



## Opening Doors of Fairfield County Announcement

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This Preliminary Application has been released by **Opening Doors of Fairfield County (ODFC)/CT-503** to solicit proposals for the provision of new projects for permanent housing and services for **the following sub-populations: *single adults and families***

### **1. Funding Announcement:**

ODFC/CT-503 plans to apply for funding under the FY 2019 HUD Continuum of Care Notice of Funding Availability (CoC NOFA) to create new programming within the jurisdiction which includes four sub-regions: greater Bridgeport, greater Norwalk and Stamford-Greenwich and greater Danbury. This includes the following cities and towns: Bridgeport, Brookfield, Danbury, Darien, Easton, Fairfield, Greenwich, Monroe, Newtown, New Canaan, New Fairfield, Norwalk, Redding, Ridgefield, Sherman, Stamford, Stratford, Trumbull, Weston, Westport and Wilton.

ODFC competes annually with other communities nationally to secure federal funds through the U.S. Department of Housing and Urban Development's (HUD) Continuum of Care (CoC) program in efforts to end homelessness. CT-503 is seeking project applications from organizations located in the ODFC jurisdiction for inclusion in the CoC's 2019 application for HUD CoC funds under the bonus funding component (selected applicants will contract with the CoC under regional memoranda of understanding (MOU) on service funding associated with projects to be submitted to HUD). **For FY 2019 the CoC is eligible to apply for \$636,530.00 CoC Bonus funds under the CoC's 2019 application.**

ODFC/CT-503 encourages applications from applicants that have not previously received CoC funds as well as from applicants that are currently receiving or have received CoC funds in the past. ODFC provides technical assistance to ensure that the process is accessible to all eligible applicants, including those who are new applicants unfamiliar with HUD – CoC operations.

**The CoC will submit applications to HUD on the following project types for CoC bonus funding:**

1. **New rapid rehousing (RRH)** projects to provide additional rapid rehousing units for individuals and families, including unaccompanied youth and parenting youth. Households will be prioritized for RRH by the Fairfield County Coordinated Access Network (FC-CAN). CT Department of Housing (DOH) will serve as HUD grantee for this project. Selected non-profit agencies responding to this RFP will enter into MOUs upon execution of grants to

provide services if the CoC is awarded funding for RRH under the FY 2019 CoC application. AIDS Connecticut (ACT - <http://aids-ct.org> ) will serve as the fiduciary agency administering rental assistance.

- a. Additional services funded through this RFP must be used to serve homeless individuals and families, including youth/young adults under age 25, coming directly from the streets or emergency shelters, or meeting the criteria of paragraph (4) of the HUD definition of homeless. (See Appendix for Definition of Category 4 - fleeing domestic violence, dating violence, sexual assault, stalking or other dangerous situations).

2. **New Permanent Supportive Housing (PSH) projects that will not create new units but will provide additional services to PSH participants who are residing in PSH units that do not have dedicated supportive services staff.**

- a. Additional services funded through this RFP must be used to serve 100 percent chronically homeless and/or DedicatedPLUS individuals and families. This includes youth/young adults under age 25 who meet the Chronic or DedicatedPLUS definitions (definitions are included in the appendix of this RFP). DMHAS will serve as the applicant and, if awarded, the grantee for this project type. Selected non-profit agencies responding to this RFP will enter into MOUs upon execution of grants if the CoC is awarded funding for PSH services under the FY 2019 CoC application. Case management ratios to be determined by ODFC Housing First Teams.

**ODFC has prioritized FY2019 CoC Bonus funding as follows:**

- New permanent housing projects to serve families and single adults, prioritized for RRH by the FC-CAN. **80% of all CoC Bonus funds will be directed to the RRH component.**
- New permanent housing projects to increase service capacity to units dedicated to chronically homeless and/or DedicatedPLUS eligible individuals and families prioritized for permanent supportive housing (PSH) by the FC-CAN. **20% of all CoC Bonus funds will be directed to the PSH services component.**
- Funds will be apportioned for service contracts across the region as follows based on data supplied by the FC Coordinated Access Network on percentage of clients located in each community using by name list data:
  - Greater Bridgeport: 38%
  - Danbury: 23%
  - Greater Stamford: 23%
  - Greater Norwalk: 16%

**→ Participants in all ODFC/CT-503 HUD funded projects will be identified and prioritized through the By Name List (BNL) maintained by the Fairfield County Coordinated Access Network (FC-CAN). Households will be case conferenced and referred via regional Housing Placement meetings which occur in each of the ODFC sub-regions across the FC-CAN. Projects**

will be managed via a progressive engagement<sup>1</sup> model and Housing First Teams will determine case load ratios.

## 2. Purpose and Goal of the ODFC Permanent Housing and Service Projects:

### A. Prioritization:

➔ All program participants must be referred from the universe of the Fairfield County CAN and Department of Housing By Name List (BNL). The FC-CAN Housing Matching/Placements committees will take into consideration a variety of factors when determining what housing and assistance might best allow a household to maintain stable housing, such as the following:

- Length of homeless history,
- Presence of a disability,
- The number of household members,
- The amount of income,
- Employability,
- Housing history,
- Frequent utilization of emergency healthcare services,
- Justice involvement,
- Whether someone is experiencing unsheltered homelessness,
- Safety concerns and
- Other factors when determining the best resources for referral

### B. Rapid Rehousing (RRH)

- Project Description:  
The ODFC RRH projects will provide rental assistance, housing relocation and stabilization services to help households who are experiencing homelessness move as quickly as possible into permanent housing to achieve housing stability. A goal for ODFC's RRH is for households to exit shelter or the streets and enter permanent housing within 30 days.
- Eligible Program Participants:

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<sup>1</sup>Progressive Engagement (PE) is a person centered, individualized approach to helping households end their homelessness by providing small amounts of assistance, tailored to their most critical need, with a focus on quickly resolving the housing crisis. Within PE, participants start with light touch of services, which may include diversion, shelter, housing or minimal financial assistance and/or connection to mainstream services. A PE approach starts with a less intensive intervention, and adds intensifying supports as needed to ensure stabilization. If service needs increase, staff may offer more intensive case management or, ultimately, refer the participants to a more service enriched and/or longer lasting housing option.

Eligible participants are literally homeless households and households fleeing or attempting to flee domestic violence as defined in Category 4 of the HUD definition of homeless. A “family” is defined as one or two adults with at least one dependent child under the age of 18. This includes a homeless single adult or couple who is reuniting with a dependent child upon entry into permanent housing. Projects funded through FY19 NOFA (including all new and renewal projects) must have the following eligibility criteria for program participants:

- As provided by the Consolidated Appropriations Act, 2019, youth aged 24 and under must not be required to provide third-party documentation that they meet the homeless definition in 24 CFR 578.3 as a condition for receiving services funded under this NOFA.
  - Additionally, any youth-serving provider funded under this NOFA may serve unaccompanied youth aged 24 and under (or families headed by youth aged 24 and under) who have an unsafe primary nighttime residence and no safe alternative to that residence. HUD interprets “youth-serving provider” as a private nonprofit organization whose primary mission is to provide services to youth aged 24 and under and families headed by youth aged 24 and under. HUD interprets “living in unsafe situations” as having an unsafe primary nighttime residence and no safe alternative to that residence. These youth-related requirements supersede any conflicting requirements under this NOFA or the CoC Program rule.
- Target Population:
    - Funding will be directed to individuals and families with a head of household aged 18 or older. Prioritization to be based on criteria in place based on adopted FC-CAN policies.

### **C. Permanent Supportive Housing (PSH):**

- Project Description:

A goal for ODFC’s PSH project is for households to exit shelter or the streets and enter permanent housing within 30 days applying a Critical Time Intervention approach (detailed later in this RFP). Funding under the permanent supportive housing component is for the provision of services for households identified by each of the housing first collaboratives active in each of the 4 sub-regions).
- Eligible Program Participants:
  - Eligible participants are chronically homeless or DedicatedPLUS households as currently defined by HUD:
    1. experiencing chronic homelessness (CH); or
    2. residing in Emergency Shelter or unsheltered location and had been enrolled in a PSH or RRH project (having met CH criteria upon entering) within last year, but was unable to maintain housing placement; or

3. residing in Emergency Shelter or unsheltered location for at least 12 months in the last three years, but **has not done so on four separate occasions** and the individual or head of household meet the definition of ‘homeless individual with a disability’; or
  4. receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and **met one of the above criteria** at initial intake to the VA's homeless assistance system.
- Target Population:
    - The Permanent Supportive Housing applicant must agree to serve chronically homeless or households eligible for DedicatedPLUS in accordance to the order of priority established by Notice CPD-16-11:
      - <https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>
      - and:
      - <https://www.hudexchange.info/faqs/3284/what-is-a-dedicatedplus-project/>
    - All participants will be identified and prioritized by the use of the region’s common assessment tools, HUD orders of priority and through the By Name List (BNL) maintained by the FC-CAN and any other FC-CAN applicable criteria. Households will be case conferenced and referred via regional Housing Placement meetings which occur in each of the ODFC sub-regions across the FC-CAN.

#### **D. Case Management Services:**

##### **Staffing and Service Expectations**

The contractor must provide a minimum level of staffing and service activities to ensure that the ODFC permanent housing projects are implemented appropriately. **The minimum staffing level and service activities assume that there will be at least (1) sub-recipient for the ODFC region OR up to 4 total sub-recipients for the ODFC region.**

Funds will be apportioned in a manner that will maximize the use of resources to serve as many households as possible. Leveraged services and resources from activities already in place via other funds or staff in place within an organization will be considered during scoring of proposals.

##### **Support Services Model for Implementation:**

Providers are expected to implement and deliver services under a Progressive Engagement strategy to help households end their homelessness as rapidly as possible,

despite barriers, with minimal financial and support resources. More information on Progressive Engagement can be found [here](#).

Case management services will be delivered under a Critical Time Intervention (CTI) approach:

- CTI is a time-limited evidence-based practice that mobilizes support for vulnerable individuals through phases of time, limited transition periods. The approach facilitates community integration and continuity of care by ensuring that a person has a network of community and support systems tied to these critical periods of transition.
- Components of the model include: home visits, collaborative assessments, connecting case management with exiting supports, introducing new supports, offering support and advice as needed to client and caregivers.
- More information on CTI can be found [here](#).

***Caseload ratios to be standardized using a weighted caseload determined and assigned by each local Housing First team.*** Average caseload will be based on number of cases handled monthly, breakdown of client needs based on assessment of needs, case manager time allocation to each household broken down by different activities and relationship between time allocation, case load levels, activity types and difficulty.

### **3. Applicants:**

ODFC is seeking proposals from eligible 501(c)(3) nonprofit organizations to provide permanent housing and stabilization services, as necessary, to assist single adult households, families and to assist single adult households, families and youth/young adults and parenting youth who meet the eligibility requirements described in sections 2.C. and 2.C. of this document. Services will be provided within a specified sub-region of the CoC.

- Applicants from the four sub-regions within the CT-503 jurisdiction (greater Bridgeport, greater Norwalk, Stamford-Greenwich and greater Danbury) are encouraged to apply, including providers that do not currently receive CT-503 CoC funds. Sub-recipient contracts will be assigned to each of the 4 sub-regions, with a maximum of one per sub-region. Collaborations among providers are required and will be given additional points when scored by the ODFC Funding Oversight Subcommittee<sup>2</sup>. New projects to be included in the CT 503/ODFC 2019 CoC Application to HUD will be conditionally selected; final decisions regarding awards will be made and announced by HUD via the national CoC program competition.
- One collaborative regional application to serve the entire FC-CAN is acceptable. Only one application to be scored from each sub-recipient applicant.

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<sup>2</sup> Scoring criteria will directly correlate to the application questions presented by this RFP

Minimum Qualifications of Applicants:

To be considered as a sub-recipient under this contract, respondents must have the following minimum qualifications:

- a. A minimum of three (3) years demonstrated experience providing housing placement, relocation and/or stabilization services to individuals, families and/or youth experiencing homelessness or individuals, families and/or youth at imminent risk of homelessness within the ODFC region.
- b. Ability to rapidly move participants into permanent housing with short-to medium-term financial assistance.
- c. Ability to provide developmentally appropriate case management and services.
- d. Capability of serving multicultural, multilingual populations.
- e. Established partnerships and/or collaborations with housing resources in the ODFC region or sub-region area specified in the respondent's proposal as a sub-recipient. Proposals that illustrate strong collaboration among providers to be given priority.
- f. ODFC reserves the right to reject the submission of any respondent in default of any current or prior contract with either HUD or with DOH.
- g. For proposals from providers with plans to serve youth:
  1. Ability to provide developmentally appropriate case management and services.
  2. LGBTQ Competency
  3. Experience around human trafficking
- h. For proposals from providers with plans to serve those fleeing domestic violence, dating violence, sexual assault, stalking or other dangerous situations:
  1. Ability to maintain database comparable to HMIS to provide the CoC with aggregate project level outcomes
  2. Project must be designed to provide safe housing to survivors and their families
  3. Program will be required to meet the safety needs of survivors and their families using trauma-informed practices and Housing First orientation, low-barrier approach
- i. Evidence of strong collaboration with and participation in the Fairfield County CAN
- j. Non-CoC providers are encouraged to apply to participate in new funding.

**4. Project Requirements:**

- ***Housing Coordination.*** The sub-recipient will provide housing location services to households identified and prioritized via the Fairfield County Housing BNL and recommended for rapid rehousing or permanent supportive housing as an appropriate housing intervention. Sub-recipients **do not** have flexibility in identifying clients independently.
- ***Sustainability Coordination and Case Management Services.*** The sub-recipient is to provide housing sustainability support. Sustainability coordination services will include assistance in increasing income through work or benefits or both, access to long-term

housing subsidies and other opportunities, establishing and/or expanding family and community supports, and assistance in increasing access to mainstream services. RRH sustainability coordination services may be provided for between 3 and 18 months but will depend on the assessed needs of the client (both the duration and the level of intervention to be determined uniquely for each client) and the client desire to remain engaged in services. Leveraged funding may support the role of sustainability coordination and this will be considered when scoring applications.

- **Adherence to CT-503 Housing First Principles:** It is expected that services will be provided in accordance to the CT-503 Housing First Principles (provided as an Appendix to this RFP).
- **Program management/quality assurance oversight.** It is expected that this role will be leveraged through other staff already in place within the sub-contractual staffing structure and is a requirement under this funding.

## 5. Funding

ODFC will apply for new funds through the annual HUD CoC NOFA to expand existing projects and increase the number of households each project serves. ODFC will make efforts to combine projects under the expansion option<sup>3</sup>, where possible, to increase the total number of available units and to ensure that resources are allocated efficiently toward service units that increase case management capacity to serve an increased number of households. HUD has clarified that the component type for the existing project and the new expansion project must be identical (e.g., an existing PSH project may only apply for a PSH expansion, an existing RRH project may only apply for a RRH expansion); funds cannot be used to fund an expansion that replaces other renewable funding sources.

Applicants seeking funding for an expansion project should complete the relevant section of this application (this includes applicants who have not been funded via CoC funds previously).

- Eligible activities/projects for the Funds:
  - All projects must be for Permanent Supportive Housing services or Rapid Re-Housing
  - Projects can request funds for:
    - RRH: Rental assistance (tenant-based only), supportive services, admin
    - Supportive Services: New permanent housing projects that will not create new units but will provide additional services to participants in one or more existing PSH or RRH projects. PSH funds must be dedicated to serving chronically homeless individuals and families, including youth/young adults experiencing chronic homelessness, as defined in the appendix of this RFP.

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<sup>3</sup> **Expansion.** The process by which a renewal project applicant submits a new project application to expand its current operations by adding units, beds, persons served, services provided to existing program participants



## A. Budget Breakdown

### I. Supportive Service Contracts:

ODFC has established a standard formula on the cost of service based on CTI/Progressive Engagement at a weighted<sup>4</sup> caseload of 20 clients and a maximum cost per case manager at \$60,000. The CoC recommends that applicants respond to this RFP using the budget template below for all programs and clients:

#### ODFC Supportive Service Contracts

CTI/Progressive Engagement for all Programs & Clients:

#### ODFC Service Contracts

Ave. Staff FTE Salary	\$	42,000
Ave. Benefits (25%)	\$	10,500
Ave. Mileage, phone & computer	\$	2,500
Over head	\$	5,000
Ave. Total Direct costs	\$	60,500
Weighted Case Load		20
Ave. months clients receive services*		12
Weighted Ave. Case Load per year		20.00
Ave. Service funding per client	\$	3,025
Ave RRH rental payment per client	\$	9,075
Ave. Total cost per client	\$	12,100

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<sup>4</sup> **Weighted case load.** Average based on number of cases handled monthly, breakdown of client needs based on assessment of needs, case manager time allocation to each household broken down by different activities and relationship between time allocation, case load levels, activity types and difficulty

**APPLICATION FOR:  
FY 2019 ODFC Housing and Services Program**

- **Please address all items in the Application**
- **A responsive proposal must describe** how the respondent will work *collaboratively* throughout the ODFC region with community partners and other RRH subcontractors, to perform the activities required by this RFP.

**1) Agency Name.**

Contact Information:

- Name:
- Phone Number:
- E-mail Address:
- Address of principal place of business

**2) Regional Catchment Area.** Identify the sub-region and cities and towns where ODFC-Permanent Housing and/or services will be provided:

**Sub-region(s):**

**Cities and Towns:**

**3) Target Population.** What is the target population(s) for your proposed program – indicate all that apply:

- Single Adults (18 and over)
- Families with adult head of household
- Families with Young Adult head of household (18 to 24 years old)

**4) Community Need.** Provide documentation to support the need for housing and/or services for the proposed target population within the catchment area specified above.

**5) Service Delivery Plan.** Describe in detail the activities that will be provided under the proposed program. This should include: a description of services to be provided, collaborations in providing services, the number of households you intend to serve, client-to-staff ratio and other relevant details about program implementation.

**6) Service Capacity.** Describe your agency's capacity to carry out the services described. In particular include: an assurance that services will be available no later than September 1, 2020 and the experience of the applicant and partners over the past three (3) years in the specified sub-region, emphasizing experience with 1) housing relocation and stabilization services and 2) community collaboration specific to housing and/or homelessness. Include the current number of clients served, client-to-staff ratio, funding

source(s), and successes. Include a summary of how your organization participates in the FC-CAN.

**7) References.** Provide three (3) specific programmatic references for the sub-recipient.

**8) Data Collection.** Sub-recipients are required to participate in CT HMIS – does your organization currently participate?

**\*For domestic violence providers: please identify an alternative process of client-level data collection.\***

**9) Match Funds.** HUD will require a 25% match for this project, which can be in-kind or cash match. Provide the source of the 25% match and explain how ODFC- RRH /PSH or services may be used to leverage other funding.

**10) Provide details for budget below related to this project.**

Sub-recipient Agency Name	
Sub-recipient FTE / case manager salary for the ODFC Project =	
Ave Benefits Cost =	
Average other costs (mileage, computer, phone) =	
Total Direct Costs =	
Total Weighted Caseload per FTE case manager =	

**If this is an expansion project, please indicate:**

a. **Is this project seeking expansion funds to replace other funding sources?**

(Note: use of expansion funds to replace other renewable sources is not permitted)

YES  No

b. **Component Type of the existing project:**  PSH  RRH

c. **Component Type of the expansion project:**  PSH  RRH

(component types of the existing and expansion projects must be identical)

d. **Grant # of the eligible renewal project that is requesting expansion (if applicable):**

Click or tap here to enter text.

e. **Non-CoC funding source of existing project (applicable only for projects applying to expand a non-CoC project):** Click or tap here to enter text.

**11) Point in Time (PIT) Project Capacity (applicable to projects proposing to add units and/or increase the # of households served):**

	<i>PIT Capacity - Existing Project</i>	<i>PIT Capacity – New Project</i>	<i>Total PIT Capacity – Existing Project + New Project</i>
# of Units			
# of Beds			
# of Households Served			
# of People Served			

***Interested Applicants can respond to this RFP to enter into MOUs with CT Department of Housing or DMHAS or (TBD) to provide support services for RRH and/or PSH.*** The following chart reflects final funding amount available funding for each project type:

<b>Total Bonus Amount Available for Proposed Award to CT-DOH and/or DMHAS (HUD grantee)</b>	<b>\$636,530 total</b> RRH at 80%: \$509,224 PSH at 20%: \$127,306
<b>Total amount sourced from potential FY 2019 reallocations</b>	TBD

**12) Assessment of Client Satisfaction.** Identify and describe the sub-recipient’s process for assessing client satisfaction (surveys, etc.). Summarize feedback by number and percent of returned surveys, summary of concerns expressed by clients, etc. Provide a brief description of proposed sub-recipient’s follow-up actions or plans regarding concerns expressed by clients.

Click or tap here to enter text.

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## **INSTRUCTIONS FOR APPLICATION SUBMISSION:**

### **Proposal Timeline:**

RFP Release	August 7, 2019
Deadline for responses/applications	August 23, 2019 3:00 PM

**All applications must be submitted in Word format to:**

[openingdoorsoffairfieldcounty@gmail.com](mailto:openingdoorsoffairfieldcounty@gmail.com)

**Subject line: 2019 CoC New Project Application – Applicant Name – Project Type (RRH or PSH)**

**Attention: Pamela Ralston**

## **CT 503 PH and Services RFP Appendix:**

### **Adoption of HUD Notice CPD 16-11**

**Requirement to dedicate or prioritize PSH beds to people experiencing chronic homelessness:**

**CT 503 has adopted DedicatedPLUS to prioritize assignment of permanent housing beds to people experiencing homelessness. DedicatedPLUS is detailed in the following link:**

<https://www.hudexchange.info/faqs/3326/for-dedicatedplus-projects-are-there-any-particular-requirements-for-how/>

### **What is a DedicatedPLUS project?**

A DedicatedPLUS project is a permanent supportive housing project where 100 percent of the beds are dedicated to serve individuals, households with children, **and** unaccompanied youth that at intake are:

(1) experiencing chronic homelessness (CH); or

- (2) residing in a Transition Housing (TH) project that will be eliminated and was chronically homeless when entered TH project; or
- (3) residing in Emergency Shelter or unsheltered location and had been enrolled in a PSH or RRH project (having met CH criteria upon entering) within last year, but was unable to maintain housing placement; or
- (4) residing in TH funded by a Joint TH and PH-RRH component project and who were experiencing chronic homelessness prior to entering the project; or
- (5) residing in Emergency Shelter or unsheltered location for at least 12 months in the last three years, but **has not done so on four separate occasions** and the individual or head of household meet the definition of 'homeless individual with a disability'; or
- (6) receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and **met one of the above criteria** at initial intake to the VA's homeless assistance system.

When filling vacant beds, CoC-funded PSH projects must seek referrals only through their FC-CAN from the *Statewide By-Name List* maintained by the FC-FC-CAN and monitored by the Connecticut Department of Housing (CT DOH) and should be filtered for FC-CAN's homeless population for prioritization decisions.

This by-name list uses the order of priority established in HUD Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. Relevant guidance from the Notice appears below, and the full Notice is available at:

<https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>

The notice defines which chronically homeless people get priority access to PSH beds and how to prioritize PSH beds when no chronically homeless persons exist within the geographic area.

### **Accepting Referrals through a Single Prioritized List for PSH**

All CoC-funded PSH projects are required to accept referrals ONLY from the *Statewide By-Name List* that is maintained by FC-CAN and monitored by CT DOH, and should be filtered for FC-CAN's homeless population for prioritization decisions. The single prioritized list is updated frequently to reflect the most up-to-date and real-time data as possible.

This requirement does not include homeless veterans or homeless youth, who have separate processes for prioritization for PSH projects that are dedicated to these populations.

Recipients must follow the order of priority while also considering any target populations served by the project as identified in the project application submitted to HUD. For example, a CoC Program-funded PSH project that targets homeless persons with a serious mental illness should follow the order of priority to the extent to which persons with serious mental illness meet the criteria. In this example, if there were no persons with a serious mental illness that also met the criteria of chronically homeless, the recipient should follow the order of priority for PSH when no chronically homeless person exists on the By-Name List (see below).

Recipients must exercise due diligence when conducting outreach and assessment to ensure that chronically homeless individuals and families are prioritized for assistance based on their total length of time homeless and/or the severity of their needs. CT 503/ODFC recognizes that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients of CoC Program-funded PSH are not required to allow units to remain vacant indefinitely while waiting for an identified chronically homeless person to accept an offer of PSH. FC-CAN providers should continue to make attempts to engage those persons that have not accepted an offer of PSH and these chronically homeless persons must continue to be prioritized for PSH until they are housed.

**Prioritizing access to PSH when participants are transferred from a different PSH project:**

Existing PSH participants being transferred from a different CTFC-CAN PSH project are exempt from the order of priority established in HUD Notice CPD-16-11. Such transfers should be considered both within and across CAN's and Sub-CoC's to best serve the needs of PSH participants and/or ensure efficient use of PSH resources. All PSH transfers must be coordinated through and approved by the appropriate local Coordinated Access Network(s) CAN(s) to ensure consistency with local priorities and that any resulting PSH vacancy is filled using the order of priority established in this policy and HUD Notice CPD-16-11, except in cases where existing CT 503/ODFC PSH participant households exchange units. In all cases, PSH units must be prioritized for eligible applicants residing in the CT 503/ODFC covered geography over eligible applicants residing in another CoC.

**Order of priority for PSH when no chronically homeless person exists on the By-Name List or wants to live in the jurisdiction where the vacancy is:**

When no chronically homeless person or no chronically homeless person who meets a project's HUD-approved target population criteria (e.g. families with children, youth under 25, veterans, domestic violence, mental illness, substance abuse, or HIV/AIDS)

exists on the *Statewide By-Name List* that is maintained by the FC-FC-CAN, and monitored by CT DOH and should be filtered to FC-CAN for prioritization decisions, FC-CAN and recipients of CoC Program-funded PSH are required to follow the order of priority below when selecting participants. CT DOH will continue to work with FC-CAN to match eligible applicants to vacancies in their preferred geographic area, and homeless people may decline referrals that are inconsistent with their geographic preferences. Projects are required to follow the order of priority below when there is no eligible chronically homeless applicant who wishes to live in the geographic area (FC-CAN region) where the vacancy exists.

**(a) First Priority—Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs**

An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation or in an emergency shelter but where the cumulative time homeless is at least 12 months **and** has been identified as having severe service needs as demonstrated by a VI SPDAT 2.0 score of 8 or higher, a family VISPDAT 2.0 score of 9 or higher, or a Next Step score of 8 or higher, or as described in Section II of the Appendix to this document.

**(b) Second Priority—Homeless Individuals and Families with a Disability with Severe Service Needs.**

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation or in an emergency shelter for at least 8 months and has been identified as having severe service needs as demonstrated by a VI SPDAT 2.0 score of 8 or higher, a family VISPDAT 2.0 score of 9 or higher, or a Next Step score of 8 or higher, or as described in Section II of the Appendix to this document.

**(c) Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs.**

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation or an emergency shelter prioritized by the length of homeless history where the individual or family has not been identified as having severe service needs.

**(d) Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing.**

An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional



housing had lived in a place not meant for human habitation, or in an emergency shelter. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

The bed will continue to be a dedicated or prioritized bed, however, so when that bed becomes vacant again it must be used to house a chronically homeless person unless there are still no persons who meet that criterion within the sub- CoC's geographic area at that time.

#### **DEFINITIONS OF KEY TERMS:**

**Category 4 – HUD Homeless Definition.** HUD defines four categories under which individuals and families may qualify as homeless. Category four is individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

**Chronically Homeless.** The definition of “chronically homeless” currently in effect for the CoC Program is that which is defined in the CoC Program interim rule at 24 CFR 578.3, which states that a chronically homeless person is:

**Chronically Homeless.** The definition of “chronically homeless”, as stated in Definition of Chronically Homeless final rule is:

1. **(a)** A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:
  - i. lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
  - ii. Has been homeless and living as described in paragraph (a)(i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (a)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility;

**(b)** An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering the facility;

**(c)** A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of this definition (as described in Section I.D.2.(a) of this Notice), including a family whose composition has fluctuated while the head of household has been homeless.

**Disabling Condition:**

Disabling Condition is defined by HUD as a condition that: (i) Is expected to be long-continuing or of indefinite duration; (ii) Substantially impedes the individual's ability to live independently; (iii) Could be improved by the provision of more suitable housing conditions; and (iv) Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; (2) A developmental disability, as defined in this section; or (3) The disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

**ODFC/CT 503 Housing First Principles**

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

**Low barrier approach to entry:**

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

high risk registered sex offender by a project serving children, or denial of an applicant who has a history of domestic violence involving a current participant.

#### Community integration and recovery:

- Housing is integrated into the community and tenants have ample opportunity and are supported to form connections outside of the project.
- Housing is located in neighborhoods that are accessible to community resources and services such as schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks, and other recreation facilities.
- Efforts are made to make the housing look and feel similar to other types of housing in the community and to avoid distinguishing the housing as a program that serves people with special needs.
- Services are designed to help tenants build supportive relationships, engage in personally meaningful activities, and regain or develop new roles in their families and communities.
- Services are recovery-based and designed to help tenants gain control of their own lives, define their personal values, preferences, and visions for the future, establish meaningful individual short and long-term goals, and build hope that the things they want out of life are attainable. Services are focused on helping tenants achieve the things that are important to them and goals are not driven by staff priorities or selected from a pre-determined menu of options.

#### Lease compliance and housing retention

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

Tenant Act (Chapter 830 of the Connecticut General Statute <http://www.cga.ct.gov/2011/pub/chap830.htm>).

- d. In order to terminate housing, PH providers are required to use the legal court eviction process.

#### Separation of housing and services

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

#### Tenant Choice

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