Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

 The Collaborative Applicant is responsible for reviewing the following:

 1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
 2. The FY 2018 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
 3. All information provided to ensure it is correct and current.
 4. Responses provided by project applicants in their Project Applications.
 5. The application to ensure all documentation, including attachment are provided.
 6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the   FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

1A-1. CoC Name and Number: CT-503 - Bridgeport, Stamford, Norwalk/Fairfield County CoC

1A-2. Collaborative Applicant Name: United Way of Coastal Fairfield County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: United Way of Coastal Fairfield County

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	No
Local Jail(s)	Yes	No
Hospital(s)	Yes	Yes
EMS/Crisis Response Team(s)	Yes	Yes
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	No
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Mental Illness Advocates	Yes	Yes
Substance Abuse Advocates	Yes	Yes

Other:(limit 50 characters)		
RHY	Yes	Yes
DV Housing Providers	Yes	Yes
Child Advocates	Yes	Yes

1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.
(limit 2,000 characters)

1)The CoC recruits new members throughout the year to ensure the board is diverse & includes representation from organizations & projects serving homeless subpopulations w/in the CoC's geographic area. Those w/limited contact to homeless services are also engaged by the CoC. Voting members include homeless/formerly homeless individuals. Board vacancies are filled quickly to ensure continued race/gender diversity. Those w/extensive knowledge & expertise on subpopulations (i.e.: CT Dept of Housing rep; formerly homeless; providers; HUD CT FO; PHAs; funders; advocacy orgs; reps from healthcare, workforce & criminal justice systems) actively participate in committees & gather/provide feedback to inform the CoC's work & strategies on resource allocations.
2)Anyone is able to join the CoC. Info re: committee mtgs is publicly posted on the CoC website w/dates, agendas, related materials & mtg notes. CoC bylaws, policy documents, funding opportunity RFPs & funding strategy notes & decisions are publicly posted.
3)The CoC is committed to ensuring CoC policy & resource allocation decisions are informed by a board reflective of people served. To that end, the CoC's annual caucus results in an equal number of nominating committee members from each subregion to fully represent the CoC's geography & cross-sector representation to expand awareness & creative opportunities to end homelessness. For ex: Youth Engagement Team Initiative (YETI) was created to engage youth service providers, McKinney school liaisons & others working w/youth (DCF, Kids in Crisis, Council of Churches, Project Return). Youth Advisory Board (YAB) was formed where youth experiencing housing instability collaborate w/the CoC regularly via meetings, trainings & events. YAB reviews funding applications to ensure the youth perspective is incorporated into decision-making & develops CoC legislative advocacy priorities & talking points that highlight challenges & service/housing gaps faced by homeless youth.

1B-2.Open Invitation for New Members. Applicants must describe:
(1) the invitation process;
(2) how the CoC communicates the invitation process to solicit new members;
(3) how often the CoC solicits new members; and
(4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.
(limit 2,000 characters)

1)To drive visibility & fill board vacancies, open invitations are distributed by

members & thru CoC mailings w/year-round outreach conducted by CoC nominating committee members, co-chairs & staff. The CoC board selection & written process is transparently outlined in CoC governance w/policy re: nomination & selection of new board members updated & approved at the CoC's annual meeting, where new membership slate is approved. The CoC's primary goal is to address homelessness thru a coordinated community-based process to build a system of housing & services. As such, CoC works to increase membership by widening the range of participation by non-CoC funded organizations w/in the CoC's geographic area, thus ensuring more community stakeholders participate in developing & implementing this system. 2)Use of cross-sector relationship-building CoC events, social media (Facebook/Twitter/Instagram), & CoC & partner websites posting of announcements/news has increased external interest creating wider opportunities for collaboration, diverse CoC membership & committee interest. CoC's governance charter describes CoC board responsibilities & is updated annually & posted publicly. CoC uses website & shares info to 700+ email contacts on becoming a CoC member, along w/reg updates to inform a broad audience of CoC news, events, activities, trainings, PIT data, progress to end homelessness & advocacy. 3)CoC conducts formalized, targeted recruitment annually & hosts events year-round, tapping into non-profit & business partner lists to expand outreach/broaden the audience. Info on how to participate in the CoC is provided at all events & attendees are added to CoC mailing list. Info to access webinars, print/web resources & how to become more involved in the CoC is shared regularly.
4)Consumer Advocacy Committee members meet monthly & actively recruit & engage homeless/formerly homeless individuals. Providers also regularly identify new members w/lived experience of homelessness.

**1B-3.Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals.
(limit 2,000 characters)**

1)CoC issues open RFPs for all new funding opportunities. CoC's distribution methods for RFPs include: posted on CoC & partner websites; sent to CoC email list of 700+ individuals locally & statewide; distributed by local/statewide partner organizations (CT Coalition to End Homelessness (CCEH), Partnership for Strong Communities) thru email lists & newsletters which reach thousands; & posted on CCEH social media. Clearly stated in each RFP, the CoC encourages proposals from eligible CoC & non-CoC-funded organizations. RFPs explicitly state directions for responding: submission of project proposal to CoC via email using application provided in RFP. CoC Manager available to applicants for support or questions re:submission & CoC TA is offered to those unfamiliar w/CoC to ensure funding is accessible to all entities, including non-CoC funded entities.
2)FY18 proposals were reviewed by non-conflicted ODFC Funding Oversight Subcommittee (FO). Scorecard for each RFP was available to FO, w/each proposal assessed for threshold compliance, capacity to conduct activities outlined in RFP & ability to comply w/Coordinated Access Network & CoC policies (Housing First approach, prioritize HHs w/highest need, connect to

mainstream resources, provide eviction prevention services, meet match requirements, grant management capacity & experience w/population). New projects scoring factors purposefully excluded CoC performance measures to remain open to new entities. FO made recommendation of proposal acceptance or rejection. Final determination regarding each proposal's inclusion in the CoC competition was made by non-CoC-funded members of the Coordinated Council. All applicants contacted regarding acceptance/rejection. CoC will offer post-review TA to all applicants ensuring rejected applicants understand process & justification for decisions.
3)CoC issued the following RFPs for FY18 NOFA: PH/Services Bonus RFP 7/13/18; DV Bonus 8/1/18; Voluntary Reallocation project RFP 8/8/18.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the   FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
United Way/211 Front Door Coordinated Entry	Yes
Youth Advisory Board	Yes

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:
(1) consulted with ESG Program recipients in planning and allocating ESG funds; and
(2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.
(limit 2,000 characters)

1)CoC coordinates on ESG allocations w/municipal (City of Bridgeport) & state recipient (DOH) & HUD-FO to align ESG allocation planning statewide. Each entity sits on the CoC board. DOH confers w/CoC on annual action plan alignment & allocation of funds to address affordable housing needs in

connection w/federal formula grant programs IDed in 5-year Con Plan. Bridgeport Planning & Economic Development Director meets w/CoC staff monthly to coordinate annual ESG allocations. Meeting agendas include strategizing on CE system, diversion, ESG/CoC written standards & IDing recommendations on resource allocations to prioritize efficiencies aligned with those of the CoC, such as expanding permanent housing options through rental assistance & RRH. CoC provides Bridgeport w/narratives & data for annual CAPER & PIT/HIC results. CoC staff coordinates content for ESG application RFP to ensure HUD/HEARTH priorities are threshold indicators. In 2018 CoC education efforts included training municipal staff on eligible ESG program components.

2)CoC facilitated 2018 training for prospective subrecipient applicants on eligible ESG activities. Ongoing coordination b/t CoC & ESG recipient has resulted in establishing firm threshold requirements & ensuring that only prioritized project types & activities are funded. In 2018 CoC's Standards & Evaluations Committee reviewed, scored & made funding recommendations on ESG applications at city council hearings. CoC also coordinated w/ESG program on organizing a process to evaluate/monitor sub-recipients using project-level performance standards similar to those used by CoC to evaluate HUD CoC projects. Info gathered thru evaluating projects, as well as frequent updates to the CoC from ESG staff at monthly meetings regarding compliance issues, has created opportunities in IDing low-performing projects. These issues are considered by scoring panelists when reviewing subsequent applications from existing agencies/projects.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?

Yes to both

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)?

Yes

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:
(1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and
(2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)

1)CoC DV policies & procedures, used by CT Coalition Against DV (CCADV), Coordinated Access Network (CAN) & housing providers, are trauma-informed & victim-centered, promoting survivor safety, privacy, choice & control, along

w/full access to housing resources. Upon DV disclosure HH is referred to CT DV system w/24-hour response. DV hotline provides immediate access to lethality screening & safe/immediate connection/referral to DV shelter & DV services, w/security & choice emphasized. Survivors w/high lethality scores are prioritized for TH, PSH or RRH on by-name list (BNL). Essential info on choice & safety is gathered, e.g. HH size for accommodations, choice of safe location & program/service preferences. Emergency Transfer (ET) plan ensures CoC's CAN follows safety protocol routinely. Federal/state funded TH/PH project tenants who are victims of DV, dating violence, sexual assault, stalking or human trafficking who identify imminent harm from further violence related to current unit can request an ET.
2)HHs have access to CoC, ESG, DOJ, HHS & CT Dept of Social Services funded programs thru CCADV providers. 15 agencies w/18 shelters, multiple host homes & services such as crisis intervention, safety planning, counseling, legal services, financial planning & pet services are accessible thru local DV networks, coordinated by the CAN/CoC. HHs choose the type & location of services preferred & can access CoC resources thru 211. HHs fleeing DV are assessed w/VI-SPDAT & added anonymously to CoC's BNL. Accommodations are made to reduce victim returns to areas that risk further violence & CAN housing placement committees consider various factors to determine the best fit for housing & assistance to ensure future housing stability. Personally identifiable information (PII) is not entered into CT HMIS for DV survivors. Providers create a record in comparable system (ETO) to maintain client confidentiality. Platform is compatible w/BNL maintained thru HMIS but protects PII.

1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

1)CoC coordinated w/local DV providers, CCEH & CT Coalition Against DV (CCADV) (2017) to cross-train providers & Coordinated Access Network (CAN) staff on: DV CAN protocol; trauma-informed intake & VI-SPDAT administration; choice & safe access to hsg resources; & recording personal information safely. CCEH provided Victim Centered & Trauma Informed 101 webinar:Affirming Client Ability To Make Decisions (3/18). CCADV trained CoC staff on outreach, human trafficking (3/18) & intersection b/t DV & homelessness (2/18 & 5/18). CoC held Learning Collaboratives on RRH including DV practices (2/18,4/18,6/18,8/18) & CCEH holds monthly statewide mediation/shelter diversion trainings.
2)CCADV administers ongoing regional Diversity & Accessibility project including professional development so culturally responsive services exist for DV survivors & CAN staff trained on protocol. CAN leadership mtgs include DV providers ensuring that VAWA confidentiality standards & safe referrals for housing-related crises are discussed often. CCADV & CCEH developed protocol (2016) to de-identify DV data in ETO (Enterprise SaaS Solution) platform & held webinars for DV providers to understand hsg registry (2018). DV HHs are added to regional by-name list to prioritize hsg & services & staff are trained as needed on data entry. Comparable HMIS platform used by CAN/CoC for intake is linked to statewide/CAN hsg registries to ensure DV survivors have equitable access to hsg options & choice of community & HHs

are connected to resources efficiently. 211 CE system screens for DV, refers to CT DV system (24-hr DV shelter response). CoC trained CAN providers (8/16) on conducting DV Risk Assessment & refer to DV system immediately when trafficking/DV/dating violence/sexual assault &/or stalking are revealed by survivor. DV CAN uses same requirements as CoC CAN process, provides immediate safety, ensures informed consent, offers linkages to support services & prioritizes placement & client choice in hsg.

1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)

CoC gathers data from various sources to inform its understanding of the needs of survivors of DV, dating violence, sexual assault & stalking: -General de-identified data is gathered through CT's 211 system & DV hotlines. CT's DV hotline is a primary entry point for victims of stalking & connects locally to 18 DV provider organizations. DV advocates are responding to increased need: in FY17, responded to 32,744 hotline calls, compared to 30,128 in FY16 & 28,776 in FY15. 211 call specialists direct callers to specialized DV service providers, as appropriate, for follow up in-person intake. Both systems stand ready to cross-refer clients as appropriate as additional needs are IDed. -To calculate the total who access DV services, the CoC uses HIC, PIT plus CT HMIS data & DV statewide comparable database, ETO (stand-alone platform collects data in addition to CT Coalition Against DV (CCADV) general use data). The de-identified data from ETO & CCADV includes info on various needs of DV survivors, w/priorities IDed by survivors. Needs IDed as priority by survivors in FY17 included: basic needs (17%), housing (15%), help w/access to personal info/docs (14%), child welfare (12%), financial empowerment (11%), employment (7%), attorney/legal (6%), transportation (6%), social services (5%), disability (4%), education (3%). -De-identified CAN data is recorded in HMIS as "DV client." During CAN intake clients are asked if fleeing domestic violence (Y/N) & approximate timeline when episode occurred. The CoC de-identified data is used to quantify DV, dating violence, sexual assault & stalking service/ housing needs & aggregate demographics. Additional info includes previous living situation, sources of employment/non-employment income & disabling conditions. CoC uses this data to ID any increased entries, specifically among subpopulations, such as a recent increase of young families, along w/service & training needs in order to provide needed resources for each subpopulation.

1C-4. DV Bonus Projects. Is your CoC applying for DV Bonus Projects? Yes

1C-4a. From the list, applicants must indicate the type(s) of DV Bonus project(s) that project applicants are applying for which the CoC is including in its Priority Listing.

SSO Coordinated Entry	

RRH		
		X
Joint TH/RRH		

1C-4b. Applicants must describe:
(1) how many domestic violence survivors the CoC is currently serving in the CoC's geographic area;
(2) the data source the CoC used for the calculations; and
(3) how the CoC collected the data.
(limit 2,000 characters)

1)The CoC estimates that it served 514 DV survivor HHs in the emergency response system in the last year across multiple entry points & housing programs:
-CT's 18 designated DV organizations housed 241 adults & 194 children in the CoC region in FY17. Of that number, some clients chose to access housing through the CoC, while others sought safety & stability in options such as DV transitional housing, available at six of the 18 provider sites.
-In the 2018 PIT Count, 112 HHs in general homeless housing services reported experiencing DV, sexual assault, or stalking.
-Annually 15% of the CoC's ES population – 273 households – report experiencing DV.
2) Data used to calculate the number of individuals who access services include the HIC & PIT plus data collected in CT HMIS & the DV comparable database, ETO (Enterprise SaaS Solution). Information on DV episodes is collected universally at all intakes, including current fleeing episode & when past episodes occurred. Data regarding DV taken from the homelessness response system, collected via the Coordinated Access Network (CAN) & recorded in HMIS, was used.
3)De-identified data regarding clients served in the DV response system is collected by providers working in that system. For clients actively fleeing DV seeking general homelessness services, clients are asked at CAN intake if they are fleeing domestic violence (Y/N) & when they experienced DV. Understanding that DV specific resources are not enough to house all HHs fleeing DV, CT implemented a system that safely & securely allows these HHs to be added anonymously to the CoC's by-name list, protecting their personally identifiable information & providing survivors with access to mainstream housing resources. As with all aspects of data collection, clients are informed that they are not required to answer any questions if they prefer not to do so and are offered the choice of engaging with DV providers.

1C-4c. Applicants must describe:
(1) how many domestic violence survivors need housing or services in the CoC's geographic area;
(2) data source the CoC used for the calculations; and
(3) how the CoC collected the data.
(limit 2,000 characters)

1)CT's DV providers respond to nearly 40,000 victims annually w/complex needs, often including access to affordable, sustainable hsg options & services that assist in obtaining/maintaining hsg stability. Using available data, CoC calculated how many DV survivors need hsg assistance & services aimed at maintaining hsg stability in the CoC's geography by determining the CoC's DV

survivors population being served & applying VI-SPDAT data to assess the level of hsg assistance & services needed. Using historic BNL data, the CoC anticipates approximately 14% of those accessing services who identified as experiencing DV, sexual assault, or stalking will self-resolve their homelessness w/the remainder needing approximately 8% TH, 67% RRH & 25% PSH. Using the total of 514 DV HHs served in the CoC & assuming that 14% will self-resolve, the CoC anticipates that 442 HHs will need the following housing & services programs: TH-35 HHs, RRH-296 HHs, PSH-111 HHs. CT Coalition Against DV (CCADV) data indicate that program case management services are likely needed to address/support HH access to: meeting basic needs, assistance obtaining documents, mainstream benefits/services, financial empowerment, employment, legal assistance & education.
2) Data used to calculate how many HHs need hsg or services in the CoC comes from CT HMIS & ETO, the database comparable to HMIS.
3) All systems collect information at intake about the client's experience w/DV, including if they are actively fleeing & when the experience occurred. Additionally, CT HMIS contains the CoCs by-name list which tracks multiple characteristics of the HHs & allows the CoC to use real-time data to assess the current level of need of all subpopulations on the list. This data is collected over time & is updated weekly by the Coordinated Access Network to reflect the actual status of every person in need of a housing resource & corresponding service needs in the CoC, allowing the CoC to understand the scope of the need.

1C-4d. Based on questions 1C-4b. and 1C-4c., applicant must:
 (1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;
 (2) quantify the unmet need for housing and services for DV survivors;
 (3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and
 (4) describe how the CoC determined the unmet need for housing and services for DV survivors.
 (limit 3,000 characters)

1)CoC is inadequately resourced to address current demand for housing assistance needs, including those fleeing DV, evidenced by data that shows a gap b/t demand for housing & resources on hand to meet the needs of all populations. The VI-SPDAT is used to assess housing needs for homeless HHs including those reporting DV, sexual assault, stalking, dating violence and/or human trafficking. VI-SPDAT scores for DV HHs indicate that the most appropriate intervention for a majority is RRH, while PSH is the largest project type in the CoC's inventory; this indicates a need for more RRH units.
2)Quantifying DV housing need is somewhat difficult, considering that DV advocates report 40,000+ calls annually. The CoC has IDed that CAN entries for HHs identifying DV as a primary or secondary reason for homelessness is greater than any other subpopulation's housing needs. The CoC calculated unmet need by measuring the total number of HHs entering the Coordinated Access Network compared to the total number of available units located in the CoC. The CoC estimates that 131 TH units, 176 RRH units & 1,278 PSH units are available annually across the system for use by all subpopulations based on need, using data on current inventory and expected turnover. After looking at multiple years of data, the CoC estimates the percent of population who identify

as fleeing DV is 15%. Using 514 as the FY17 number for DV HHs served & estimating that 14% self-resolve, the CoC projects that 442 DV HHs will require housing placement in the next year. Using historical data on appropriate VI-SPDAT interventions, approximately 35 HHs will need TH, 296 RRH & 111 PSH. For general homeless housing resources to be used by survivors of DV, sexual assault, or stalking, the CoC calculated that the total number of units available to be used annually is estimated at 46 TH, 53 RRH & 28 PSH. Taking the above number of those who need housing & subtracting the total annual number of available units indicates an annual unmet need of 243 RRH units.
3)CoC used the HIC to calculate the unmet need based on available units. CT HMIS & comparable database (ETO) were used to determine the average turnover & length of stay for various program types.
4)Estimation of unmet DV need was calculated using CoC's BNL, embedded in CT HMIS. The BNL includes the common assessment score plus notes specific to HH needs, enabling the CoC to predict trends for levels & types of hsg & service needs. Historic data from the BNL & VI-SPDAT score, past hsg placement for DV & turnover rates indicated overwhelming housing need for DV-RRH to meet complex needs for support via service & interventions that offer access to safe, affordable, sustainable hsg.

1C-4e. Applicants must describe how the DV Bonus project(s) being applied for will address the unmet needs of domestic violence survivors. (limit 2,000 characters)

Annual needs assessment data provided by the CT Coalition Against DV (CCADV) indicates that length of stay in CT's DV shelters continues to increase due to complex HH issues around safety, trauma & lack of available safe, affordable housing. Given DV shelters routinely operate at 122% capacity, continued need is expected to outweigh resources. Historic data from by-name list (BNL), VI-SPDAT scores, past housing placement for DV & turnover rates indicate overwhelming housing need for DV-RRH. The CoC estimates that 442 DV survivor HHs will enter the system annually w/296 assessed for RRH. Given the CoC's current inventory of 53 RRH units for all populations, the annual unmet need for DV-RRH would be at least 243 units. The additional 53 RRH beds expected through this effort will address the unmet housing needs of over 14 DV HHs at any point in time (avg LOS = 10 months).
The project will also address the following unmet service needs for DV survivors:
-Enhanced case management (CM): HHs will be supported via DV service providers specially trained to address the behavioral, physical, mental health & substance treatment needs of DV survivors in a trauma-informed, victim-centered, Housing First, community-based approach.
-Economic empowerment: each HH to be offered "Your Money, Your Goals" model of increasing financial planning/budgeting capacity & specialized employment skills training to increase earning stability.
-DV & trafficking survivors on the BNL will be served in priority order.
-The project will add expertise of existing RRH provider for housing locator services to quickly re-house HHs. Housing locator has established landlord relationships, will work closely w/4 DV agency subrecipients.
-Enhanced provider training: Required CE & DV attendance at 6 trainings per year on cultural competency/client feedback/evaluations/harm reduction & case reviews, improving knowledge of unique needs of DV survivors & trauma-informed care approaches.

1C-4f. Applicants must address the capacity of each project applicant applying for DV bonus projects to implement a DV Bonus project by describing:
(1) rate of housing placement of DV survivors;
(2) rate of housing retention of DV survivors;
(3) improvements in safety of DV survivors; and
(4) how the project applicant addresses multiple barriers faced by DV survivors.
(limit 4,000 characters)

CoC is applying for one DV bonus project under the RRH component. CT Department of Housing (DOH), project applicant, will be grantee & fiscal agent. DOH is the lead state agency for housing in CT, administering over $200 million annually in state programs including RRH, PSH & RA & manages CT's 8 Coordinated Access Networks (CANs). CT Coalition Against DV (CCADV) (services subrecipient) operates federal/state service delivery contracts: DV-ES, DV-TH & a 24/7 hotline.

1)In FFY 2017, the DOH-CT503 RRH project served 117 homeless HHs. 100% of referrals were housed successfully w/RRH subsidy & 26% (30HHs) were identified as DV survivors. 94% of DV HHs exited RRH to permanent housing (PH) (vs. 90% for the general pop. served). CCADV affiliate providers' data tracking differs from that of the CoC. Notwithstanding, in FY 18 providers assisted 1587 survivor HHs re: housing options, of which 156 survivor HHs were served in ES & Transitional Living Program (TLP). 96% of participants had a positive exit – identified by an exit to safety & stability, primarily to PH.

2)DV survivors who participated in the DOH-RRH program were housed an average 42 days after the referral (41 for all HHs). Average length of stay for RRH DV HHs was 302 days (328 for all HHs) & 2 HHs returned to homelessness (94% success rate).

3)The DV Bonus project will use existing CAN infrastructure to safely refer DV survivors seeking access to the projects' hsg resources. DV CAN provides immediate safety, ensures informed consent, offers linkages to support services & prioritizes client safety, choice & control in a safe hsg placement. CAN providers trained to conduct brief DV Risk Assessment & refer to DV system immediately when trafficking, DV, dating violence, sexual assault &/or stalking reported. The 4 CCADV CoC affiliate providers (Center for Family Justice, Greenwich YWCA/DV Services, & DVCC of Stamford & Norwalk) participate in CAN & attend bi-weekly housing placement meetings. DV providers will continue to collaborate w/CAN staff in IDing & securing safe, appropriate housing quickly & ensure survivors have skilled advocacy/case management to address safety needs. CCADV affiliate organizations will leverage extensive prior experience & existing state/federal contracts to provide confidential trauma-informed services & coordinate care for DV survivors, especially around improving safety. Data on DV survivors to be collected/managed using safety protocols established thru CCADV & CT Coalition to End Homelessness (CCEH) partnership, including use of an HMIS comparable data platform that de-identifies personally identifiable information.

4)Project will address multiple barriers faced by DV survivors:
-Housing: Existing process to include survivors confidentially in the CAN BNL will ensure HHs are served equitably & in priority order. Add'l subrecipients include agency w/extensive landlord engagement experience to provide housing location services.
-Financial empowerment: Enhancing an existing partnership w/Bank of

America, CCADV providers will assist HHs to increase financial literacy & economic stability thru education/employment models.
-Other services: CCADV providers bring extensive network of connections & experience in assisting survivor HHs in accessing various needed services: basic needs, legal assistance, mainstream benefits, childcare, transportation, personal documents, employment & education. Providers will also have access to CoC networks & programs to assist participants.
-Cultural competency: DV/human trafficking/homeless providers will convene 6x/year to engage in cross-system training around unique needs of survivors for CoC/CAN/DV staff. Project to be overseen by project director w/expertise in diversity & accessibility who will administer training/TA to address racial disparity, equity & inclusion.
CCADV will continue systems work w/CCEH re: training webinars & live chats w/DV & human trafficking advocates to support capacity building.

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:
(1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;
(2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and
(3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
Stamford (Charter Oak) HA	15.00%	Yes-Both	No
Bridgeport (Park City) HA	31.00%	Yes-Both	Yes
CT Department of Housing	16.50%	Yes-Both	Yes
Norwalk Housing Authority	5.00%	Yes-Both	No
Fairfield Housing Authority	0.00%	Yes-HCV	No

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy.
(limit 2,000 characters)

1)CT-503 has successfully increased partnerships w/all local PHAs resulting in policy modifications &/or homeless admission preferences. The CoC is informed regarding policies & utilization rates of the 3 PHAs without preferences. CoC chairs, staff & Housing First collaborative members regularly invite PHA staff to Coordinated Access Network (CAN) meetings to ID shared steps in advancing

goals. The CoC works in close collaboration with the HUD Hartford Field Office & PHAs throughout the CoC to increase opportunities for additional admission preferences for persons experiencing homelessness in HCV & public housing. The CoC, HUD Hartford Field Office, DOH & municipal ESG recipients held roundtables to bring PHAs, providers, government staff & officials together to both encourage preferences for homeless households & better coordinate efforts around state & local ESG allocations (10/8/17, 11/8/17, 11/15/17, 2/2/18, 4/18/18); 5 PHAs (of 7) have attended these meetings including representatives from DOH, CT's statewide PHA. As a result, new partnerships are developing & PHAs without homeless admission preferences are strategizing on creating them (Westport, Greenwich). CoC coordination efforts with PHAs include strategies for sharing CAN best practices & increasing HCV & public housing set asides. CoC identifies how CAN helps HHs exit homelessness & how the CoC can help the PHA reduce its administrative burden by providing support to residents to maintain housing stability & avoid evictions. These meetings have been a useful forum for PHA staff to raise concerns about accessing & vetting at-risk referrals & learning more about homeless populations. Such increased knowledge has led to some admin plan changes, along with CoC, PHA & CAN mutual understanding & shared goals in efforts to end homelessness. CoC board invites PHAs to CoC meetings, recruits PHA staff for CoC board membership & works collaboratively with the PHAs to align outreach efforts to homeless HHs.

1C-5b. Move On Strategy with Affordable   Yes
Housing Providers. Does the CoC have a
Move On strategy with affordable housing
providers in its jurisdiction (e.g., multifamily
assisted housing owners, PHAs, Low Income
Tax Credit (LIHTC) developments, or local
low-income housing programs)?

Move On strategy description.
(limit 2,000 characters)

1)The CoC's move on strategy is to ID/expand hsg options so those able to live independently can transition into non-PSH perm hsg, enabling vulnerable, chronically homeless HHs to be placed into vacated PSH units. CT's HUD-FO staff have supported building CoC partnerships w/local PHAs, affordable hsg developers & municipal ESG, HOPWA & CDBG recipients for increased perm hsg access.
2)CoC collaborates w/CT's statewide HA, Dept of Housing (DOH), & CT Housing Finance Authority (CHFA)'s LIHTC program to increase affordable hsg stock & ID that a minimum of 20% of units in developments serve HHs w/incomes between 25%-50% AMI. DOH/CHFA encourage PHA applicants to include their waitlist in their LIHTC applications; waitlists often include PSH HHs looking to move on. For LIHTC supportive housing units, bonus points awarded if homeless or chronically homeless HHs are given a preference so that tenants from CoC & other projects can move into affordable units as their independent living capacity increases. CoC received state Section 8 move on vouchers thru DOH & clients w/reduced case management needs have priority. Norwalk HA awarded 19 new HUD mainstream vouchers (2018). The Bridgeport Housing First Collaborative partners w/Bridgeport HA to set aside Section 8 tenant-based vouchers to move tenants to affordable PH units. Increasing the volume of HCVs enabled higher functioning shelter plus care tenants to transition out of

project-based units so that those entering the homeless system w/high case management needs can be prioritized for vacated units. Similarly, Norwalk HA granted a homeless preference on 17 public housing units. Multiple affordable hsg sites, operated by affordable hsg developers, exist in the CoC area & homeless providers have increased deeply affordable units to decrease gridlock in CoC projects so that vulnerable chronically homeless individuals who need PSH can occupy units vacated by higher functioning HHs who've transitioned to deeply affordable sites.

1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness. (limit 2,000 characters)

The CoC adopted anti-discrimination policy on 4/7/16 prohibiting discrimination based on race, sex, gender, national origin, disability, religion, age, marital status, familial status, sexual orientation, source of income. CoC requires compliance w/federal statutes, Fair Housing Act, ADA & w/accommodations & modifications for disabilities. The CoC held required workshops in (2/18) with CT Legal Aid & CT Fair Housing Center for coordinated entry & CoC program staff to be acquainted with CoC requirements on compliance with federal statutes on Fair Housing Act, ADA & with accommodations & modifications for people with disabilities. CoC held Fair Housing (5/17) training on discrimination/equal rights in housing & how CE providers ensure subpopulation access (CE policy re: VAWA/FHA Title VIII). The CoC promotes & refers providers to CT Coalition to End Homelessness (CCEH) webpage to access resources for providers serving LGBTQ clients, e.g. web training/info pertaining to legal protections for transgender individuals, toolkit for LGBTQ youth, etc. CCEH/Dept of Housing (DOH)/HUD conducted required monthly Safe Shelter & Fair Housing trainings for coordinated entry staff in 2017, educating providers regarding shelter needs of LGBTQ community to ensure equal access. CCEH/DOH held 2017 monthly webinars on Re- Imagining Shelter Space & Queering Care to improve services to LGBTQ youth. In 2017 & 2018, NAEH partnered w/DOH, CCEH & the CT CoCs to launch an Emergency Shelter learning collaborative to build capacity for organizations to serve homeless individuals & families as they present (regarding family composition, gender identity, etc.) in a Housing First-focused, low-barrier, trauma-informed, safe manner, enhanced by an anti-discrimination intervention approach to diversion services, mediation & access to housing. This effort will advance the goal of increasing opportunities to rapidly exit all households, including those w/LGBTQ members, to permanent housing.

1C-6a. Anti-Discrimination Policy and Training. Applicants must indicate if the CoC implemented a CoC-wide anti-discrimination policy and conducted CoC-wide anti-discrimination training on the Equal Access Final Rule and the Gender Identity Final Rule.

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes

2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Engaged/educated local business leaders:	X
Implemented communitywide plans:	X
No strategies have been implemented:	
Other:(limit 50 characters)	

1C-8. Centralized or Coordinated Assessment System. Applicants must:
 (1) demonstrate the coordinated entry system covers the entire CoC geographic area;
(2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;
 (3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and
(4) attach CoC's standard assessment tool.
(limit 2,000 characters)

1)All geographic areas in CT are covered by state's Coordinated Access Network (CAN) system, as instituted by the CT Dept of Housing. The CT-503 CoC geography is entirely included w/in the Fairfield County CAN jurisdiction. Statewide implementation of the 211 system as front door to the CAN system ensures that all in need of services are directed appropriately based on the call origin or by choice location identified by the caller. 211 is accessible via local/toll-free call & web regardless of the call location & call sites exist at community locations. 2)In-person assessment points are strategically located in all metro areas & higher volume suburban towns near public transportation & in close proximity to locations where clients experiencing homelessness & housing instability congregate (soup kitchens, libraries, social service agencies, bus &

train stations, etc.) Mobile assessment staff (bilingual/language line/TTY) conduct outreach at local hospital emergency rooms, soup kitchens, libraries, bus & train stations, etc., thus engaging vulnerable HHs least likely to contact the system. 3)Exhaustive diversion efforts & targeted flexible financial assistance are integrated into the CAN, ensuring any HHs able to self-resolve or secure safe housing w/light touch & influx of services/resources are able to do so. This ensures clients most in need of emergency shelter & services are prioritized appropriately. VI-SPDAT common assessment is used to assess vulnerabilities & identify housing needs for those unable to self-resolve. Responses inform prioritization on the CAN by-name list & are used in conjunction w/HMIS data on chronicity, homelessness history & previous service engagement. Such vulnerabilities are considered during weekly case conferencing meetings to inform appropriate matches to housing vacancies & resource access so HHs w/most severe service needs & longest length of homelessness are matched to appropriate resources as quickly & effectively as possible.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-2. Discharge Planning Coordination. Applicants must indicate whether the 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. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1E. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this application, please reference the   FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:
(1) objective criteria;
(2) at least one factor related to achieving positive housing outcomes;
(3) a specific method for evaluating projects submitted by victim services providers; and
(4) attach evidence that supports the process selected.

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:
 (1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and
(2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.
(limit 2,000 characters)

1)CoC considered the following factors related to severity of need & vulnerability as part of the project evaluation & ranking process: housing/homeless history; chronic homelessness; ER/crisis services utilization; wellness/chronic health issues; behavioral & mental health history; medicine management; history of victimization/abuse, DV, sexual assault, &/or childhood abuse; low/no income; daily functioning & socialization; self-care; age; HH size; systems involvement (criminal/juvenile justice, child welfare, foster care). 2)Renewal project reviews: CoC incorporated severity of needs by including scoring criterion measuring the percent of project participants w/high needs & vulnerabilities as determined by score on common assessment tool (VI-SPDAT, Family-SPDAT & Next Step tool), which gathers info on vulnerabilities described above. Renewal projects w/turnover also scored on compliance/participation in the CoC's Coordinated Access Network (CAN). CAN prioritizes & refers most vulnerable & highest needs HHs found eligible for each project; projects not reporting/filling vacancies thru CAN were ineligible to receive CAN participation points in scoring (18 of 100 points). DV dedicated projects & projects serving those living w/HIV/AIDS were exempted from specific criteria based upon their

limited ability to participate in CAN & in HMIS for the DV project. Additional points awarded to projects committed to serving most vulnerable: dedicating 100% PSH beds to chronic, adopting Housing First, completing HUD HF assessment tool. Benchmarks for earned/unearned income criteria set to account for projects serving high need/vulnerable HHs. New project applicants: Evaluated for capacity/experience in serving participants w/highest needs & vulnerabilities, along w/commitment to fill all vacancies thru CAN & adopt Housing First model. In addition, DV Bonus applicant sub-recipient selected based on experience in serving survivors of DV, sexual assault, stalking & trafficking.

1E-3. Public Postings. Applicants must indicate how the CoC made public:
(1) objective ranking and selection process the CoC used for all projects (new and renewal);
(2) CoC Consolidated Application–including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and
(3) attach documentation demonstrating the objective ranking, rating, and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available, that legibly displays the date the CoC publicly posted the documents.

Public Posting of Objective Ranking and Selection Process		Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings	
CoC or other Website	X	**CoC or other Website**	X
Email	X	**Email**	X
Mail		**Mail**	
Advertising in Local Newspaper(s)		**Advertising in Local Newspaper(s)**	
Advertising on Radio or Television		**Advertising on Radio or Television**	
Social Media (Twitter, Facebook, etc.)		**Social Media (Twitter, Facebook, etc.)**	X

1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between the FY 2014 and FY 2018 CoC Program Competitions.

Reallocation: No

1E-4a. If the answer is "No" to question 1E-4, applicants must describe how the CoC actively reviews performance of existing CoC Program-funded projects to determine the viability of reallocating to create new high performing projects.
(limit 2,000 characters)

1) In allocating resources, CoC conducts a fair, open, transparent process that ensures CoC projects continually align w/CoC's needs & also meet established performance benchmarks. For FY18, CoC adopted Reallocation Policy to assess reallocation options against CoC priorities/needs & project performance. Current CoC priorities: achieve functional zero for chronic; expand housing options for families & youth; maintain & strengthen CE infrastructure to fairly, appropriately & effectively serve homeless HHs.
CoC employs rigorous monitoring process to evaluate existing CoC projects resulting in ongoing engagement w/grantees to strengthen performance in various areas: data quality & timeliness, participant outcomes, cost effectiveness, HUD/CoC/CE compliance, utilization, length of stay & exit destination. CoC has seen improvements among grantees & is working w/several grantees to address issues hindering performance such as drawdown of funds, cost effectiveness & CE compliance. Annual CoC competition scoring informed by ongoing monitoring effort.

Although CoC regularly looks for options to create new projects thru reallocation, efforts have resulted in 17% of CoC ARD for past 4 years, short of 20% benchmark. Prior reallocations include: substantial FY17 reallocations based on set cost standards; reallocations in '15,'16,'17,'18 based on poor performance; voluntary reallocations for various considerations.

The CoC assessed FY18 level of reallocation to be appropriate, considering priorities & project performance. In FY18, 2 projects voluntarily reallocated: 1 due to poor performance & 1 due to reduced budget. CoC targeted lower-performing projects for quality improvement plans & New Bonus RRH project ranked above them in Tier 1. Mindful that HH displacement occurs w/loss of projects/units, reallocations are not executed w/out succession planning.

1E-5. Local CoC Competition. Applicants must indicate whether the CoC:
(1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline–attachment required;
(2) rejected or reduced project application(s)–attachment required; and
(3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline–attachment required. :

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes

(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Attachment Required.   Yes

2A-1a. Applicants must: (1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and (2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).   3- 7 Policies & Procedures Manual

2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required.   Yes

2A-3. HMIS Vender. What is the name of the HMIS software vendor?   Caseworthy

2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area.   Statewide HMIS (multiple CoC)

**2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:
(1) total number of beds in 2018 HIC;
(2) total beds dedicated for DV in the 2018 HIC; and**

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	555	45	474	92.94%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	205	12	193	100.00%
Rapid Re-Housing (RRH) beds	272	0	272	100.00%
Permanent Supportive Housing (PSH) beds	1,884	20	1,777	95.33%
Other Permanent Housing (OPH) beds	0	0	0	

**2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months.
(limit 2,000 characters)**

 NA

2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept? 10

**2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX).
(mm/dd/yyyy)** 04/30/2018

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

Instructions:

For guidance on completing this application, please reference the   FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy).   01/23/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).   04/30/2018

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC's sheltered PIT count results.
(limit 2,000 characters)

The sheltered count implementation expanded to include Hurricane Maria evacuees this year. This involved getting data from FEMA and extrapolating demographic information to the households staying in CT Hotels paid for by FEMA. CT 503 is committed to improving the quality of the sheltered count each year. To train on the sheltered count, the CoC conducts in-person trainings for providers to encourage face to face learning. A follow up webinar version of the training is also offered for people who cannot attend in person or for those who would like the refresher. A recording of the training is then made available to providers for reference. Additionally an electronic document of the point-in-time data workflow for people to verify and validate their data is provided to users for their convenience. These trainings not only cover the technical aspects of how to collect and validate the data, but also include rationale for why each element is necessary in an effort to provide a complete approach to each user's understanding of the data collection needs for the Point-in-Time Count. If a provider still has difficulty or confusion after providing this thorough training & support
resources, they have access to the CT HMIS helpdesk for 1:1 assistance w/their PIT data & support from the CT Coalition to End Homelessness & CoC Manager.
2)The CoC's reduction in TH beds led to a decrease in sheltered population overall. The CoC would likely have experienced an increase in PIT data resulting from counting evacuees if not for the decrease in TH beds. Trainings & support improved data quality accuracy & accuracy of reporting.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count?   Yes

2C-2a. If "Yes" was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.

Beds Added:	12
Beds Removed:	0

Total:	12

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, transitional housing, or Safe Haven inventory because of funding specific to a Presidentially declared disaster, resulting in a change to the CoC's 2018 sheltered PIT count? No

2C-3a. If "Yes" was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct and unsheltered PIT count in 2018, select Not Applicable. Yes

2C-4a. If "Yes" was selected for question 2C-4, applicants must:
 (1) describe any change in the CoC's unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018; and
 (2) specify how those changes impacted the CoC's unsheltered PIT count results.
(limit 2,000 characters)

1) For 2018 the CoC required use of the mobile app method of data collection for all volunteers. No paper surveys were used which was effective in increasing efficiencies in counting efforts. Use of mobile technology and real-time monitoring of surveying activities allowed for simultaneous quality assurance of data—phone calls were made to volunteers by CT Coalition to End Homelessness & CoC staff when data anomalies were noticed so that immediate correction of issues ensured that the data collected was of highest quality as possible. Improved coordination with street outreach workers led to better canvassing strategies of known locations where people were experiencing homelessness were found and counted.
2) Overall, the 2018 PIT was evidenced by an increase of volunteers, increased and improved training which ensured enhanced survey results and more complete data as a result of app use of app vs. paper surveys that have been lost or misinterpreted in prior years.

2C-5. Identifying Youth Experiencing   Yes
Homelessness in 2018 PIT Count. Did your
CoC implement specific measures to identify
youth experiencing homelessness in its 2018
PIT count?

2C-5a. If "Yes" was selected for question 2C-5., applicants must describe:
(1) how stakeholders serving youth experiencing homelessness were
engaged during the planning process;
(2) how the CoC worked with stakeholders to select locations where
youth experiencing homelessness are most likely to be identified; and
(3) how the CoC involved youth experiencing homelessness in counting
during the 2018 PIT count.
(limit 2,000 characters)

1) The Youth Engagement Team Initiative (YETI) Workgroup executed the 2018
Youth Count. YETI members from workforce development, faith community,
cradle to career, CT Dept of Children & Families, outreach, LGBTQ services,
shelters, RHY RRH & TLP providers, funders & advocates held 6 meetings
between 10/17 & 1/18. Focused on recruiting/training volunteers including youth
& school staff, eliciting donations & press coverage. CoC engaged
organizations to conduct street outreach, position staff in schools,
engage young adult employment programs, substance treatment programs &
youth service bureaus, etc., to conduct surveys.
2) CoC worked with YETI & Youth Advisory Board (YAB) to identify 100
locations where homeless youth congregate including train stations, libraries,
soup kitchens, treatment programs, bodegas, 24/7 fast food restaurants,
schools, colleges/universities, drop-in centers, local LGBTQ agency, recreation
centers, etc. Volunteers posted on social media & flyers in high visibility areas
to promote "Come and Be Counted" events scheduled throughout the CoC on
the final day of the count where volunteers served pizza & distributed basic
needs: food, bus tokens, condoms, shampoo, soap, toothbrushes, etc. 3) The
YAB was an integral part of the Youth Count & held subcommittee planning
meetings every 3 weeks from 10/17 until the count which occurred between
1/24/18 and 1/30/18. Members included 6 youth w/lived experience of
homelessness ranging from 19 to 23 who assisted in identifying hotspots where
youth congregate, designing & posting flyers for the "Come and Be Counted"
events, conducting trainings for volunteers, organizational outreach, conducting
surveys & speaking w/local journalists to increase awareness in the community.
The CoC engaged many volunteers who were teenagers & young adults in the
process both from high school youth leadership programs & from a young adult
employment support program, several of whom had personal experiences
w/homelessness.

2C-6. 2018 PIT Implementation. Applicants must describe actions the
CoC implemented in its 2018 PIT count to better count:
(1) individuals and families experiencing chronic homelessness;
(2) families with children experiencing homelessness; and
(3) Veterans experiencing homelessness.
(limit 2,000 characters)

1)CoC met w/regional outreach treatment teams to ID locations &

encampments as hotspots to engage unsheltered individuals, often chronically homeless. Such identification helped regional coordinators plan for volunteer canvassing. CoC & Coordinated Access Network (CAN) IDed unsheltered & difficult to engage HHs on the by name list (BNL). Planning included creating volunteer teams w/an outreach worker, social service worker or person w/lived experience to ensure all persons experiencing homelessness were counted, especially those harder to ID & approach (i.e., families w/children or chronically homeless). PIT planning ensured, as possible, that BNL data would be used to verify & validate chronic homelessness data & ensure all unsheltered who were IDed on the night of the count are reflected on BNL whenever possible. PIT planning included a follow-up step that clients who were active on the BNL received a call to determine if they were still homeless on the night of the count. Info was referenced against data gathered to ensure that those known to the system & verified as chronically homeless were counted as such.

2) In preparations for 2018 count & part of efforts to end family homelessness, CT implemented a "no unsheltered families with children" protocol in late 2017: if HH w/children is IDed as experiencing unsheltered homelessness, outreach ensures immediate safe shelter or hotel if shelter is unavailable. As a result, no families w/children were counted as unsheltered during PIT 2018. 100% of family shelters participated in 2018 count.

3) Information gathered from outreach teams IDed options to engage veterans. 100% of shelters represented in 2018 count & coordination engaged VA for Vet-BNL cross-referencing & to ID hot spots to engage chronically homeless & veterans based on location history. CoC found one unsheltered veteran in an IDed hotspot who was triaged for medical attention. Appropriate care & shelter delivered to the individual that night.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

Number of First Time Homeless as Reported in HDX.	1,930

3A-1a. Applicants must:
(1) describe how the CoC determined which risk factors the CoC uses to identify persons becoming homeless for the first time;
(2) describe the CoC's strategy to address individuals and families at risk of becoming homeless; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)

1)Coordinated Access Network (CAN) tiered triage system screens for common, nationally IDed risk factors, including living arrangements before homelessness, head of HH's childhood homeless experience, frequent evictions, children under school age, severe disabilities, out of family Dept of Children & Families (DCF) placement. This data & other demographics (age, gender, HH size, HH member diagnoses, criminal & employment histories) are collected & used to ID/track CoC-specific risk factors in becoming homeless & refine prioritization criteria as more longitudinal data is available.
2)CoC strategies in addressing first time homelessness include:
-Engaged stakeholders (Dept Mental Health & Addiction Services, DCF, Juvenile Justice, FQHCs) in assessing current systems serving unstably housed/homeless youth to improve foster care & institutional discharge planning.
-Developed partnerships w/fair hsg & legal aid for streamlined referral processes to prevent eviction.
-Increased dedicated diversion & mediation services (financial & other) to support HHs return to hsg. Includes providing funds (including ESG) for security deposits, RA, relocation assistance & incentives for family & friends to support HHs in maintaining current hsg. CAN staff have increased capacity in diverting HHs from entering the homeless system via financial assistance or conflict mediation. Increased diversion strategies led to diversion rates rising from 7% to 24% for individuals & 23% to 67% for families from 2017 to 2018.
-CAN staff are trained in conflict resolution & other techniques effective in reconnecting HHs to networks/supports & have strengthened partnerships for streamlined referrals to CoC-wide prevention programs such as Stable Families Program that provides intensive case management to increase hsg

stability/resiliency among Bridgeport public hsg families at imminent risk of eviction.
3)Strategy overseen by Supportive Housing Works' Director of System Performance & staff.

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:
(1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);
(2) describe the CoC's strategy to reduce the length-of-time individuals and persons in families remain homeless;
(3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
(4) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.
(limit 2,000 characters)

1)Average LOTH ES/SH/TH: FY17=133 Days, FY16=152 Days in FY16, 12.5% decrease 2)CoC focused on strategies to help effectively identify those w/longest length of time homeless (LOTH) & assist them in moving into hsg: -- Expanded diversion training & funding. -- Increased CE system capacity around street outreach to ID HHs w/longest LOTH by updating HMIS & BNL data to expedite prioritization & hsg placement by regional HF teams. --Implemented multidisciplinary, communitywide case conferencing thru hsg placement & community care teams that include mental & behavioral health providers, clinicians, hospitals, CM's, housing program staff, etc.--Expanded cross-sector case conferencing & data sharing to match HHs to services to support income growth.--Expanded progressive engagement model.--Leveraged mainstream resources.--Reallocated funds to expand RRH, PSH & CE navigation.--Expanded landlord recruitment.--Expedited document ready process w/1st engagement instead of delaying until start of hsg matching process.--Built on case management (CM) continuity in service delivery so each HH supported by 1 navigator until placed into PH or diverted.--Increased TA w/shelters to re-orient staff to provide housing-focused CM optimizing hsg vs. extra-curricular activities. 3)CoC IDs & houses individuals & families w/longest LOTH using: HMIS data; VI-SPDAT; info from community case conferencing (w/reps from homeless, medical, mental health, substance use, corrections, education, etc.) that includes interagency releases so info can be shared. Homeless & hsg history collected in standardized way to ensure that all clients have equitable opportunity to report periods of homelessness not documented in CoC/statewide HMIS system. Data on total LOTH entered & updated in shared data management system accessible by all community partners to ensure info is as complete as possible & updated quickly. 4)Overseen by Director of System Performance & Director of Programs (SHW) & Housing First Teams.

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:
(1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and
(2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their

permanent housing or exit to permanent housing destinations.

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	56%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	97%

3A-3a. Applicants must:
 (1) describe the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and
 (2) describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.
(limit 2,000 characters)

1)All ES/TH/RRH staff trained in Housing First (HF), Progressive Engagement (PE) approach to provide minimum assistance tailored to HH's most critical needs, w/focus on quickly resolving hsg crisis. Diversion prior to entering shelter helps HH ID options for maintaining hsg. If entering shelter, Coordinated Access Network (CAN) staff assess HH prior to entry to accelerate document-ready process & eligibility decisions for PH. CAN staff work on rapid exit via rental assistance/security deposit/first/last month rent or RRH. CAN & shelter staff work on continued diversion attempts in shelter to expedite exits to PH, including exploring options for returning to prior hsg via family mediation or short-term financial assistance, funds for travel costs to reconnect w/remote support networks, or settling arrears. CoC's family TH project has short 7-month avg length of stay due to work w/HH to ID PH exits upon HH capacity to sustain PH thru increased employment skills. For RRH HHs, immediate efforts IDed for employment search & wage increase to ensure HH can maintain PH. CAN & program staff conduct landlord engagement to ID available, affordable hsg units & work w/HH to vet hsg options for sustainability. 2)PH retention in non-RRH PH has increased via standardized assessment tools & implementation of PE; both used to tailor hsg interventions based on continuous client assessment w/most intensive resources reserved for HHs w/highest needs pre/post hsg placement. CTI model used for all PH case management (CM) allows seamless service delivery & adjustment to maintain stability. CM re-enrollment process used for unstable clients needing to change program. To increase PH retention, CoC/CAN staff support regional HF Teams, conduct case conferencing, assist in prioritization of hsg referrals & placements, help expand/align resources, & provide training & TA. Overseen by Supportive Housing Works' Director of Programs, HF Teams.

3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	8%

3A-4a. Applicants must:
  (1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;
(2) describe the 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 the CoC's strategy to reduce the rate individuals and persons in families returns to homelessness.
(limit 2,000 characters)

1)CoC analyzes data from HMIS, Coordinated Access Network (CAN), housing placement meetings & case conferencing to ID risk factors common to HHs at risk of losing housing & returning to homelessness, which include: tri-morbidity, ongoing intensive case management (CM) service needs (e.g. active SA, safety issues (fire hazards), suicidality, active psychosis, engagement in Progressive Engagement (PE) model) & exhaustion of community resources.
2)CoC strategies to reduce returns to homelessness focus on increasing retention in programs & preventing evictions. For HHs at risk of eviction (before eviction process initiated), case managers (CMs) complete/submit a form to Housing First (HF) team for review & to discuss appropriate interventions including: move client immediately to avoid landlord eviction costs; re-house to other hsg option/higher level of care; landlord/tenant mediation; arrearage financial assistance; RRH extension. Case conferencing may take place during housing placement (HP) meetings to review participants at risk of hsg loss & prioritize those who need more intensive intervention, e.g. PSH. HP committees may recommend extending, modifying, or intensifying supports (financial assistance &/or services) w/in current program enrollment to ensure successful retention or referral to a higher level of care. Criteria required to be presented for PSH priority are: if individual has significant impairment to hsg stability functioning & if the individual is currently in RRH & has applied for PSH. To prevent returns, the CAN tiered triage system prioritizes diversion/prevention assistance for HHs entering CAN w/homeless history, as IDed by CMs using CoC's open HMIS system. CoC will continue to implement/evaluate/refine above strategies, along w/expansion of hsg options including RRH, use of housing-focused CM, mainstream resources leveraging & activities to ensure PH retention.
3) Strategy overseen by Supportive Housing Works Director of Programs & HF teams.

3A-5. Job and Income Growth. Applicants must:
 (1) describe the CoC's strategy to increase access to employment and non-employment cash sources;
(2) describe how the 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 the CoC's strategy to increase job and income growth from employment.
(limit 2,000 characters)

1) The Economic Security Committee oversees CoC efforts to increase access to income, employment and benefits. The Committee evaluates outcomes on employment and income and also supports CoC projects with information on benefits and income initiatives for all sub-populations. The Committee holds

quarterly cross-sector learning & networking events for workforce development, Coordinated Access Network (CAN) program staff & CoC providers so that staff from each system understand service options their clients can access. To increase non-employment cash, the CoC implemented mandatory requirements for all CoC grantees to identify staff to complete SOAR (SSI/SSDI Access & Recovery) certification. The CoC has held 2 SOAR training cohorts (2017 & 2018) and has required that all certified staff register for the SAMHSA/SOAR online tracking system to monitor application completion & approvals. The CoC also implemented a SOAR Steering Committee to build capacity, increase SSI/SSDI approvals & fund SOAR staff.
2) The CoC collaborates with Workforce Innovation & Opportunity Act (WIOA) funded agencies (American Jobs Center & The WorkPlace), who oversee the strategy to increase income, & with CT Department of Social Services & CT Department of Labor to connect project participants with income and employment resources, such as: Jobs First Employment Services, TANF, STRIVE (Support and Training Result in Valuable Employee) & One Stop Centers. The CoC's Secure Jobs pilot (now in 3rd year) created a vocational triage team to case conference employment barriers for RRH households and build cross-sector partnerships. Effort has been expanded to other households, resulting in Employment Specialist & better project access to income initiatives such as: Maturity Works: 55+; YouthWorks (trains YYA); Supported Employment; Working Families; Bureau of Rehabilitation Services disability jobs programs.
3)The CoC Manager oversees & supports efforts to increase access to resources.

3A-6. System Performance Measures Data Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy)   05/25/2018

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:
(1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and
(2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.

Total number of beds dedicated as DedicatedPLUS	0
Total number of beds dedicated to individuals and families experiencing chronic homelessness	738
Total	738

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written standards for all CoC Program-funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing? Attachment Required.

Yes

3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.

History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
Number of previous homeless episodes	X
Unsheltered homelessness	X
Criminal History	X
Bad credit or rental history	X
Head of Household with Mental/Physical Disability	X

3B-2.2. Applicants must:
(1) describe the CoC's current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;
(2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and
(3) provide the organization name or position title responsible for overseeing the CoCs strategy to rapidly rehouse families with children within 30 days of becoming homeless.
(limit 2,000 characters)

1)CoC committed to system-wide approaches to effect shorter stays in low-barrier shelter & focus on exiting families to permanent hsg (PH) in 30 days:
-Shelter diversion: Multiple strategies attempted at Coordinated Access Network (CAN) front door to divert families, including mediation & conflict resolution. CAN family diversion fund offered to HHs during the assessment intake. This flexible, limited financial assistance helps HHs avoid shelter entry entirely or assist in quickly rehousing HHs when shelter entry is unavoidable.
-Rapid exits: Multiple options explored to shorten shelter stays & secure PH w/rapid exit funds: traditional rental assistance, security deposits, 1st month rent, utility arrearages, moving costs, payment for storage fees or purchasing air, bus/train travel tickets for families to reconnect w/their remote support networks.
-Shorten hsg placement: Staff expedite document ready process prior to system entry to shorten eligibility determination for hsg resources so access to hsg/services/other resources happens quickly at front end: less shelter time = shorter homeless episodes. All ES/RRH/PSH staff are trained on Housing First & Progressive Engagement processes. CoC implemented Critical Time Intervention model for all PH programs to reduce time b/t intake & housed, increasing system efficiency.
2)CoC uses F-SPDAT, family by name list & weekly family hsg placement mtgs to prioritize PSH/TH/RRH & ID most appropriate interventions. HHs w/high assessed hsg/service needs may receive PSH; lower scoring HHs w/fewer homeless episodes prioritized for RRH. Staff connect HHs w/income, employment & community supports to increase future housing stability: SSI/SSDI if eligible, Secure Jobs, WIOA, TANF, Jobs First, childcare, transportation, etc. HHs monitored & triaged at monthly case conference team meetings. CY17 success rate for RRH families=96%, PSH retention=97%.
3)Overseen by Director of System Performance (SHW) & Housing First Teams.

3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status, or disability when entering a shelter or housing.

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.	X
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	X

CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	X
CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.	X
CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.	

3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied homeless youth includes the following:

Human trafficking and other forms of exploitation	Yes
LGBT youth homelessness	Yes
Exits from foster care into homelessness	Yes
Family reunification and community engagement	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs	Yes

3B-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	X
Number of Previous Homeless Episodes	X
Unsheltered Homelessness	X
Criminal History	X
Bad Credit or Rental History	X

3B-2.6. Applicants must describe the CoC's strategy to increase:
(1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and
(2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.
(limit 3,000 characters)

1) CoC strategies for increasing housing & services to all youth experiencing homelessness in the CoC include:
-The CT Dept of Housing (DOH) & CT Dept of Mental Health & Addiction Services (DMHAS) coordinated resources to fund capital development, operating & services for new non-time-limited supportive housing projects for youth/young adults (YYA). A CoC grantee, Aplha Community Services-YMCA,

was awarded 11 new YYA units under this resource.
-Greater Bridgeport Area Prevention (GBAPP) added 8 new units for YYA in
2018 thru HHS' Transitional Living Program (TLP). Beds for this project are
filled via Coordinated Access Network's (CAN) shelter waitlist, by name list
(BNL) & housing matching process.
-DOH created HCV preference in 2018 for YYA families to move-on from PSH.
Several YYA families transitioned from existing TLP to permanent housing
using these HCVs.
-DOH & Dept of Children & Families (DCF) applied for new HUD FUP vouchers
to serve families/YYA. The CoC, Department of Housing (statewide PHA) &
Norwalk Housing Authority partnered on the application.
-The YYA workgroup is working with DCF, DMHAS & RHY providers to
strategize on the coordination of YYA resources. The group has drafted a new
Progressive Engagement protocol designed to more effectively use existing &
new YYA housing & services resources.
-The CoC prioritized YYA for new units created through FY17 & FY18 CoC
Bonus funds & FY17 PSH project reallocations.
2) CoC strategies for increasing housing & services to unsheltered youth
experiencing homelessness in the CoC include:
- DOH prioritized a portion of their HUD CDBG-Small Cities funding for YYA
crisis housing to ensure unsheltered YYA have safe temporary housing. In
addition, funds will be used for a youth navigator for diversion, mediation &
assistance in removing barriers to permanent housing for unsheltered YYA.
- DOH continues to fund renovations for shelters to accommodate YYA &
transgender households. The CoC drafted a new YYA shelter prioritization
protocol to ensure that unsheltered YYA access these beds.
- Two CoC area agencies (GBAPP & Supportive Housing Works) recently
received $100k grant from Impact Fairfield County to a purchase mobile
outreach van for homeless YYA. MOUs are in place with community providers
(FQHC, LGBTQ Center, CAN staff, homeless outreach, peer recovery
specialists, employment support & others) to deliver services to disconnected
YYA & engage YYA not only where they are but also allowing them to access
services when they're ready. Outreach provided through the "Vehicle for
Change" mobile van will include: basic need items; CAN/211 resources on
human trafficking, suicide & DV prevention; access to shower/laundry;
connection to homeless outreach workers; etc. This new resource will connect
100 homeless/unstably housed YYA annually. All YYA who are engaged and
found to be literally homeless will be added to or identified in HMIS/BNL &
assessed through the CAN system.

3B-2.6a. Applicants must:
**(1) provide evidence the CoC uses to measure both strategies in question
3B-2.6. to increase the availability of housing and services for youth
experiencing homelessness;**
**(2) describe the measure(s) the CoC uses to calculate the effectiveness of
the strategies; and**
**(3) describe why the CoC believes the measure it uses is an appropriate
way to determine the effectiveness of the CoC's strategies.**
(limit 3,000 characters)

1)CoC participates in statewide planning efforts to end youth homelessness &
leverages these statewide efforts to improve the CoC's strategies &
measurement of outcomes. CoC participated in statewide project to develop a

predictor tool to help redesign CT's youth/young adult (YYA) housing & services system. Abt Associates Inc., using their needs assessment tool, worked with the CT-505 YHDP Grant Management Team & additional stakeholders, including YYA workgroup members, CT-505 & CT-503 members, Youth Action Hub members, Coordinated Access Network (CAN) staff & Youth Engagement Teams Initiatives (YETI) members, to predict how much of each housing intervention is necessary to meet the needs of YYA experiencing homelessness in CT. Estimates were based on annual inflow, turnover, agreed upon assumptions established using best available data/expectations for the near-term that set the percentage of need for each intervention & average length of time in each intervention. In identifying system gaps, stakeholders compared entry data to existing housing inventories; the resulting data is now being used to target YYA resource allocation & unit prioritization. As the system evolves, CoC will use the tool to measure changing needs of YYA & identify ongoing system gaps.
2)CoC uses various data sources & measures to assess if its strategies & resources are showing the desired impact, such as increased access & housing placement for YYA & a reduction in homeless YYA. CoC utilizes statewide CAN/BNL dashboards created by the CT Dept of Housing & CT Coalition to End Homelessness to monitor/analyze data on the number of YYA identified weekly & added to the shelter waitlist, the diversion rate for YYA, YYA placements & the number of days from CAN assessment of YYA to the date housed. On a monthly basis, the CoC's YETI monitors progress on access to housing & services, including vacancies for YYA in existing projects & new inventory resources. The YETI utilizes Youth Count data as a baseline to demonstrate the scope of YYA entries/ exits & depth of ongoing need, CT YYA dashboards on USICH criteria & benchmarks that measure progress on strategies for YYA that are effective in ending youth homelessness .
3)CoC has effectively used data-driven approach w/community input to reduce homelessness among other subpops & has seen progress in addressing YYA system gaps, enhancing entry/exit tracking & increasing knowledge of needs of YYA population. Results: 2018 reduction in unsheltered YYA homelessness & improved prioritization of vulnerable non-divertable YYA for immediate service connections/appropriate hsg interventions, many w/in 30 days. CoC's YETI & Youth Advisory Board (YAB) will continue to monitor progress & identify best practices through YYA focus groups, policy/intake review & TA to YYA agencies. CoC now has better awareness that YYA resources are most effective when low-barrier, developmentally appropriate, trauma-informed & informed by youth voice.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:
(1) youth education providers;
(2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);
(3) school districts; and
(4) the formal partnerships with (1) through (3) above.
(limit 2,000 characters)

1)6 CoC organizations have partnerships to provide services w/in schools to youth IDed as presenting w/factors that impede school success, i.e. truancy, unstable hsg, homelessness. CoC provider, Insprica, runs a Youth Center & collaborates w/schools to support children in maintaining access to school. 2)

CoC participates in CT's Youth & Young Adult Homelessness workgroup which includes partnerships w/CT Dept of Education (McKinney-Vento State Education Agency) & Ed Consultant who oversees CT liaisons. Consultant recruited liaisons to participate in CoC's youth engagement team initiative (YETI) which engages youth, schools & youth-serving agencies in collaborative process to develop a community plan to end youth homelessness. CT Coalition to End Homelessness created a toolkit aimed at building partnerships between CoCs & school systems. CoC's youth staff shared this toolkit & is negotiating use in BPT, Norwalk, Stamford, & Stratford school district LEAs. 3) Strong progress made on partnerships b/t CoC & school system: Cooperative Educational Services, Fairfield County's Regional Education Service Center, elicited support in assisting, developing & strengthening relationships w/LEAs. -Stratford school district engaged CoC's youth advisory board (YAB) in 2 schools to engage students/faculty in advisory lesson plans focused on rights of students experiencing homelessness, how to find resources & accessing help; YAB shared personal stories to eliminate stigma & increase help-seeking behaviors. -For 2018 Youth Count, CoC engaged high school youth leaders from regional Mayor's Youth Leadership Council & Center for Youth Leadership. Effort enlisted 30 youth to learn about homelessness, become trained as volunteers & assist in administering surveys & awareness in schools. 4)Domus, Council of Churches, Kids in Crisis, Inspirica, Family & Children's Agency, Homes with Hope, Alpha-Y all have school partnership agreements. The CoC has MOUs w/Office of Early Childhood & CT B-3.

3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.
(limit 2,000 characters)

CoC works w/family & youth-serving organizations to ensure that each has designated staff for school enrollment w/in 48 hours of entry & staff are identified for board of education as contacts for McKinney-Vento education services. The CoC adopted "CoC Educational Responsibilities" policy in 2016 so that all projects comply w/McKinney-Vento, IDEA, Title IX & other laws for provision of education for the homeless. CoC participates in trainings for CoC & ESG grantees to better identify & align resources so that program staff have accurate understanding of resources available to families. CT Dept of Education (DOE) & local liaisons update the CoC w/homeless children education rights materials, liaison contacts, virtual toolkits, & DOE & CT Center for Children's Advocacy resources. CoC agencies work closely w/local LGBTQIA advocates & regional foster care agencies to identify homeless children & unaccompanied youth, inform them of their rights, & connect them w/appropriate services. All agencies serving homeless in CoC (including those receiving ESG funds) work w/Dept of Children & Families (DCF) to coordinate regarding child & youth safety, care & education & they develop relationships w/local schools & colleges. HHs losing housing in 14 days w/no subsequent resources qualify for homeless assistance & providers give HHs info on education & services eligibility & ensure that transportation is available to all families including those who wish to remain in the school attended during prior residence. Staff participates in preparations w/DCF & CT Birth to 3 for discharge conferences at least 180 days prior to discharge as mandated (Section 42-10-3) to allow for planning & connections to education & other services to prepare as required. Early intervention partnerships are in place w/local Head Start to coordinate

pre-school & guide referrals for homeless services; providers connect HHs to parent education, home visiting & CT Birth to 3/Part C as appropriate.

3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No". Applicants must select "Yes" or "No", from the list below, if the CoC has written formal agreements, MOU/MOA's or partnerships with providers of early childhood services and support.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	Yes	Yes
Head Start	Yes	Yes
Early Head Start	Yes	Yes
Child Care and Development Fund	No	No
Federal Home Visiting Program	Yes	Yes
Healthy Start	No	No
Public Pre-K	No	No
Birth to 3 years	Yes	No
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		

3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 2,000 characters)

1) The CoC has followed a "no wrong door" policy to engage veterans since 2015 w/the following strategies: HHs enter the system through statewide 211, state &/or federal VA programs, targeted events (Stand Downs), shelters or as a result of outreach. Outreach provided by VA, SSVF or PATH outreach teams is ongoing to both follow up on referrals or through regular visits by team members at known hotspots & encampments. The Coordinated Access Network (CAN) HMIS & by name list, distributed bi-weekly, identifies vets requesting homeless services. Case conferencing between VA & SSVF staff occurs at bi-weekly meetings & as necessary to discuss vets who are known to housing & service systems, while outreach is performed on a regular basis to engage others.
2) VA & SSVF providers use VI-SPDAT to assess housing needs & develop housing plans to ensure placement in permanent housing (PH) within 90 days. If a veteran status is identified during the 211 call, the caller is referred to the local SSVF team for assessment to connect the HH with local services & housing ASAP.
3) The CoC follows state-level protocols developed through Department of Housing, VA, VAMC, HUD & provider partnerships which have resulted in CT maintaining USICH designation of functional zero since 2016. Referrals are

made to SSVF/RRH, HUD-VASH, state housing vouchers for veterans not eligible for HUD-VASH & set aside units. If the PH placement process is expected to exceed 30 days, VA GPD programming is offered as an interim option. A hard to engage protocol is used for those refusing services, with several levels of continued follow up by VA or SSVF team members. Statewide veteran workgroup meets monthly for community providers, governmental agencies & VA staff to evaluate the utilization & performance of housing & service interventions. A comprehensive dashboard was launched (2018) to capture BNL, housing unit inventory & vacancies more efficiently, to effect a more efficient referral process.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC? Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness? Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach? Yes

3B-5. Racial Disparity. Applicants must: (1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance; (2) if the CoC conducted an assessment, attach a copy of the summary. Yes

3B-5a. Applicants must select from the options below the results of the CoC's assessment.

People of different races or ethnicities are more or less likely to receive homeless assistance.	X
People of different races or ethnicities are more or less likely to receive a positive outcome from homeless assistance.	X
There are no racial disparities in the provision or outcome of homeless assistance.	
The results are inconclusive for racial disparities in the provision or outcome of homeless assistance.	X

3B-5b. Applicants must select from the options below the strategies the

CoC is using to address any racial disparities.

The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	☐
The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	X
The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	X
The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups	X
The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	X
The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	X
The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness.	X
The CoC is educating organizations, stakeholders, boards of directors for local and national non-profit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	X
The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	X
The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	X
The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	X
Other:	☐

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the   FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC:
(1) assists persons experiencing homelessness with enrolling in health insurance; and
(2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits. Applicants must:
(1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;
(2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy for mainstream benefits. (limit 2,000 characters)

1)The Economic Security (ES) workgroup is charged w/building cross-sector partnerships w/agencies that deliver mainstream programs - such as TANF, Medicaid, health care, income supports, PHA vouchers & other forms of assistance - to homeless HHs in order to increase knowledge of & access to benefits, income & stability. CE navigators refer clients to trained assistors for Medicaid, health care & SSI/SSDI. CoC requires CoC grantees to have a case manager w/SOAR certification so quality SSI/SSDI applications are submitted routinely for those eligible.
2)CoC has SOAR Steering Committee, chaired by CT SOAR lead, where municipal reps, hospitals, clinicians, DSS, legal services & One Stop strategize on creating efficient income increase efforts, including IDing access to private

funds to increase hsg stability thru employment/wage increase & staffing infrastructure support. CoC Learning Collaboratives highlight existing programs that help low-income families transition to employment, such as TANF & Jobs First, w/training, short-term housing assistance or adjusting benefit levels to account for varying housing costs. CoC's Secure Jobs initiative builds cross-sector partnerships & informs staff on mainstream resources at monthly vocational triage team mtgs where housing case managers confer on training, jobs, education, healthcare, benefits, criminal justice & more. Partners include: Bureau of Rehab Services; CT Depts of Labor, Social Services, Mental Health & Addiction Services; WIOA; One Stop; & Head Start. CEO of SW CT Community Health Center (FQHC) sits on CoC board & assists CoC w/info on Medicaid eligibility & coverage to low-income & homeless childless adults, families & youth transitioning from foster care & unaccompanied youth. ES members include leaders from American Jobs & The WorkPlace (WIOA) & they provide updates on TANF, JFES & workforce development at quarterly learning events.
3) CoC Manager oversees & supports efforts to increase access to resources.

4A-2.Housing First: Applicants must report:
**(1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and
(2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach–meaning that the project quickly houses clients without preconditions or service participation requirements.**

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	40
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach–meaning that the project quickly houses clients without preconditions or service participation requirements.	40
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	100%

4A-3. Street Outreach. Applicants must:
**(1) describe the CoC's outreach;
(2) state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area;
(3) describe how often the CoC conducts street outreach; and
(4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.
(limit 2,000 characters)**

1)CoC PATH & homeless outreach teams conduct street outreach & engagement using trained staff w/expertise in engagement, cultural competency, hsg, substance abuse, mental health & vocational services. Teams work w/community partners to deliver short-term case management, conflict resolution & mediation & connection to the Coordinated Access Network (CAN) for mainstream services, assessment & prioritization for hsg placement

as appropriate. Routine collaboration w/hospitals & Community Care Teams track high utilizers & establish history on debilitating conditions on HHs encountered during outreach.

2)Street outreach covers 100% of the CoC. While prioritized in urban areas, outreach/canvassing efforts occur across the entire CoC & respond rapidly to unsheltered reports. Outreach teams frequent locations such as under bridges, bus stations, abandoned buildings, cars & encampments.

3)Dedicated teams perform outreach daily, particularly in urban areas & where homeless individuals congregate.

4)Outreach staff ensure 100% coverage & rotate scheduled weekly coverage to maintain contact & build trust w/hardest to engage. Staff visit shelters to provide transitional support to those exiting homelessness. Many outreach staff speak Spanish or use 211 language line if needed for those with limited English skills & staff are equipped with tools for visually & hearing impaired. HHs encountered are recorded in HMIS for tracking. Recently, increased homeless volume was observed at the Stamford, CT train station among HHs w/expired shelter length of stay in NYC. Outreach collaborative efforts were created to engage each individual w/no requirement to travel to provider locations for processing or for case management if issues could be resolved w/light touch. Each HH was assessed &, when possible, diversion transportation funds to resolve the homeless episode were granted. For those who required more, CAN appointments, VI-SPDAT, shelter or BNL access for priority hsg was provided.

4A-4. Affirmative Outreach. Applicants must describe:
(1) the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability; and
(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above.
(limit 2,000 characters)

1) CoC adopted the client bill of rights (6/16) & required 2017 Fair Housing training for all Coordinated Access Network (CAN) staff. CoC promotes affirmative outreach w/CAN policies & procedures to ensure that providers: have non-discrimination policies in place to assertively outreach to those least likely to engage in homeless system & comply w/all federal statutes including the Fair Housing Act & ADA. CT Landlord & Tenant Law is outlined in the regional CAN operating procedures. CAN uses well-publicized 211 as single point of entry. Housing &/or service need is assessed for each HH using common assessment tool which reduces bias & improves equity; client choice w/respect to rights & privacy is also documented & considered appropriately. CoC providers give info to clients both in writing & verbally on how to grieve if clients believe their rights have been violated.

2)CoC efforts to affirmatively further fair housing & ensure non-discrimination include the following strategies: CAN single point of entry thru well-publicized statewide 211 system ensures equal access to resources including access to language line for non-English speakers. The CoC & CAN are equipped w/outreach staff trained in methods to reach the protected classes & hardest to engage. The CoC adopted & implemented requirements to follow 24CFR 578.93 (c) Fair Housing & Equal Opportunity, distributes resources to homeless subpopulations following CoC non-discrimination policies, CAN protocols on

eligibility, Housing First & appropriate housing accommodations, & CPD 16-11 to prioritize chronically homeless & other vulnerable subpopulations for permanent supportive housing. Tenants receive client rights & fair housing manual w/contact information at entry & all leases are reviewed for FHA compliance. All participation/tenant docs are available to households in preferred language, many case managers are bilingual & Braille/large print, sign language & language line interpretation are used as needed.

4A-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	186	272	86

4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction?   No

4A-7. Homeless under Other Federal Statutes. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other Federal statutes?   No

Attachment Details

Document Description: 1C-5. PHA Administration Plan - Homeless Preference

Attachment Details

Document Description: 1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference

Attachment Details

Document Description: 1C-8. Centralized or Coordinated Assessment Tool

Attachment Details

Document Description: 1E-1. Objective Critiera–Rate, Rank, Review, and Selection Criteria

Attachment Details

Document Description: 1E-3. Public Posting CoC-Approved Consolidated Application

Attachment Details

Document Description: 1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria

Attachment Details

Document Description: 1E-4. CoC's Reallocation Process

Attachment Details

Document Description: 1E-5. Notifications Outside e-snaps–Projects Accepted

Attachment Details

Document Description: 1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced

Attachment Details

Document Description: 1E-5. Public Posting–Local Competition Deadline

Attachment Details

Document Description: 2A-1. CoC and HMIS Lead Governance

Attachment Details

Document Description: 2A-2. HMIS–Policies and Procedures Manual

Attachment Details

Document Description: 3A-6. HDX–2018 Competition Report

Attachment Details

Document Description: 3B-2. Order of Priority–Written Standards

Attachment Details

Document Description: 3B-5. Racial Disparities Summary

Attachment Details

Document Description:

Attachment Details

Document Description: CT 503 Continuum of Care Model Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	09/17/2018
1B. Engagement	09/18/2018
1C. Coordination	09/18/2018
1D. Discharge Planning	09/17/2018
1E. Project Review	09/18/2018
2A. HMIS Implementation	09/18/2018
2B. PIT Count	09/17/2018
2C. Sheltered Data - Methods	09/18/2018
3A. System Performance	09/18/2018
3B. Performance and Strategic Planning	09/18/2018
4A. Mainstream Benefits and Additional Policies	09/17/2018
4B. Attachments	09/18/2018

Submission Summary   No Input Required