 units have been committed, and this commitment is also codified in a DOH contract that has already been awarded and which covers operating costs for twenty years for the proposed projects cited above. As such, the funding that subsidizes these

units will be provided beginning on the grant start date of the project, if awarded through the 2022 Continuum of Care Supplemental Competition to Address Unsheltered and Rural Homelessness.

Sincerely;

Steve DiLella
Director, Individual and Family Support Program Unit
Connecticut Department of Housing

PHA Commitment

Ned Lamont
Governor

STATE OF CONNECTICUT
DEPARTMENT OF HOUSING

Seila Mosquera-Bruno
Commissioner

October 13, 2022

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

This letter is a commitment from the CT Department of Housing (CT DOH), a Public Housing Authority, to develop new units and create housing opportunities for people experiencing homelessness in partnership with CT Balance of State CoC (CT BOS; CT-505). CT DOH has had a strong and long standing relationship with CT BOS. DOH is grantee of numerous CT BOS projects and has been part of the CoC since the inception of CT DOH.

This letter serves as a commitment by CT DOH to work with CT BOS to pair Stability Vouchers authorized through the Consolidated Appropriations Acit of 2021 with CoC-funded supportive services. CT DOH is also making a commitment to work with CT BOS and other stakeholders to develop a prioritization plan for a potential allocation of Stability Vouchers through the coordinated entry process for individuals and families experiencing homelessness, at risk of homelessness, or fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking**.**

The CT Department of Housing's mission is to ensure everyone has access to quality housing opportunities and options throughout the State of Connecticut and CT DOH embraces this opportunity to create additional and much needed housing for those most vulnerable in CT BOS.

Sincerely,

Steve DiLella
Director, Individual and Family Support Program Unit
Connecticut Department of Housing

Healthcare Leveraging Commitment

STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency

NED LAMONT
GOVERNOR

NANCY NAVARRETTA, MA, LPC, NCC
COMMISSIONER

October 6, 2022

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

This letter of commitment confirms a formal agreement between the Connecticut Department of Mental Health and Addiction Services (DMHAS) and the Connecticut Balance of State Continuum of Care (CT BOS). DMHAS will provide access to treatment or recovery services for all program participants who qualify and choose those services in the following proposed PSH new projects:

- LCHF Rural PSH Project
- CRT Hartford PSH Supplemental 2022;
- New Reach New Haven PSH Supplemental 2022;
- SVDP Middletown PSH Supplemental 2022;
- CHI The Tyler Projects PSH Supplemental 2022; and
- CHI Greater New Haven PSH Supplemental 2022.

All of the above project applications are being submitted by CT Department of Mental Health and Addiction Services in the 2022 Continuum of Care Supplemental Competition to Address Unsheltered and Rural Homelessness.

This letter of commitment also confirms that:

- The treatment or recovery 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. The annual value of these services, estimating that 74 of the 147 program participants use treatment or recovery services at $15,00 per program participant, is $1,100,000, and the three-year value is $3,300,000. This valuation is consistent with costs for comparable services provided by LMHAs and not supported by CoC grant funds.

- These treatment and recovery services will be provided beginning on the grant start date of the projects if awarded through the 2022 CoC Supplemental Competition and for the full 3-year grant terms. Assuming the projects are awarded CoC funds and grants are executed, these services will be available for program participants by no later than 7/1/23. DMHAS will continue to provide these services for the full operating year for each subsequent renewal.

- If awarded by HUD, the projects will serve 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 projects will be based on HUD CoC Program fair housing requirements and is not restricted by DMHAS.

Sincerely,

Alice M. Minervino, MA
Behavioral Health Program Manager
Department of Mental Health and Addiction Services

Lived Experience Support Letter

Consumer Leadership Involvement Project (CLIP) Committee

September 29, 2022

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

We are submitting this letter of support for the Connecticut Balance of State Continuum of Care (CT BOS CoC) for the ***CT BOS CoC Plan to Serve People Experiencing Homelessness with Severe Service Needs*** (i.e., "the Plan"), the ***Priority Listing*** and the ***Project Applications*** submitted to the U.S. Department of Housing and Urban Development (HUD).

Through this letter, we are confirming that we participated in a workgroup comprised of people with lived experience of homelessness and provided input into the Plan. In addition, we are confirming our support for the priorities established in the funding application, which includes the Plan and Project Applications submitted to HUD in response to the 2022 *Special Notice of Funding Opportunity (SNOFO) to Address Unsheltered and Rural Homelessness.* 2022 SNOFO.

We support the use of Continuum of Care SNOFO Program funds to create the following:

- **Street Outreach Services** (HUD Funding Category: Supportive Services Only)
    - Street outreach staff located in each of the regions of CT BOS CoC's six Coordinated Access Networks (CANs) to:
        - identify individuals and families experiencing unsheltered homelessness
        - assess people's housing and service needs and preferences
        - assist people to swiftly connect to housing assistance, locate and move into a housing unit
        - link people to ongoing supports that are aligned with their needs and preferences and can help them to achieve long-term housing stability
        - serve people in Northwest (Litchfield County), Eastern and Central CT; Meriden-Middlesex-Wallingford; and the Greater New Haven and Hartford areas
- **Permanent Supportive Housing (PSH)** located in the following regions/CANS in CT BOS:
    - Hartford, New Haven, Middletown and Litchfield County
    - The PSH projects will provide 147 units of long-term subsidized housing and flexible, person-centered supportive services to individuals with disabilities who have intensive service needs and are experiencing homelessness.
    - The PSH projects will help people obtain permanent housing, stabilize in housing and identify and achieve personal goals.

- **Coordinated Entry** (HUD Funding Category: Supportive Services Only)
    - This project will establish hubs across the CT BOS geographic area where people with severe service needs can quickly get connected to services to access housing and linkages to ongoing services.
    - This project will support people who might otherwise struggle to manage the 211 and CAN systems.
- **CoC Planning**
    - This project will provide technical assistance and support to provider agencies to ensure that all projects funded through this initiative are:
        - rapidly implemented
        - treating participants in the programs with respect and assisting them to meet their own self-identified goals
        - training staff appropriately
        - working toward performance measures as established
    - Planning funds will also support ongoing evaluation and monitoring to ensure that projects are using the funds effectively to:
        - rapidly house participants and
        - help people to stabilize in housing, increase their income, and achieve other goals

These projects are critically needed in the CT BOS CoC 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),

Lisa Scott
Richard Coleman
Stephanie Lazarus
Veerasak Seedasome (signed by poll)
Tania Banks (signed by poll)
Teth Pickens (signed by poll)

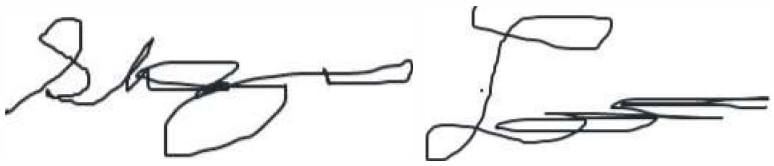
Cc: Alice Minervino, Sonya Jelks, Steve DiLella, John Merz (CT Balance of State CoC Co-Chairs)

By signing below, I hereby support the CT BOS CoC Plan to Serve People Experiencing Homelessness with Severe Service Needs including the priorities and project applications.

Lisa Scott

Richard Coleman

Stephanie Lazarus



Stephanie Lazarus

Zoom Poll Report

Report Generated:	9/29/2022 17:37
Topic	CLIP Meeting for the CoC Plan Review
Meeting ID	885 1227 8706
Actual Start Time	9/29/2022 14:57
Actual Duration (m	156

Poll Details

1.Do you agree to sign the letter acknowledging that you are a person with lived experience of homelessness and support of the CT BOS CoC Plan to Serve PEH with Severe Service Needs, priorities and project applications for the HUD SNOFO?

	User Name	Submitted Date/Time	Response
1	Stephanie Lazarus	9/29/2022 16:34	Yes
1	Tania Banks	9/29/2022 16:35	Yes
1	Teth Pickens	9/29/2022 16:34	Yes
1	Richard Coleman	9/29/2022 16:34	Yes
1	Veerasak Seedasome	9/29/2022 16:34	Yes

CoC Plan to Serve Persons Experiencing Homelessness with Severe Service Needs

CT BOS CoC Plan to Serve People Experiencing Homelessness with Severe Service Needs

Prepared October 10, 2022

P-1c. Landlord Recruitment.

P-1c.1: CT BOS employs a multi-pronged strategy for landlord recruitment:

1) **Landlord incentives**. Offering incentives to participating landlords, including double security deposits and guarantees, as well as access to a risk mitigation fund of an additional $1000 for damages in excess of security deposits. Expanding landlord incentives via municipal funding. Providing supports in each Coordinated Access Network through Housing Navigators that offer housing stabilization services other tenants do not have and incentivizes landlord participation.
2) **Successful partnerships**. Leveraging individual providers' previous successes with landlords, i.e., maintaining stable tenancies through appropriate levels of client support and responsiveness to landlords re: tenancy issues, to deepen existing relationships and benefit from "word of mouth" and existing landlord recommendations to recruit new landlords. Recognizing landlords who have partnered with the CoC.
3) **Consistency**. Establishing a single point of contact at service provider agencies so that landlords have the peace of mind that they can reach someone who is able to consistently resolve their ongoing and emergency issues and get answers to their questions.
4) **Marketing**. Actively marketing to landlords on their "turf" (e.g., attending Landlord Association and Realtor Association events)
5) **Dedicated staffing**. Hiring or designating staff dedicated to landlord recruitment, engagement, and retention, to ensure consistent support for landlords, recognizing that they are a key component of all rehousing successes.

Vigorous advocacy with landlords has resulted in successful rehousing efforts across the CoC's geographic area. Because landlords feel they are supported, they are more likely to give people a chance. CT BOS is continuing to work with the CANs to develop a real estate industry-connected landlord recruitment position to attract landlords and address their concerns about an individual's ability to be successful in their unit. Dedicated housing location staff who can demonstrate long-term commitment to landlords has made this marketing more successful; however their remain areas where the CoC struggles to identify units. CT BOS will continue to work with the CANs to develop designated real estate industry-connected landlord recruitment positions to attract landlords, address their concerns, and identify units in areas that have been historically challenging, including many small towns and rural areas in the State.

P-1c.2: Within CT BOS, six Coordinated Entry sub-regions were established in 2014 to streamline the referral process—these are called Coordinated Access Networks (CANs) which cover 100% of the CoC's geography. Within each CAN, over the past 3 – 5 years, there has been a growing adoption of more centralized models of landlord recruitment and engagement, with Coordinated Entry-participating service providers and the CAN lead agencies collaborating to create larger economies of scale in landlord outreach. For example, in 2020, the Greater New Haven CAN created a Landlord Engagement Team that led to hiring a landlord liaison. This liaison is tightly integrated in the CAN, providing resources and fielding needs related to housing units and landlords. The CAN and liaison establish respectful relationships with landlords while protecting tenant rights, averting evictions and other types of housing loss. Other CANs and the State of CT are applying lessons learned from this initiative to continue to evolve their landlord and unit identification process for tenant-based rental assistance programs. In addition, individual agencies have dedicated certain staff to "housing location" activities, including searching for appropriate units, setting up viewings, managing landlord relationships, and troubleshooting tenancy issues.

P-1c.3: Going forward, CT BOS will be using its By-Name-List (BNL) data to establish unit acquisition targets for each CAN across the state. Over the course of the pandemic, units have become more difficult to locate, severely impacting the length of time between a client being matched with a housing resource, e.g., rental assistance through RRH, PSH, or a Housing Authority voucher, and the client moving into a unit. CT BOS has standardized BNL policies and procedures and database infrastructure to store BNLs and analyze historical data

to establish trends in the number, type, and size of units generally needed in each CAN. This trend analysis will establish a baseline unit acquisition "need" to guide CANs' landlord recruitment efforts. As CT BOS matures this process, it can begin to set more ambitious goals that move performance closer to the statewide Emergency Shelter Length of Stay target of 45 days (avg).

P-3. Current Strategy to Identify, Shelter, and House Individuals and Families Experiencing Unsheltered Homelessness.

P-3.a.1: Street outreach (SO) is organized into 6 regional geographically-based teams that operate in each of the Coordinated Access Networks (CANS). CT developed this strategy more than 5 years ago and has been refining it since. Uniquely braiding federal PATH and CARES Act resources with state funds and partnering with Veteran, HIV, youth and other outreach services, the teams focus on engaging unsheltered people and connecting them to support services, low barrier shelter and permanent housing across the CAN geography. The CoC leveraged SO improvements with the addition of CARES Act-funded teams, and the adoption in 2021 of state-wide Street Outreach standards for all PATH and State-funded Street Outreach teams. Veteran Outreach operates out of the VA Medical Center, and street outreach teams coordinate to refer populations between the teams. Lessons learned when the State of CT was ending Veteran homelessness, have been applied to ensure coordination among the CARES Act-funded and PATH-funded teams. Additionally, there are locally funded outreach teams in four of the larger municipalities around the state with whom the CAN-based outreach teams also coordinate. The SO teams collaborate to produce and regularly update a single coordinated outreach plan for each CAN that details the schedule (date/time), responsible agency, assigned staff, and locations for (1) physical canvassing known locations in each CAN with a high probability of locating people living unsheltered; (2) outreach conducted in high traffic areas, i.e., soup kitchens, day shelters, drop-in centers, libraries, and other relevant places; (3) phone/email outreach to towns where canvassing and onsite outreach is not feasible.

Outreach teams in the CAN are responsible for ensuring that this plan covers all areas of their CAN geography and that plan(s) are informed by current information about patterns of unsheltered homelessness. The outreach plan also addresses uncovered areas, system gaps, emergency planning, a list of supplies that outreach staff makes available to clients, and strategies for ensuring that members of the public know whom to call to get help for someone living unsheltered. All outreach teams maintain a robust list of partners (soup kitchens, drop-in centers, local businesses, police contacts, social service agencies, municipal contacts, and others) and a schedule for phoning and emailing partners to identify and locate people living unsheltered. Some examples of partner coordination include co-locating case managers at police departments in higher unsheltered volume areas, working with police departments to embed crisis clinicians, working with the State Department of Transportation and CT State Troopers to conduct outreach at bus and rail service locations across the state. These partnerships are in addition to the street outreach days/times listed below, during which outreach staff actively canvass known unsheltered locations and routinely visit high-traffic areas where people living unsheltered know that staff can be found at the same day and time each week.

To ensure coordination with partners also conducting outreach and minimize duplication of services, the outreach plan is reviewed, modified, and approved by the Connecticut Department of Mental Health and Addiction Services (DMHAS) – the administering agency for PATH funding – and the CAN planning body twice a year. Plans are also reviewed, modified, and approved by a supervisor at least monthly. DMHAS and DOH host a quarterly meeting that all street outreach teams across the CoC are required to attend, using the meeting to conduct trainings and strengthen coordination and standardization across the state. In addition, some CANs also host monthly outreach coordination meetings to review and update the CAN-wide outreach plan, coordinate any staffing or schedule changes, and ensure implementation of any statewide changes to outreach efforts.

P-3.a.2: The coordinated outreach plan ensures frequent and complete coverage of diverse locations, during business and non-traditional hours, using phone/email contacts to bridge the gap in areas where canvassing is not a good use of scarce resources. Days/times for each CAN follow: **Greater Hartford CAN-** Outreach teams canvass and visit high-traffic locations 7 days/week across the CAN, with hours starting at 6-7a weekdays and

ending at 4-5p, with on-call availability (i.e. outreach staff go out to respond to calls) until 10p. **MMW CAN-** Outreach teams canvass and visit established high-traffic locations 4 days/week across the three towns and surrounding areas in the CAN: Mondays 6-11a and 3-8p (alternate timeslot every other week), Tuesdays 9a-2p and 1-4p (alternate like Mon), Wed 9-1p (every week), and Thurs 11:30-1a (every week). **Greater New Haven CAN-** Outreach teams canvass and visit established high-traffic locations 6 days/week across the CAN, with M-F hours starting at 5-7a and ending at 8p and Saturdays 8a-2p. Due to funding constraints, outreach staff limit their canvassing to known unsheltered areas and rely on regular check-ins with community partners to alert re: new locations where people are living unsheltered. **Northwest CAN-** Outreach teams canvass 1 full day/week (Wed 9-4:30p) and visit established high-traffic locations 5 days/week at 9a. Due to very limited funding and a large geographic area, outreach workers make regular contact with community partners, including hospitals and municipal social workers, to identify additional people living unsheltered. **Eastern CAN-** Outreach teams canvass and visit established high traffic locations 4 days/week: Mon 7:30a-5:30p; Tues 9a-12:30p; Wed 7a-12:30p; Fri 12-1p. Outreach teams are limited due to the size of Eastern CAN and limited funding. Outreach workers make regular contact with Eastern CT Town and City Halls to identify additional people living unsheltered **Central CAN-** Outreach teams canvass and visit established high traffic locations 4 days/week plus every other Friday: Mon 8a-1p and 3-5p; Tues 8:30-5p; Wed 8a-12:30p and 4-6p; Thurs 10a-12:30p and 3-5p; Fri 6-7a and 9-1p.

P-3.a.3: Outreach teams across the state employ a range of best practices to help people to exit sheltered and unsheltered homelessness, including the following:

- Working with the Street Psychiatry and Street Medicine Teams from the local Federally Qualified Health Centers (FQHCs) and the CT Mental Health Center to provide as much care as possible in the locations that people experiencing unsheltered homelessness frequent;
- Working with non-traditional partners such as pride centers, Area Agencies on Aging, libraries, immigrant organizations and re-entry programs, to ensure engagement of "hidden" populations such as LGBTQ+ persons, undocumented persons, elderly adults, and persons using libraries to manage (and hide) their unsheltered homelessness;
- Using motivation-building strategies informed by Motivational Interviewing (MI) to help people examine their situation, understand their options and progress towards goals when they: have mixed feelings about change; they doubt their abilities to change; they are uncertain about whether they want to make a change; and/or the advantages and disadvantages of change are unclear.
- Working with municipal governments when encampments are identified to engage people experiencing unsheltered homelessness in case management and placing and prioritizing people on the CAN's By Name List to be matched to a housing resource, instead of regressive "encampment sweeps" that largely rely on sanitation and police services without consideration for people living in the encampments;
- Partnering with local healthcare providers so that their community care teams accompany outreach staff when they engage with clients—these community care teams are locally based, multidisciplinary groups of care providers that address medical issues and social determinants of health;
- Employing the evidence-based Critical Time Intervention (CTI) model in outreach case management to support people through the transition from homelessness to housing, connect them to resources and supports, and build skills for self-advocacy. Outreach teams use CTI to support housing stability, reduce crises, and improve behavioral health by building connections to community supports, promoting community integration and helping people to move away from crisis and develop longer-term plans to address their needs;
- Providing consistent case management from outreach enrollment through the point of stabilizing in housing, with the same outreach workers providing aftercare in housing;
- Actively participating in local Harm Reduction efforts, e.g., an Opioid Task Force in New Haven, and a Harm Reduction and Syringe Services Programs for Hartford County, two large metropolitan areas;
- Carrying Naloxone and ensuring that all outreach staff are trained to deploy this lifesaving medication in the event of overdoses; and

- Participating in a Statewide Coordinated Outreach Task Force, along with other CAN stakeholders, to maintain standardized processes, coordinate efforts, receive timely guidance from state agencies, align and ensure consistency in shelter and housing prioritization, and identify and meet shared training needs.
- Working with the CAN to make "rapid exit" funds available to support people living unsheltered to reconnect with natural supports with whom they are able to live.

P-3.a.4: The outreach plans described above include a specific engagement plan for the most vulnerable clients within the CAN, indicating specific clients who are highly vulnerable, who is assigned to engage them, and how frequently engagement attempts will occur. Targeted assignment of bi-lingual/bi-cultural staff ensures use of culturally appropriate strategies. Plans also detail how engagement of vulnerable clients will continue when staff are absent. CANs determine the targeting criteria that define "most vulnerable," including the highest vulnerability assessments, the longest length of time homeless, and medically fragile status. These clients are prioritized for heightened engagement on the street, as well as for access to shelter and permanent housing resources. Outreach projects are monitored annually, and the monitoring team selects "highest vulnerability" case records when monitoring to ensure use of engagement strategies and service intensity that is commensurate with client needs and preferences.

P-3.a.5: Within CANs, outreach teams and housing providers conduct case conferencing to ensure that people experiencing unsheltered homelessness are swiftly connected to permanent housing and provided adequate support to locate and move into a unit, including housing location services (finding units), attending viewings with clients, attending appointments and interviews with landlords, and assisting with clients' understanding of leases, tenancy requirements, and other skills associated with maintaining tenancy. These case conferencing meetings occur weekly to biweekly in each CAN. During case conferencing meetings, housing provider staff and outreach staff also troubleshoot any issues that a client or staff person is encountering in the rehousing process.

In addition to ongoing annual monitoring, in 2023, street outreach contracts will incorporate a set of housing-focused performance standards:

- % of clients exiting Street Outreach project who exited to a permanent housing location
- For clients who exited to a permanent housing location, length of time from enrollment date to permanent housing move-in date
- % of clients with an increase in income from any source from enrollment to exit, regardless of exit destination
- % of unsheltered persons encountered (regardless of enrollment) who are entered into HMIS within 72 hours of encounter

P-3.a.6: Street Outreach teams across the state employ persons with lived experiences of homelessness. These persons assist with identifying locations where people live unsheltered and engage with people who are disinclined to trust other staff who are associated with the system. One CAN contracted with five young adults who conduct outreach and engagement in the field and meet weekly with the CAN lead agency to strategize on engaging people living in unsheltered situations, recognizing that outreach effectiveness is only achieved through consistent and culturally responsive interactions. People with lived experiences of unsheltered homelessness also participate in housing location and navigation roles and in program development. Having staff with lived experience demonstrates to people living unsheltered that there is hope and a pathway to a more stably housed life. Peer staff also help break down the stigma associated with living unsheltered and help people on the street to feel more "seen" and understood.

P-3.b. Current Strategy to Provide Immediate Access to Low-Barrier Shelter and Temporary Housing for Individuals and Families Experiencing Unsheltered Homelessness.

P-3.b.1: The Connecticut Department of Housing (DOH), which is the largest public funder of shelters across the state, requires DOH-funded shelters to operate with low barriers to entry and continued residency. DOH monitors shelters on this requirement, covering the following policies related to low-barrier sheltering:

1. Flexible Length of Stay policies to prevent "timing out" discharges
2. Termination/Discharge policies state that "No client shall be discharged into homelessness without an opportunity to participate in a case conferencing session with their respective CAN, unless such client poses an immediate health or safety risk to themselves or others."
3. Admissions may not be based on a drug test or breathalyzer. Drug testing must not be in the policy manual.
4. Referrals must come from the CAN lead agency, which verifies that households are experiencing homelessness (to avoid shelters filling beds with persons not literally homeless)
5. Eligibility criteria, participant agreements, policies and practices all align with a Housing First approach

CT BOS has very little remaining CoC-funded transitional housing (TH), and what remains is dedicated to young people and households fleeing domestic violence. Youth-specific staff work to prioritize young people who are unsheltered for transitional housing, and the numbers of young people experiencing unsheltered homelessness remain very low as a result. CT BOS has 12 shelter beds for young people, as well as several TH projects that meet temporary needs. Within these shelter and TH projects, providers used best practices, including harm reduction, trauma informed care, and youth empowerment models. Further, young people are able to access youth-dedicated RRH and PSH projects around the state funded through the Youth Homelessness Demonstration Program (YHDP).

P-3.b.2: The strategy is effective at providing low barrier shelter, but as noted below, shorter shelter stays are necessary to enable access to that low barrier shelter for all people experiencing homelessness. The CoC successfully launched and operated a large-scale non-congregate sheltering effort in response to COVID; however, those funds are no longer available, and, consequently, most shelter has returned to a congregate model with exceptions noted below. Due to COVID-related tightening of the housing market, shelters across CT are struggling to exit households to permanent housing in a timely manner, resulting in lower shelter bed turnover, less flow through the system, and an increase in unsheltered homelessness. All CANs are currently maintaining shelter waitlists, with unsheltered households as highest priority. Families with minor children who are found to be living unsheltered, e.g., sleeping in their cars, or who are about to be unsheltered, are immediately placed in hotel rooms until a shelter unit becomes available, ensuring that no children are unsheltered.

All shelters and TH in the CoC are required to adhere to the CoC policy "Ensuring a Safe, Healthy, Inclusive, Affirming and Discrimination-free Environment for Persons Identifying as LGBTQIA+" and receive related training from the CoC annually. Shelters and TH also undertake agency-specific efforts to be culturally responsive. For instance, one agency that operates the full continuum of projects, from shelter to PSH, uses a Person-Centered philosophy and employs the best-practice methodology of "Trauma-Informed and Gender-Responsive Care," designed to empower clients while remaining cognizant of personal histories and experiences. For other populations, respite beds and medically fragile prioritization (both described below) have made some progress in reducing the numbers of unsheltered individuals who are sick, but shelters lack adequate funding to fully implement sheltering practices that address the severity of physical, mental, and behavioral health issues. More medical respite beds are needed to meet the demand.

P-3.b.3: Shelters across the state have also removed many barriers to entry over the past 3 years, with a number of "damp" shelters in operation. In such damp shelters intoxication is permitted, and individuals can leave the shelter to drink or use and return without being removed from the premises. This model is a promising practice for hardcore alcohol and drug users, but interviews with current and former unsheltered individuals revealed important lessons (e.g., a need for clearly demarcated "wet/damp" and "dry" shelter areas within shelter facilities

so that persons who are not actively using alcohol or drugs can avoid the disruptiveness of people who are actively using). This unmet need remains. More healthcare partnerships are also needed for shelters not located in major CT municipalities. During the pandemic, both sheltered and unsheltered individuals have presented with more behavioral health needs or increasing severity of those needs. Changes in the workforce due to healthcare worker burnout, coupled with an overwhelming rise in demand for these services and a pandemic-induced shift to telehealth, have combined to create a significant shortage in these much-needed services.

As described above, CT BOS prioritizes unsheltered households for shelter, and within the unsheltered population, medical fragility and other vulnerabilities are used to further prioritize. Over the past 3 years, in response to increasing medical needs and an increase in the severity of needs) in the unsheltered homeless population, shelters across the state have incorporated **medical respite** beds into their facilities. These beds provide acute and post-acute care for persons experiencing homelessness who are too ill or frail to recover from a physical illness or injury on the streets but are not ill enough to be in a hospital. This best practice model allows individuals experiencing homelessness the opportunity to rest in a safe environment while accessing medical care and other supportive services. These medical respite beds have been very successful, offering more peaceful non-congregate spaces to sick individuals so that they can recover while staff work with them to find housing. A lesson learned is that this model requires close coordination with healthcare providers and hospitals, and shelters have had to add positions to manage the coordination and service intensity.

P-3.c Current Strategy to Provide Immediate Access to Low Barrier Permanent Housing for Individuals and Families Experiencing Unsheltered Homelessness.

P-3.c.1: CT BOS requires all projects funded with CoC resources to use the Housing First approach and has defined what that means by adopting Housing First principles that are monitored on an annual basis. For example, monitoring ensures that:

(1) Housing is not contingent on compliance with services;
(2) Tenants may only be terminated for lease violations or failure to carry out obligations under Connecticut's Landlord and Tenant Act and may only be evicted from their units per valid court orders;
(3) Services are provided post-housing placement to promote housing stability; and
(4) Grantees are not permitted to require project residents to participate in any services

The CoC's monitoring program evaluates project compliance with its Housing First Principles by reviewing leases, policies, participant handbooks, case notes, service plans, etc., to ensure that participation in services is voluntary and that participants are not denied entry or terminated due to substance use, reluctance to engage in services or treatment, lack of progress on goals, or other impermissible reasons. The monitoring team also interviews case management staff and participants to assess alignment with the Housing First model. Failure to adhere to the CoC's Housing First principles results in a finding, with specific recommendations to correct the finding. If subsequent monitoring indicates that a project is unable or unwilling to make the necessary changes, the project risks being reallocated. Through its annual renewal evaluation process, the CoC also monitors housing stabilization outcomes to ensure that participants remain housed and do not exit into homelessness.

In addition, the Coordinated Access Networks (CANs) ensure that projects are adhering to a Housing First approach, including prohibiting certain admission criteria and prioritizing rapid placement and stabilization in permanent housing. Permanent Housing (PH) projects must enroll only applicants referred via the CAN and may not reject eligible applicants due to criminal history, active or past substance use, lack of income, poor credit, eviction history, reluctance to engage in services, or other barriers. CT BOS is also leveraging landlord incentives to negotiate reductions in application criteria and plans to continue to use future incentives to lower barriers for clients with tenant-based permanent housing vouchers. These landlord incentives have been introduced in the past three years and show promise in reducing barriers, but these incentives and negotiated reductions in barriers must be scaled up significantly to meet the needs of unsheltered individuals who have been matched with tenant-based Rapid Rehousing and Permanent Supportive Housing (PSH) vouchers.

Connecticut was an early and enthusiastic adopter of PSH and built out a significant stock of nearly 5,000 units of PSH for individuals and families across the state. These early investments paved the way for the State of Connecticut to be the first state to end chronic homelessness among Veterans, and later, to end Veteran homelessness. The State of Connecticut continues to work toward ending all chronic homelessness in the state, maintaining a statewide list of fewer than 100 individuals still experiencing chronic homelessness. The State has consistently invested in affordable housing and dedicating those resources to homeless people. In this funding application, the CoC is building upon its PSH strategy as follows: CT Department of Housing has committed 55 Housing Choice Vouchers and over $12 million in CT State Bond Financing as leverage for permanent supportive housing units that will be a critical part of this plan. Other leverage for PSH in the CoC has come from state bond financed and Low-Income Housing Tax Credits (LIHTC) projects.

CT BOS will be maximizing its new and existing resources through advocacy with landlords, working with CANs to attract landlords and address their concerns about an individual's ability to be successful in their unit. This marketing requires the kind of long-term commitment to landlords that our dedicated housing location staff provides. Going forward, CT BOS will begin using its By-Name-List (BNL) data to establish unit acquisition targets for each CAN across the state to ensure that every available voucher is leased up as quickly as possible.

P-3.c.2 & 3: Each CAN maintains a prioritized By-Name List (BNL), and unsheltered status is one of the priority factors, though Length of Time Homeless (LOTH) is the primary prioritization factor. Whenever possible, people living unsheltered who have been prioritized for PSH or RRH are housed directly from unsheltered locations, as evidenced by CT BOS's Longitudinal Systems Analysis (LSA) data that shows that 15% of clients enter RRH from the street, and 8% of clients enter PSH from the street, without a prior shelter stay. CT BOS began using RRH to house the most vulnerable households in 2019, utilizing a progressive engagement and Critical Time Intervention (CTI) model. CT BOS has funded regular training and Communities of Practice for housing staff to ensure fidelity to CTI.

Re: culturally appropriate access to housing, young people are able to access youth-dedicated RRH and PSH projects around the state. All projects in CT BOS adhere to the CoC policy "Ensuring a Safe, Healthy, Inclusive, Affirming and Discrimination-free Environment for Persons Identifying as LGBTQIA+" and receive training from CT BOS annually. Shelters and TH also undertake their own efforts to be culturally responsive. For instance, one agency that operates the full continuum of projects, from shelter to PSH, uses a Person-Centered philosophy and "Trauma-Informed and Gender-Responsive Care," designed to empower clients throughout the process, while remaining cognizant of personal histories and experiences. Areas with large latino/a/x populations have added bi-lingual staff and connections to culturally-specific services and supports. The CANs and CT Coalition Against Domestic Violence (CCADV) also work closely together, with CCADV playing a key role in standing up RRH for survivors, and full alignment with CANs to prioritize survivors who also have other characteristics or situations that indicate a need for PSH. CCADV's close partnership has resulted in increased responsiveness in RRH and PSH projects, regardless of whether they are specifically for survivors.

P-3.c.4 In the past 3 years, the CoC launched a significant RRH program for DV survivors. That program is designed to leverage the unique capacities of multiple partners as follows: CCADV is responsible for project management, coordinated entry, policy development, training, and leadership of continuous quality improvement efforts; a single homeless service provider in each region is responsible for housing location; and DV service providers are responsible for care coordination, safety planning, and housing stabilization supports. The CoC has also implemented new approaches to centralizing housing location for other target populations as described in section P-1.c. Lessons learned include how to take advantage of economies of scale and increase effectiveness of housing location through staff specialization by centralizing core programmatic functions.

P-4. Updating the CoC's Strategy to Identify, Shelter, and House Individuals Experiencing Unsheltered Homelessness with Data and Performance.

Street Outreach- P-4.1.a: The CoC has engaged in multiple rounds of system modeling for young people experiencing homelessness, as well as a robust investment in 2022 to determine the size and resource array of a statewide homeless service system that meets the needs of all persons experiencing homelessness. This 2022 modeling exercise will be used to drive CT BOS investments and state investments in 2023 and beyond.

When SO teams are appropriately staffed (using funds from this NOFO), the most vulnerable unsheltered clients will benefit from more robust implementation of best practices, e.g., more intensive motivation-building and Critical Time Intervention (CTI) methods. SO workers already coordinate with CAN diversion specialists, and housing navigators to align efforts, facilitate case conferencing, and coordinate all efforts associated with households who are not yet in shelter. These NOFO funds will be used to support CANs to build out service hubs, as described in P-4.2 below, to meet immediate basic needs, and work with clients to obtain disability verifications, fill out benefits applications, collect vital records (ID, birth certificate, Social Security card), meet behavioral and physical healthcare needs, and other goals identified by the client, so that outreach workers can focus on people least likely to engage and seek help from systems they do not trust. Through the combination of outreach and hubs, staff across the system will be able to successfully adhere to CTI case management.

The following metrics will be used to improve street outreach performance within the CoC:

- Number of unsheltered households with CAN enrollment without an Outreach enrollment (unmet need)
- Number and % of unsheltered households on the CAN's shelter waitlist (unmet need)
- % of clients exiting Street Outreach project who exited to a permanent housing location
- Of clients exited to permanent housing, length of time from Outreach enrollment to housing move-in
- % with increase in income from Outreach enrollment to exit, regardless of exit destination
- % of unsheltered persons who are entered into HMIS within 72 hours of encounter

P-4.1.b: CT BOS and the CANs will use performance and "unmet need" data derived primarily from HMIS to hold providers to performance standards, determine additional funding for Outreach teams to achieve more effective caseload sizes, provide targeted technical assistance and training on evidence-based practices to improve performance, and ensure that diverse populations have equitable outcomes. Evidence-based practices that CT BOS will continue to invest in include (1) Motivational Interviewing, (2) Critical Time Intervention (CTI), (3) Trauma Informed Care, (4) Permanent Supportive Housing, (5) Housing First, and (6) Harm Reduction, all of which support deeply vulnerable unsheltered people to achieve housing. CT BOS providers also rely on assertive engagement techniques and housing problem-solving/diversion/mediation as best practice methods of resolving an episode of homelessness regardless of how long someone has been experiencing homelessness already.

During the pandemic, SO and CAN staff began maintaining a single list of all households seeking shelter and/or working with a diversion specialist to find a safe alternative to shelter. These lists help the multiple SO teams and CAN staff stay aligned on current needs, client demographics (race, ethnicity, gender, age), community preferences, current living situation, client location details, contact information, which staff person is working with the client, when they were identified and verified as meeting the homeless definition, and how many days they have been on the list. With this dataset, CANs and SO teams regularly calculate unmet needs, prioritize according to CAN policies, and measure client outcomes across the CAN.

P-4.1.c: CT BOS's approach to street outreach has a built-in mechanism for reviewing and refining outreach plans in each CAN and incorporating new partners. Outreach teams will continue to be responsible for ensuring that there is a plan covering their assigned CAN and that plan(s) are updated at least monthly based on current information about: patterns of unsheltered homelessness; new resources and partners; and other conditions in the CAN. To ensure coordination with existing and new partners and to minimize duplication of services, the CAN-

wide plan will continue to be reviewed and approved by DMHAS and the CAN at least two times per year and by a supervisor at least monthly.

During the pandemic, CT BOS and providers focused on deepening existing partnerships and engaging new partners, assessing current resources and needs, and creating an evidence-informed strategy to fill gaps and more effectively achieve outcomes, including reworking the system to eliminate as many barriers as possible to people experiencing unsheltered homelessness. One big change in progress is the creation of service hubs where new and existing partners will work to engage people living unsheltered, offer convenient meeting places for clients, and work with clients to obtain disability verifications, fill out benefits applications, collect vital records (ID, birth certificate, Social Security card), meet basic living and safety needs, meet behavioral and physical healthcare needs, and other goals identified by the client.

SO teams and CANs will establish new and deepen existing partnerships, building on proven practices, e.g.,

1. New Haven SO Teams will work in collaboration with Cornell Scott-Hill Health Center's Street Medicine Team and Community Mental Health Center's Steet Psychiatry Team. New Haven's Street Medicine team provides on-the-spot medical care for people experiencing homelessness where they are—in soup kitchens and shelters, in parks and under bridges, and on the streets.
2. Multiple SO Teams will collaborate with Medication Assisted Treatment program for opioid use disorders.
3. Hartford SO teams will work with youth-dedicated providers to provide a safe, empowering, and trusting environment for young people. These partnerships include hiring young adults with lived experience to improve engagement of clients experiencing literal homelessness, improve service delivery, and promote best practices across the homeless service system.
4. Multiple SO teams will work with health care and wellness programs, Hospitals and Emergency Rooms, FQHCs, treatment centers for counseling, detoxification outpatient/inpatient care, long-term treatment and counseling for mental health and substance abuse, methadone maintenance, and employment resources.

Low-Barrier Shelter - P-4.2.a: DOH will continuously improve access to low barrier shelters by monitoring program eligibility and implementation of the requirement that all state and federally funded shelters receive 100% of their referrals from the CAN. CANs will focus on deepening existing partnerships and engaging new partners, assessing current resources and needs, and creating an evidence-informed strategy to fill gaps and achieve better outcomes. Together DOH and the CANs will use data and other information derived through monitoring, coordinated entry, and piloting of new practices to weave the safety net tighter and narrow gaps where the most vulnerable could fall through. For example, sheltering strategies will continue to be updated in response to lessons learned during the pandemic, when use of warming centers and hoteling were prevalent and it was evident that these options are more attractive to people living unsheltered who had trouble managing even the low-barrier shelters. Unsheltered households needed more accessible resources, including showers, laundry, health care, access to food, and other basic needs, and through our efforts during the pandemic, people can now access these resources in many sites across the state. Data gathered directly from persons experiencing homelessness will be used to continue to identify gaps and improve access to these critical resources.

P-4.2.b & c: The CoC is redesigning the front end of its system to respond to vulnerabilities exposed by the pandemic, proposing a system that eliminates as many barriers as possible for people experiencing unsheltered homelessness to be rapidly rehoused without expanding the shelter footprint in CT BOS. This means establishing service "hubs" that build on lessons learned during the pandemic about rehousing people directly from the street, using warming centers to meet immediate basic needs while securing housing. These hubs will operate 7 days a week. They will be conveniently located within walking distance for most people to get staff assistance, charge phones, use computers, eat, see a clinician or medical provider, get clothes or other items, and, at some hubs, take a shower and/or do laundry. These hubs will work as a network and communicate with one another regularly. Hubs will build on existing and new relationships with Community Health Centers to provide rapid access to healthcare.

The funds to support the CAN hubs are an integral part of an upcoming system redesign in which Housing Access & Stabilization Teams (HAST) are responsible for the continuum of CE services from engagement to housing. At the center of the HAST are the Diversion Specialists, tasked with housing crisis needs assessment and triage to services (street outreach, emergency shelter, flexible assistance, community resources). Given current funding levels to support diversion work, the CE is unable to offer expanded coverage to non-traditional business hours outside of some time-limited outreach staff. In addition, as the CE strives to ensure that service access is low-barrier, walk-in locations with trained staff experienced in diversion, assessment, and triage are vital to ensuring individuals who are least able to follow the sequencing of the CE system are appropriately connected to services.

The following performance measures will be applied to HAST teams:

- Number of unsheltered households active on By-Name List
- Length of time on By-Name List for all unsheltered households
- Percentage of unsheltered households on By-Name List matched to permanent housing resource
- Length of time between By-Name List placement and date of match to housing resource
- Number of unsheltered households exited from By-Name List to exit destinations listed below
    - Length of time of unsheltered households from By-Name List placement to exit (by destination)
    - Length of time of unsheltered households exiting By-Name List w/ project-based subsidy
    - Length of time of unsheltered households exiting By-Name List w/ tenant-based subsidy

Permanent Housing P-4.3.a & b: CT BOS proposes to use NOFO funding to create an additional 147 units of PSH following Housing First pillars: 1) Provide a low barrier approach to entry; 2) Focus on community integration and recovery; 3) Housing is located in neighborhoods that are accessible to community resources; 4) Efforts are made to make the housing look and feel similar to other types of housing in the community; 5) 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; 6) 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; 7) Retention in housing is contingent only on lease compliance; 8) Separation of housing and services; and 9) Tenant choice.

CT BOS will monitor funded projects to ensure that PSH Case management services are individualized and designed for each household, based on clinical and functional assessment of needs as well as client preference. Using data gathered through project monitoring and renewal evaluation, CT BOS will continuously update training and technical assistance strategies to ensure that case management services: effectively assist clients in: maintaining safe, affordable housing and avoiding eviction; increasing income; building independent living skills; establishing enduring linkages with clinical and rehabilitation services, including assistance with employment to support them toward achieving independence, and if applicable, to stabilize their symptoms of mental illness, addiction and/or chronic health conditions; building natural support networks; engaging in meaningful activities; taking an active role in identifying and prioritizing their needs and goals through a collaborative service planning process. CT BOS will also continuously update its monitoring, renewal evaluation, training, and technical assistance strategies to ensure that PSH providers are using an integrated system of care and effectively partnering with healthcare and other providers to meet tenants' full spectrum of needs.

Each CAN will continue to maintain a single By-Name List of households prioritized for all available permanent housing resources (RRH, PSH, and vouchers made available by partnerships with Housing Authorities). The following metrics will be used to improve performance and ensure that the CoC is rapidly housing unsheltered (and previously unsheltered) households:

- % of unsheltered households on By-Name List matched to permanent housing resource
- Number of unsheltered households exited from By-Name List to permanent housing
- Length of time of unsheltered households exiting By-Name List w/ project-based subsidy
- Length of time of unsheltered households exiting By-Name List w/ tenant-based subsidy

CT BOS and the CANs will use these data to hold providers to performance standards, determine additional funding for housing location, landlord recruitment, and RRH & PSH case management to maintain caseloads necessary for CTI, provide targeted technical assistance and training on CTI, and ensure that diverse populations have equitable outcomes.

CT BOS will employ these practices to increase the number of rehoused (formerly unsheltered) households:

1. Provision of service-intensive PSH, including supports for persons with high healthcare needs
2. Representative Payee Services: Providers and/or intermediary agencies will assist clients with disabilities by acting as an intermediary to pay bills on the client's behalf. Efforts to expand this service include identifying new partners who can serve in this role.
3. Moving On: CT maximizes its robust PSH resources by targeting permanent vouchers (Housing Choice and State Rental Assistance Program) to households prepared to move on from PSH. Because much of the PSH stock is tenant-based, the state is able to maintain its Moving On program with consistent positive PSH exits without destabilizing the household.
4. "Ticket to Work": A pay-for-success model that pays for each SSDI/SSI client helped to gain and maintain employment for a period of time. Agencies will work with eligible program participants to provide career counseling, job placement, and ongoing employment support services. Though the nationwide success rate of this program is around 1%, one agency in CT BOS averages a 30% success rate. CT BOS will work with additional agencies to amplify these successes across more of the region.
5. Pathways to Independence (PTI): Using a person-centered approach to care, our Employment Specialists (1) assist clients in job searching, writing resumes and cover letters, and mock interview (2) connect clients to employers and job opportunities, (3) prepare clients for sustained employment, and (4) address basic skills required to reenter the workforce. Our employment specialists help clients regain the confidence necessary to re-enter the workforce. They also help clients to overcome challenges such as obtaining identification, securing professional clothing, and accessing transportation that are necessary for employment. Columbus House uses a "Supported Employment Profile" in order to ascertain an appropriate course of action for an individual on the path to employment. This critical program enhances and expands services for people experiencing homelessness by providing: 1) enrollment into mainstream benefit programs 2) employment services; and 3) financial coaching.
6. CoC-wide landlord engagement: Successful rehousing efforts require vigorous advocacy with landlords. CT BOS will work with CANs to develop a real estate industry-connected landlord recruitment position to attract landlords and address their concerns about an individual's ability to be successful in their unit. This marketing requires the kind of long-term commitment to landlords that our dedicated housing location staff provides. Where landlords feel they are supported, they are more likely to give people a chance.

P-5. Identify and Prioritize Households Experiencing or with Histories of Unsheltered Homelessness.

P-5.1: CT BOS will utilize the funds made available under this NOFO to further drive its system toward quickly and permanently rehousing unsheltered households across the state by building out its Street Outreach, PSH, and Coordinated Entry resources, and by using CoC Planning funds to monitor and evaluate progress and make adjustments to continuously improve performance. CT BOS has well-established networks of street outreach teams and coordinated outreach plans, but the network is understaffed to fully meet the needs of everyone experiencing unsheltered homelessness. There are too few outreach workers to dive into the intensive rehousing process that will result in an end to each person's unsheltered homelessness. Households experiencing unsheltered homelessness are already prioritized for shelter and permanent housing **(P-5.2.a)**, and this injection of funding into the system will allow for an adequate expansion of resources for these prioritized households, including 147 additional units of service-intensive PSH and additional Street Outreach positions to provide the level of care needed to build relationships among people with high levels of mistrust in the system and quickly connect them to housing resources. As the program evolves, eligibility, prioritization and coordinated entry processes will be adjusted based on lessons learned and the evolving needs of the unsheltered population to continue to ensure that unsheltered people remain the priority for homeless resources.

P-5.2.b & P-5.3: CT BOS will utilize funds from this NOFO to:

(1) Expand Street Outreach coverage to canvass areas with demonstrated need for more Outreach presence;
(2) Increase Street Outreach staffing so that all people experiencing unsheltered homelessness can be engaged and supported with fidelity to evidence-based practices, e.g., Critical Time Intervention (CTI) and Motivational Interviewing, as well as best practices like housing problem-solving;
(3) Focus Street Outreach hiring preferences on people with lived experience of homelessness, serious mental illness or substance abuse with stability in their own recovery and a willingness to self-identify as someone in recovery;
(4) Ensure that Street Outreach teams are coordinating with housing providers to support clients through the pre-CTI phase of Critical Time Intervention;
(5) Create service hubs to take on key functions so that SO workers can focus on those least likely to engage;
(6) Expand housing navigation services available to connect more people with subsidies to available units;
(7) Deepen and expand partnerships with local FQHC's and other primary and specialty healthcare providers;
(8) Expand service-intensive PSH for close to 150 households and provide long-term subsidized housing and flexible, person-centered supportive services to individuals with disabilities who have intensive service needs and are experiencing homelessness. The PSH projects will help people obtain permanent housing, stabilize in housing and identify and achieve personal goals, and will augment CT BOS's ongoing efforts to open up more PSH resources (currently happening through Moving On vouchers).
(9) Monitor project implementation, evaluate performance and adjust policies, coordinated entry processes, training, and technical assistance to continuously improve efforts to reduce unsheltered homelessness.

This proposal will effectively address people's initial urgent needs and help them move quickly to the point where they can prioritize the creation of a housing plan. CT BOS has a coordinated strategy to identify people living unsheltered in each CAN and maintains this data in a shared environment. It also has shared CAN policies that clearly prioritize households living unsheltered. However, without enough staffing, people with the greatest needs often disengage because they see that we cannot really help them address their pressing concerns.

P-5.4.a,b&c: The initial priorities to be addressed would be driven by participants but are expected to include access to food/shelter, addressing urgent health care needs, obtaining birth certificates and identification; implementing harm reduction strategies, dealing with urgent legal matters, finding secure storage for belongings, getting a phone, connecting to health and behavioral health (MH and SU Treatment) care, and gaining access to public benefits such as Medicaid, SSI/SSDI and food stamps. Once initial critical needs are addressed, staff would build on the relationships formed, offering this specialized initial support to then work with the participant to develop a detailed housing plan. Staff from the services project would complete a "warm hand off" (as outlined in CTI) to more specialized housing staff for housing search and navigation support through the leasing and housing stabilization process. Outreach staff would continue to monitor linkages (per CTI) for an additional two or three months to assure that the linkages to treatment, healthcare and support services are working as planned. Most of the CT BOS providers are trained in CTI and participate in ongoing communities of practice to maintain fidelity to the model. CT BOS's combination of CTI service models, appropriate Outreach staffing, 147 units of new PSH, and new and deepened healthcare partnerships across the system will result in a significant reduction in unsheltered homelessness.

As noted, the CoC will use SO staff to ensure unsheltered homeless people have access to birth certificates and other forms of identification, housing navigation services and resources and supports like healthcare using the CTI model to connect to them to linkages and ensure they result in the desired outcomes. In the CANS, local healthcare providers are critical partners in accessing healthcare services and staff from local hospitals, clinics and FQHC's participate in CAN coordination meetings to ensure people gain access to these resources. CT DMHAS supports multiple efforts that strengthen linkages between the mental health, substance use and homeless systems: 1) Mobile Mental Health Crisis teams operated by Local Mental Health Authorities (LMHAs); 2) LMHAs participate in regular CAN meetings to ensure access to mental health and substance use treatment

services; 3) Care Coordination teams in each CAN facilitate connections between health and behavioral health care and the homeless system; and 4) Certified SOAR Specialists in each CAN assist with access to SSI/SSDI. Mobile Medication Assisted Treatment (MAT) vans are operated by four non-profit organizations around the state, with coverage ranging from 5-7 days a week to increase access to MAT for people living unsheltered with opioid use disorder. The vans are staffed by a nurse or physician and a peer recovery support counselor. Visitors to the vans can: receive a prescription for Suboxone; access a peer counselor, a Narcan overdose reversal kit and other harm reduction supplies—including syringe exchange and educational resources; and receive referral to a treatment center and transportation to a pharmacy. The service is free and does not require proof of insurance.

P-6. Involving Individuals with Lived Experience of Homelessness in Decision Making– Meaningful Outreach.

P-6.1: CT BOS has invested CoC Planning funds to launch and support a CoC workgroup of people with lived experiences of homelessness, called the "Consumer Leadership Involvement Project" (CLIP). Members of this workgroup are compensated at an hourly rate of $25. This lived-experience workgroup is routinely engaged by CT BOS to enrich the knowledge, approach, and policies of the CoC by providing input into CoC plans and strategies and reviewing CoC policies and governance documents regularly. CT BOS engaged the lived-experience workgroup to develop the plan contained in these pages—both to provide early input into the draft and to review and endorse the final plan.

CLIP employs a fellow to lead and support the project. The CLIP Fellow has lived experience of homelessness, used to live in homeless-dedicated Permanent Supportive Housing, and has a vast network of contacts throughout the state. This Fellow outreaches directly to people with lived experience through emails, flyers, announcements at CoC meetings, community meetings, visits to homeless programs, targeted outreach to homeless service providers, and outreach through the current CLIP members to tap into their networks through social media and word of mouth to recruit new CLIP members. CLIP provides members with mobile tablets and an internet plan, as well as training on using the tablets and online meeting platforms so that they can participate actively in videoconferences, enabling them to attend CoC meetings. CoC members have attended CLIP meetings to provide education around CoC policies and engage CLIP in providing input on key CoC decisions such as policies on coordinated entry, services, and housing.

P-6.2: CT BOS has also invested heavily over the past ten years in cultivating and expanding active representation of people with lived experiences of homelessness on the CoC Board, now with a total of 8 voting seats designated for people with lived experience (PLE), called "Community Representatives." These 8 PLE constitute at least 30% of the voting members for most votes, a proportion that results in great influence in shaping and codifying local policies and priorities. Two of the 8 positions are reserved for young adults who are members of the Youth Advisory Board (YAB). At least 5 of the 8 PLE have experienced unsheltered homelessness. With supports from CLIP, the working group described above, PLE have become increasingly integrated into the decision-making structure and have used their positions to wield influence in committees – for example, Board members with lived experience hold positions on the Scoring Committee and Grievance Committee, as well as participating in other workgroups dedicated to specific topics, programs, and policy areas. As community representatives, PLE vote on policies regarding funding priorities, project evaluation criteria, NOFO ranking and rating factors, and program and services standards. This year 50% of Grievance Committee participants were PLE. CLIP helps to ensure that PLE are supported as they learn new information, contribute their expertise, and change the quality and focus of the CoC Board discussions, providing necessary pushback to "the way things have been done" and bringing diverse age, race, ethnicity and LGBTQ+ perspectives into decision making. Further, the proportion of PLE holding voting seats ensures that their voices carry weight.

P-6.3: CT BOS, DOH, and DMHAS all include consumer interviews in their monitoring practices, as well as annual consumer surveys, the results of which are a scored factor for CT BOS annual renewal evaluations. Additionally, CT BOS, DOH, and DMHAS have communicated since 2010 that projects should incorporate people with lived experience and has been monitoring this to ensure that projects were following these

expectations. CT BOS, DOH, and DMHAS all included the following lived experience standards in their Street Outreach Monitoring Standards and CoC Program Monitoring Standards: (1) Recruiting, retaining and promoting people with lived experience of homelessness in staff and Board positions, and (2) Engaging people with lived experience of homelessness in meaningful opportunities to shape homeless services programs. Additionally, since 2016, the CoC has established bonus points in funding applications to create incentives for CoC members and CoC-funded agencies to provide professional development and employment opportunities for people with lived experience. This incentive has resulted in providers focusing on hiring people with lived experiences of homelessness, and particularly for Street Outreach, people who have lived unsheltered.

P-7. Supporting Underserved Communities and Supporting Equitable Community Development.

P-7.1 & 2: CT BOS identifies underserved communities and how they interact with the homeless system in three distinct ways:

Underserved Demographics (Point-In-Time Count)

Out of 247 unsheltered individuals enumerated in the 2022 Point-In-Time Count, the following demographic characteristics were represented in the unsheltered population, noting that (1) persons experiencing chronic homelessness and (2) persons of multiple races are overrepresented in the unsheltered population.

- Persons of Hispanic/Latino/a/x ethnicity: 21% of all unsheltered vs 25% of all sheltered
- Persons of Black or African American race: 34% of all unsheltered vs 37% of all sheltered
- Persons of multiple races: 7% of all unsheltered vs 4.3% of all sheltered
- Persons experiencing chronic homelessness: 17% of all unsheltered vs 5.4% of all sheltered
- Persons aged 18-24: 3.6% of all unsheltered vs 3.4% of all sheltered

Larger Trends in Unmet Needs (Statewide)

A 2022 study commissioned by the CT Department of Housing found that across the state, the homeless population – both long-term and first-time homeless – is growing older and increasingly medically fragile with more intensive healthcare needs, including those with disabilities. Soup kitchens have seen a significant uptick in certain subpopulations as well. Young adults, elderly and severally mentally ill individuals have been living on some soup kitchens' properties. The state PSH stock is large and caters well to people with disabilities; however, the severity of medical needs has increased and requires more investment and service provider focus.

Underserved Geographic Communities (Statewide)

In CT, as in the nation, communities are divided by race and social class, with lower-income households concentrated in urban areas. Further, people experiencing homelessness are more likely to be people of color. In CT, 38% of homeless persons are Black, while only making up only 12% of the general population. CT BOS providers, through their collaboration at the CAN level, have made sure that more resources are developed and maintained in the geographic areas where more people are unstably housed, balancing that with a need for geographically dispersed services. For instance, one service provider, Beth El Center, recognized that the New Haven CAN needed an anchor in Milford, where people travel from Bridgeport to New Haven to get services. They have been systematically creating a response system to serve people in the community where they live.

Under this NOFO, CT BOS applied for funding to address unmet needs in the rural areas of Litchfield County where safe and affordable housing is out of reach for thousands of households. Prior to the COVID-19 pandemic, more than 25% of Litchfield County's 17,000 renter households were identified as severely cost-burdened, paying 50% or more of income on rent. More than 45% of households are cost-burdened. As in many other geographies adjacent to metro New York, Litchfield County's 29 towns have seen a startling increase in both rents and the price of homes that is pushing essential workers and low-moderate income residents out of the region entirely. A 2021 statewide housing study found an affordable housing gap of 2322 low-income households.

P-7.3: Strategies to Serve Identified Populations and Communities

CT BOS uses a suite of strategies to ensure that diverse populations experiencing unsheltered AND sheltered homelessness are served adequately, including the following:

(1) **Racial Equity.** CT BOS ceased usage of the VI-SPDAT in light of numerous evidence-based concerns that the tool created unequal prioritization among races, specifically that the tool scored Black households lower than White households. CT BOS, CT Dept of Housing, and CT Dept of Mental Health and Addiction Services all include equity standards in their Street Outreach and CoC Program Monitoring Standards, including 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; creating and maintaining an inclusive organizational culture that promotes equity; developing partnerships with local organizations that focus on work with marginalized populations; 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; and planning and or implementation of steps to address any disparate access and/or outcomes.

(2) **Language Barriers**. CT BOS relies on 2-1-1 as the first point of access into the homeless system and a comprehensive referral resource to mainstream services across the state, including eviction prevention, job training, and other social services. 2-1-1 plays an important role in ensuring that people with Limited English Proficiency (LEP) or who speak only a non-English language can receive translation services in 110 languages, and their referral database is kept up-to-date with all available culturally appropriate services for people seeking services. CT BOS established an LEP sample policy for providers to adopt. CoC monitoring includes reviewing agency LEP policies and making associated recommendations.

(3) **LGBTQIA2S+ Equity**. While CT BOS's unsheltered numbers indicate no gender minority persons are living unsheltered, there are reasons why trans, non-binary, and queer people hide their transgender status or sexual orientation, and based on studies conducted across the country, this is likely a significant undercount. CT BOS trains all providers annually on the CT BOS LGBTQIA2S+ anti-discrimination policy, Equal Access Rule, and LGBTQIA2S+ cultural competencies, including appropriate pronoun and name usage, data confidentiality, physical accommodations, safety and privacy-related reasonable accommodations, assistance with legal name and gender marker changes, and connections to culturally appropriate community resources and healthcare providers.

(4) **Persons with Diverse Lived Experiences of Homelessness**. As described in P-6, CT BOS has invested in significant and diverse representation on its Board of persons of multiple races, genders, sexual orientations, transgender statuses and with lived experience of homelessness. This group actively shapes CT BOS policies and priorities, and conducts training and document reviews to strengthen the CoC's cultural competencies. Additionally, street outreach providers have hired people with lived experiences of unsheltered homelessness to conduct outreach and engagement. These approaches have improved the system's ability to tap into street networks, identify locations where encampments may be, and identify people who are newly unsheltered.

(5) **Persons experiencing Chronic Homelessness.** The proportion of people who are unsheltered and also experiencing chronic homelessness is 3x the proportion in shelter. CT BOS has drastically reduced the number of people experiencing chronic homelessness through targeted initiatives, including developing new PSH with intensive services. With funds from this NOFO, CT BOS will further their proven practice of expanding service-intensive PSH to end homelessness for the people least likely to resolve their homelessness.

(6) **Age Concerns**. Youth living unsheltered, especially those who have experienced longer periods of unsheltered homelessness, are at heightened risk of mortality, substance use, risky sexual behavior, and mental health disorders, compared to youth staying in shelters or transitional programs. LGBTQIA2S+ youth are twice as likely to be sex trafficked. Because of these risks, any young people identified as living unsheltered are immediately prioritized for shelter and housing, and each CAN employs youth-specific staff to help young people navigate the system and secure housing as quickly as possible.