

## 4B. Attachments

**Instructions:**

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:  
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
1C-5. PHA Administration Plan–Homeless Preference	No	1C-5. PHA Adminis...	09/15/2018
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No	1C-5. PHA Adminis...	09/18/2018
1C-8. Centralized or Coordinated Assessment Tool	Yes	1C-8. Centralized...	09/15/2018
1E-1. Objective Criteria–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	1E-1. Objective C...	09/17/2018
1E-3. Public Posting CoC-Approved Consolidated Application	Yes	1E-3. Public Post...	09/17/2018
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes	1E-3. Public Post...	09/17/2018
1E-4. CoC's Reallocation Process	Yes	1E-4. CoC's Reall...	09/17/2018
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes	1E-5. Notificatio...	09/18/2018
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes	1E-5. Notificatio...	09/18/2018
1E-5. Public Posting–Local Competition Deadline	Yes	1E-5. Public Post...	09/18/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes	2A-1. CoC and HMI...	09/17/2018
2A-2. HMIS–Policies and Procedures Manual	Yes	2A-2. HMIS–Polic...	09/17/2018
3A-6. HDX–2018 Competition Report	Yes	3A-6. HDX–2018 Co...	09/17/2018
3B-2. Order of Priority–Written Standards	No	3B-2. Order of Pr...	09/17/2018

3B-5. Racial Disparities Summary	No	3B-5. Racial Disp...	09/17/2018
4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
Other	No	CT 503 Continuum ...	09/17/2018
Other	No		
Other	No		

**FY 2018**

**CT-503 Bridgeport, Stamford,  
Norwalk/Fairfield County**

**Continuum of Care**

**2A-2. HMIS—Policies and Procedures Manual**

**Attachment documents include the following:**

- HMIS Policies and Procedures Manual

**CONNECTICUT HOMELESS MANAGEMENT INFORMATION SYSTEM  
(CT HMIS)**

**POLICIES AND PROCEDURES MANUAL**

**Version 5.3: Revised August 2018 -**

**The Connecticut Homeless Management Information System (CT HMIS) is managed by the Connecticut Coalition to End Homelessness. For further information about the CT HMIS contact:**

**Connecticut Coalition to End Homelessness  
257 Lawrence Street  
Hartford, CT 06106  
Voice :( 860) 721-7876  
FAX: (860) 257-1148  
[www.cceh.org](http://www.cceh.org)**

**SECTION 1:  
CONTRACTUAL REQUIREMENTS AND ROLES**

**SECTION 1: CONTRACTUAL REQUIREMENTS AND ROLES**

**Written: 10/2005**

**Revised: 07/2013**

**POLICY 101: CT HMIS CONTRACT REQUIREMENTS**

**Approved:**

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**Policy:**

The CT HMIS Lead Agency is tasked with coordination and provision of data management services to Homeless programs, including emergency shelter, transitional and supportive housing programs, and other HUD funded programs that are required to participate in a CT HMIS. Participating Agencies shall sign a Memorandum of Understanding and comply with the stated requirements.

**Procedure:**

The CT HMIS Lead Agency will contract for and administer a contract for a fully functional and secure HMIS, which may include a CT HMIS System Administrator who will also be bound by these policies and procedures.

Participating HMIS Agencies shall sign a Memorandum of Understanding (see Attachments) and comply with the stated requirements. Participating Agencies will be granted access to the CT HMIS software system after:

- The Memorandum of Understanding (MOU) has been signed with CT HMIS Lead Agency, and
- Participating Agencies have put into place the stated requirements in the MOU.

Agencies agree to comply with the policies and procedures approved by the CT HMIS Steering Committee.

**SECTION 1: CONTRACTUAL REQUIREMENTS AND ROLES**

**Written: 10/2005**

**Revised: 07/2013**

**POLICY 102: CT HMIS STEERING COMMITTEE**

**Approved:**

**Policy:**

A Steering Committee, convened by CT HMIS Lead Agency, representing stakeholders to this project, will advise all project activities. The committee meets on a schedule it determines. (A current CT HMIS Steering Committee Membership List may be obtained from CT HMIS Lead Agency).

The CT HMIS Steering Committee guides this project, serves as the decision making body and provides advice and support to the CT HMIS Lead Agency staff.

**Procedure:**

The CT HMIS Steering Committee will take actions that ensure adequate privacy protection provisions in project implementation.

Membership of the CT HMIS Steering Committee will be established according to the following guidelines:

- Each Continuum and sub-continuum of the Balance of State, will appoint two individuals who will represent their members and communicate back to them.
- Each Continuum/sub-continuum is responsible to find a replacement for any representative that is participating inconsistently or is inactive.
- The CT HMIS Steering Committee has the authority to add representatives from other sectors of the community in a method it deems appropriate.

The CT HMIS Steering Committee has decision making authority in the following areas:

- Determining the guiding principles that should underlie the implementation activities of the CT HMIS, including participating organizations, consumer involvement and service programs;
- Selecting the minimal data elements to be collected by all programs participating in the CT HMIS project;
- Defining criteria, standards, and parameters for the release of aggregate data, aggregated and disaggregated; and
- Approving the software vendor

**SECTION 1: CONTRACTUAL REQUIREMENTS AND ROLES**

**Written: 10/2005**

**Revised: 07/2013**

**POLICY 103: CT HMIS MANAGEMENT**

**Approved:**

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**Policy:**

The Executive Director of the CT HMIS Lead Agency is responsible for oversight of all contractual agreements with funding entities, and the CT HMIS organization's adherence to the guiding principles, as determined by the CT HMIS Steering Committee.

**Procedure:**

- The Statewide CT HMIS Steering Committee holds the final authority for all decisions related to the statewide governance of the CT HMIS. CT HMIS Lead Agency is responsible for the day-to-day operation and oversight of the system and the CT HMIS Steering Committee grants CT HMIS Lead Agency the authority to act on its behalf to address operational and system level concerns as they arise. This authority may be delegated to third parties at the discretion of CCEH management. Decisions made or actions authorized by CT HMIS Lead Agency which do not satisfy an interested party, which may be an agency (agencies) or a consumer(s), may be brought before the CT HMIS Grievance Committee for review in accordance with the CT HMIS Grievance Procedure. (See Grievance Procedure policy and forms pages)
- The Grievance Committee members shall be selected on a rotating basis and shall not have a conflict of interest for the grievance they are adjudicating. Membership will consist of one Co-Chair of the CT HMIS Steering Committee, one CT HMIS System Administrator and three CT HMIS Steering Committee members.

CT HMIS Lead Agency responsibilities for the operation and oversight of the system include:

- Management of technical infrastructure;
- Planning, scheduling, and meeting statewide project objectives;
- Coordinating training and technical assistance including an annual series of training workshops for end users, agency administrators; and
- Implementing software enhancements approved by the CT HMIS Steering Committee.



**SECTION 1: CONTRACTUAL REQUIREMENTS AND ROLES**

**Written: 07/2013**

**POLICY 105: CT HMIS SECURITY OFFICER**

**Revised:**

**Approved:**

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**Policy:**

The CT HMIS Lead Agency must designate a CT HMIS Security Officer. Each Participating Agency must designate an Agency Security Coordinator who is responsible for ensuring each Participating Agency is meeting the minimum security requirements established in the Security Plan and the CT HMIS Participation Agreement, and is authorized by the Executive Director or Designee of the Participating Agency to provide verification of that status.

**Procedure:**

The CT HMIS Security Officer is named by the CT HMIS Lead Agency. The duties of the Security Officer must be included in the individual's job description. These duties include, but may not be limited to:

- Cooperatively with the CT HMIS Administrator, review the Security Plan annually and at the time of any change to the security management process, the system software, the methods of data exchange, and any HMIS data or technical requirements issued by HUD. In the event that changes are required to the CT HMIS Security Plan, work with the CT HMIS Administrator to develop recommendations to the CT HMIS Steering Committee for review, modification, and approval.
- Annually review the CT HMIS Security Plan, test the CT HMIS security practices for compliance, and work with the CT HMIS Administrator to coordinate communication with the CT HMIS System Administrator(s) to confirm security compliance of the system.
- Using the CT HMIS Security Plan, certify that the CT HMIS Lead Agency adheres to the Security Plan or develop a plan for mitigating any shortfall, including milestones to demonstrate elimination of the shortfall over as short a period of time as is possible.
- Implement any approved plan for mitigation of shortfalls and provide appropriate updates on progress to the CT HMIS Steering Committee.
- Respond, in cooperation with the CT HMIS Administrator, to any security questions, requests, or security breaches to the CT HMIS System Administrator and CT HMIS Security Officer, and for communicating security-related HMIS information relayed from CT HMIS Lead Agency to the Participating Agency's Licensed End Users.
- Work with the CT HMIS System Administrator to communicate and interact collaboratively with the Agency Security Coordinators.

**SECTION 1: CONTRACTUAL REQUIREMENTS AND ROLES**

**Written: 10/2005**

**Revised: 07/2013**

**POLICY 106: PARTICIPATING AGENCY RESPONSIBILITY**

**Approved:**

**Policy:**

Each Participating Agency will be responsible for oversight of all agency staff that generate or have access to consumer-level data stored in the system software to ensure adherence to HIPAA and all State and Federal regulations as well as to ensure adherence to the CT HMIS principles, policies and procedures outlined in this document.

**Procedure:**

The Participating HMIS Agency:

- Holds final responsibility for the adherence of the agency’s personnel to The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all State and Federal regulations as well as ensuring adherence to the CT HMIS principles, policies and procedures outlined in this document;
- Is responsible for all activity associated with agency staff access and use of the CT HMIS data system;
- Is responsible for establishing and monitoring agency procedures that meet the criteria for access to the CT HMIS System, as detailed in the policies and procedures outlined in this document;
- Will have established policies and procedures to prevent any misuse of the software system by designated staff;
- Agrees to allow access to the CT HMIS System only to staff who have been trained in the CT HMIS system and who have a legitimate need for access. Need exists only for those designated personnel and/or volunteers who work directly with (or who supervise staff who work directly with) consumers, or have data entry or technical responsibilities;
- Agrees to follow approved policies and procedures for all changes as identifies by the CT HMIS Lead Agency and/or the CT HMIS Steering Committee;
- Oversee the implementation of data security standards;
- Assume responsibility for integrity and protection of consumer-level data entered into the CT HMIS system;
- Ensure organizational adherence to the CT HMIS Policies and Procedures;
- Assign staff to serve as Agency Security Coordinator and HMIS Data Coordinator;
- Agency Security Coordinator and/or HMIS Data Coordinator will effectively communicate system requirements and changes to Agency Licensed End Users;
- Authorize system access to agency staff;
- Monitor compliance and periodically review data quality and completeness;
- Ensure that data is collected in a way that respects the dignity of the consumers;
- Ensure that all required data is collected and entered accurately and on time (timeliness is determined by HUD and other funders, and varies by program type);
- Provide prompt and timely communications of data, changes in license assignments, and user accounts and software to the CT HMIS Systems Administrator; and

**POLICY 106: PARTICIPATING AGENCY RESPONSIBILITY, continued**

- Notify CCEH CT HMIS staff of any issue relating to system security or consumer confidentiality on a timely basis and using the Security Alert Reporting Form for CT HMIS (attached).

**SECTION 1: CONTRACTUAL REQUIREMENTS AND ROLES**

**Written: 10/2005**

**Revised: 07/2013**

**POLICY 107: PARTICIPATING AGENCY HMIS DATA COORDINATOR**

**Approved:**

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**Policy:**

Every Participating Agency must designate one person to be the HMIS Data Coordinator (HDC) who holds responsibility for the coordination of the system software in the agency.

**Procedure:**

The HMIS Data Coordinator will be responsible for duties including:

- Serve as point-person in communicating with CT HMIS System Administrator
- Ensure to the extent possible that all agency and program data is entered accurately and on time according to all contractual requirements
- Facilitate timely reporting from the agency she/he represents (unless the agency has designated another person for this function) reports such as;
  - DSS Emergency Shelter Utilization Report
  - DSS AIDS Funded Program Report
  - HUD Annual Performance Report (APR)
  - Data Quality Reports etc.
- Ensure that all agency staff who will be using HMIS:
  - Receive authorized HMIS training
  - Satisfactorily demonstrated proficiency in use of the software
  - Understand the Policies and Procedures that apply to their role in the system.
- Designate each individual's level of access by submitting a Designation of Access (DOA) form (as provided by, and) to CT HMIS System Administrator.
- Notify CT HMIS System Administrator when a CT HMIS system user leaves the agency or no longer requires access to the CT HMIS system.
- Grant technical access to CT HMIS for agency staff as needed.
- Keep agency and Program information up to date. This includes but is not limited to, location, services provided, HUD requirements, and bed inventories (for housing programs).
- Notify all users in their agency of interruptions in service, changes to data entry workflow, reporting requirements, and upcoming trainings.
- Attend monthly HMIS Data Coordinator meeting held by CT HMIS System Administrator
- Inform CT HMIS users and senior management of pertinent activity.
- Ensure agency is prepared for annual site visits

The following responsibilities may be performed by the Agency Security Coordinator or the HDC, who may be the same individual:

**POLICY 107: PARTICIPATING AGENCY HMIS DATA COORDINATOR, continued**

- Assume responsibility for the integrity and protection of consumer-level data by following the policies outlined for the project, which include but are not limited to:
  - Consumer CT HMIS Consent and Release of Information Forms (see Attachment) are signed and on file;
  - Interagency agreements are signed and on file (when applicable);
  - Ensure that the proper IT controls are in place for network, desktop and user security;

CT HMIS Lead Agency will coordinate training and technical assistance for HMIS Data Coordinators.

**SECTION 1: CONTRACTUAL REQUIREMENTS AND ROLES**

**Written: 10/2005**

**Revised: 07/2013**

**POLICY 108: AGENCY SECURITY COORDINATOR**

**Approved:**

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**Policy:**

Every Participating Agency must designate one person to be the Agency Security Coordinator who holds responsibility for the coordination of the system software in the agency. The Agency Security Coordinator and the HMIS Data Coordinator may be, but are not required to be, the same person.

**Procedure:**

The Agency Security Coordinator will ensure Participating Agency compliance with the administrative requirements as listed in the CT HMIS Memorandum of Understanding, Section B Attachments.

The Agency Security Coordinator oversees the implementation of data security policies and standards and will:

- Assume responsibility for integrity and protection of consumer-level data entered into the CT HMIS system;
- Ensure organizational adherence to the CT HMIS Policies and Procedures;
- Authorize data access to agency staff and assign responsibility for custody of the data;
- Monitor compliance and periodically review data security;
- Ensure that data is collected in a way that respects the dignity of the participants;
- Ensure that all data collected must be relevant to the purpose for which it is used, that the data is entered accurately and on time;
- Provide prompt and timely communications of data, changes in license assignments, and licensed end user accounts and software to the CT HMIS System Administrator;
- Notify CT HMIS Lead Agency staff of any issue relating to system security or consumer confidentiality (Security Alert Report).

**Memorandum of Understanding Attachment B**

- Agency has a policy detailing its internal communication practices for HMIS matters consistent with Section 2 of the CT HMIS policies and procedures;
- Agency has a policy for granting access to its agency-level HMIS-compliant system's end users consistent with Section 4 of the policies and procedures;
- The agency has adopted Licensed End User Agreement provided by CT HMIS Lead Agency;
- Licensed End User Agreements are signed and on file for all staff who access the agency-level HMIS-compliant system.
- Agency has a policy for managing the breach of Licensed End User agreements.
- Agreement that meets the minimum standards outlined in Section 3 of the policies and procedures;

**POLICY 108: PARTICIPATING AGENCY'S AGENCY SECURITY COORDINATOR, continued**

- Each end user has been trained on system use, privacy, security, and data collection requirements consistent with train the trainer sessions provided by the CT HMIS Lead Agency or its Agent, the CT HMIS System Administrator, and the CT HMIS policies and procedures, consistent with Sections 3 and 4 of the policies and procedures.
- Agency is a HIPAA covered entity and has a Privacy Policy that meets HIPAA requirements (you must attach a copy of your HIPAA Privacy Policy).
- Agency is not a HIPAA covered entity and the agency has adopted the minimal standard Privacy Policy provided by the CT HMIS Lead Agency
- Agency is not a HIPAA covered entity and has established a Privacy Policy that otherwise meets the minimum requirements established in Section 2 of the policies and procedures (you must attach a copy of the non-standard Privacy Policy).
- The agency's Privacy Policy is posted on the agency's website.
- A sign including the required language described in Section 2 of the policies and procedures is posted at all intake desks or other location where data collection occurs.
- The agency has a policy requiring that all consumer data is entered into the system within, at most, the timeframe established in CT Data Quality Standards (following the standards required by HUD for HMIS data) as approved and adopted by the CT HMIS Steering Committee
- The agency has a policy for conducting logic checks to validate the accuracy of the data in its program-level HMIS-compliant system and regularly comparing universal and provider program specific data elements to available paper records and updating/correcting missing or inaccurate data, consistent with the CT Data Quality Standards.

Agency Procedure: Each Agency will provide the name and contact information of the Agency Security Coordinator at least annually in the Security Certification document. Changes to the individual named as the Security Contact that occur during the course of the year will be communicated via email to the CT HMIS System Administrator and CT HMIS Security Officer within thirty days of the change.

The CT HMIS Security Officer will maintain the name and contact information of the current Agency Security Coordinator of each Agency on file. This file is considered part of the CT HMIS Security Plan and is incorporated by reference.

- Communicate any security questions, requests, or security breaches to the CT HMIS System Administrator and CT HMIS Security Officer, and security-related HMIS information relayed from CT HMIS Lead Agency to the agency's licensed end users.

**POLICY 108: PARTICIPATING AGENCY'S AGENCY SECURITY COORDINATOR, continued**

- Complete security training offered by the CT HMIS System Administrator. Additional duties that may be incorporated in the Agency Participation Agreement on a case-by-case basis include:
  - Provide security training to the agency's end users based on Security training provided to the Agency Security Coordinator by the CT HMIS System Administrator.
  - Any security-related questions from Agency staff will be communicated to CT HMIS Lead Agency via the Agency Security Coordinator, consistent the CT HMIS policies and procedures.

CT HMIS Lead Agency will coordinate training and technical assistance for Agency Security Coordinators.



**SECTION 1: CONTRACTUAL REQUIREMENTS AND ROLES****Written: 10/2005****Revised: 07/2013****POLICY 109: LICENSED END USER****Approved:****Policy:**

All individuals at the CT HMIS Lead Agency, CT HMIS System Administrator and at the Participating Agency levels who require legitimate access to the software system will be granted such access after training and agency authorization. Individuals with specific authorization can access the system software application for the purpose of conducting data management tasks associated with their area of responsibility.

**Procedure:**

- The CT HMIS Systems Administrator agrees to authorize use of the CT HMIS only to users who have received appropriate training, and who need access to the system for technical administration of the system, report writing, data analysis and report generation, back-up administration or other essential activity associated with carrying out CT HMIS responsibilities.
- The Participating Agency agrees to authorize use of the CT HMIS only to users who need access to the system for data entry, editing of consumer records, viewing of consumer records, report writing, administration or other essential activity associated with carrying out participating agency responsibilities.

**Licensed End User Requirements:**

- Licensed End Users are any persons who use the CT HMIS software. They must be aware of the data's sensitivity and take appropriate measures to prevent unauthorized disclosure.
- Licensed End Users are responsible for protecting institutional information to which they have access and for reporting security violations.
- Licensed End Users must comply with the data security policy and standards as described and stated by the Agency.
- Licensed End Users must stay current with software modifications, policy and procedure updates, and security protocols.
- Licensed End Users are expected to work collaboratively with HMIS Data Coordinators and Agency Security Coordinators, to maximize system functionality and data accuracy and relevance.
- Licensed End Users are accountable for their actions and for any actions undertaken with their usernames and passwords. Licensed End Users must advise the Agency Security Coordinator, HMIS Data Coordinator (and/or CT HMIS System Administrator) if their passwords are compromised.
- Contractors, volunteers, interns and others who function as staff, whether paid or not, are bound by the same Licensed End Users responsibilities and rules set forth in this manual.

**SECTION 1: CONTRACTUAL REQUIREMENTS AND ROLES**

**Written: 10/2005**

**Revised: 08/2013**

**POLICY 110: TRAINING SCHEDULE**

**Approved:**

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**Policy:**

CT HMIS Lead Agency will coordinate training for system users. CT HMIS Lead Agency may contract with the CT HMIS System Administrator or other entities that are qualified to provide the appropriate training. Different levels of training are required for level of access and roles such as Systems Administrators, HMIS Data Coordinators, Agency Security Coordinators and Licensed End Users. Training will occur on a regular basis. The schedule of trainings will be published by the CT HMIS Lead Agency.

**Procedure:**

All system users must have a license and have successfully completed training that is required for the level of access prior to use of the system.

**SECTION 1: CONTRACTUAL REQUIREMENTS AND ROLES**

**Written: 10/2005**

**Revised: 07/2013**

**POLICY 111: AMENDING POLICIES AND PROCEDURES**

**Approved:**

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**Policy:**

These Policies and Procedures may be amended. It is expected that information will be added, removed and altered as necessary.

**Procedure:**

Each Continuum has representation on the CT HMIS Steering Committee. Any changes suggested by any party in the Continuum may be presented by a member of the CT HMIS Steering Committee or any CT HMIS Lead Agency staff member to the CT HMIS Steering Committee. Suggestions will be handled and recommendations for action will be made according to the CT HMIS Steering Committee procedure for making decisions.

**SECTION 1: CONTRACTUAL REQUIREMENTS AND ROLES**

**Written: 07/2013**

**Revised:**

**POLICY 113: DISASTER RECOVERY PLAN**

**Approved:**

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**Policy:**

The CT HMIS System Administrator will maintain a current Disaster Recovery Plan.

**Procedure:**

The CT HMIS Steering Committee will set a schedule and procedures for reviewing the Disaster Recovery Plan.

**SECTION 2:  
PARTICIPATION REQUIREMENTS**

**SECTION 2: PARTICIPATION REQUIREMENTS**

**Written: 10/2005**

**Revised: 07/2013**

**POLICY 201: PARTICIPATION AND IMPLEMENTATION REQUIREMENTS**

**Approved:**

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**Policy:**

In order to participate in CT HMIS Participating Agencies must sign the CT HMIS Memorandum of Understanding (MOU), meet the minimum criteria stated within the MOU, and comply the CT HMIS Policies and Procedures.

**Procedure:**

Participating Agencies are responsible for the following responsibilities whether discharged by employed personnel or through contract:

- a) Compliance and self-certification thereof, with all policies, procedures and agreements through mechanisms established by the CT HMIS Steering Committee (see CT HMIS Memorandum of Understanding, Exhibits A and B)
- b) Collecting and entering data into CT HMIS as per these policies and procedures
- c) Ensuring end users of the program level HMIS compliant system are adhering to the privacy and confidentiality requirements
- d) Ensuring end-user participation in trainings
- e) Participating in CoC meetings and other initiatives of their CoC(s)
- f) Assigning qualified personnel to support initiatives such as the ECM software implementation
- g) Produce all necessary HUD reports, e.g. APR, ESG.

The CT HMIS Lead Agency or its designee will monitor Participating Agency compliance with these policies and procedures and can verify Self-Certifications via site visits. Participating Agencies must self-certify that Administrative and Security Checklist requirements are met.

**SECTION 2: PARTICIPATION REQUIREMENTS**

**Written: 10/2005**

**Revised: 07/2013**

**POLICY 202: CT HMIS LEAD AGENCY DATA SECURITY RESPONSIBILITY**

**Approved:**

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**Policy:**

CT HMIS Lead Agency will manage the contractual relationship with a third party software vendor who will in turn continue to develop, implement and maintain all components of operations of the web-based system including a data security program.

**Procedure:**

The CT HMIS Lead Agency, in consultation with the CT HMIS Steering Committee, will:

- Develop the Security Plan;
- Implement its standards; and
- Require compliance.

Access to areas containing statewide CT HMIS equipment, data, and software will be secured. All client-identifying information will be strictly safeguarded in accordance with appropriate technical safeguards. All data will be securely protected to the maximum extent possible. Ongoing security assessments to include penetration testing will be conducted on a regular basis.

The scope of security includes:

- Technical safeguards;
- Physical safeguards, including, but not limited to locked doors;
- Network protocols and encryption standards such as https/ssl encryption (an indicator of encryption use); and
- Client data security (Data Encryption).

A CT HMIS Security Officer will be assigned by the CT HMIS Lead Agency to monitor the CT HMIS Security Plan, and monitor compliance by Participating Agencies and Licensed End Users, in collaboration with the CT HMIS System Administrator.

**SECTION 2: PARTICIPATION REQUIREMENTS**

**Written: 10/2005**

**Revised: 08/2013**

**Approved:**

**POLICY 205: STATEWIDE DATA SHARING REQUIREMENT**

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**Policy:**

Multiple funders of programs that provide services to homeless individuals and families require a standardized data collection system (HMIS). HUD and other funders mandate data sharing among Participating Agencies. CT HMIS is compliant with this requirement and all Participating Agencies must follow data sharing policy and procedures. In addition, Participating Agencies must follow Privacy and Informed Consent procedures as outlined in relevant policies.

**Procedure:**

Participating Agencies must ensure that all Licensed End Users are aware of the Statewide Data Sharing Requirement and understand the benefits and need for confidentiality, inform consumers of their options and have the proper internal policies and procedures to protect consumer data.

Participating Agencies must inform each consumer whose record is included in the CT HMIS that data in the system is shared. Each consumer must authorize the inclusion of their information in the system through the written consumer consent and release of information form to have data shared at the level they determine (Attachment). Consumer consent and privacy policies must be followed.



## SECTION 2: PARTICIPATION REQUIREMENTS

Written: 10/2005

Revised: 08/2013

Approved:

### POLICY 207: CONFIDENTIALITY, INFORMED CONSENT TO ENTER DATA AND SYSTEM WIDE RELEASE OF INFORMATION

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#### Policy:

Each consumer must authorize the inclusion of their information in the CT HMIS system through the written consumer consent and release of information form. This authorization determines the level of data to be included and shared.

#### Procedure:

Informed Consent: Includes both an oral explanation and written consumer consent for each consumer.

**Oral Explanation** All consumers will be provided an oral explanation of CT HMIS. The Participating Agency will provide an oral explanation of CT HMIS and the terms of consent. The agency is responsible for ensuring that this procedure takes place prior to every consumer interview. The Oral Explanation must contain the following information: (Sample script Attachment)

1. Explanation of CT HMIS:
  - Computer based information system that homeless services agencies across the state use to capture information about the persons they serve
2. Why the agency uses it:
  - To understand their consumers' needs
  - Help the programs plan to have appropriate resources for the people they serve to inform public policy in an attempt to end homelessness
  - Federal mandate that all HUD funded homeless providers must enter data into an electronic system and capture universal data elements
3. Security
  - Only staff who work directly with consumers or who have administrative responsibilities can look at, enter, or edit consumer records
4. Privacy Protection
  - No information will be released to another agency without written consent
  - Consumer has the right to not answer any question, unless entry into a program requires it
  - Consumer information is transferred in an encrypted format to CT HMIS
  - Consumer has the right to know who has added to, deleted, or edited their CT HMIS electronic record
  - Information that is transferred over the web is through a secure connection

5. Benefits for consumers.

- Case manager tells consumer what services are offered on site or by referral through the assessment process
- Case manager and consumer can use information to assist consumers in obtaining resources that will help them find and keep permanent housing

**Written Consumer Consent to Enter Data:**

Each consumer must provide written permission to authorize the agency to enter information into CT HMIS. (Attachment)

**Written Consumer Release to Share Data:** Each Consumer whose record is being shared electronically with another Participating Agency must agree via a written consumer release of information form to have their data shared. A consumer must be informed what information is being shared and with whom it is being shared. A consumer must also be informed of the expiration date of the consent. (Attachment)

**Verbal Consent and Release of Information for telephone based resource access:**

**Information Release:** The Participating Agency agrees not to release consumer identifiable information to any other organization pursuant to federal and state law without proper consumer consent.

**Federal/State Confidentiality Regulations:** The Participating Agency will uphold Federal and State Confidentiality regulations to protect consumer records and privacy. In addition, the Participating Agency will only release consumer records with written consent by the consumer, unless otherwise provided for in the regulations.

1. The Participating Agency will abide specifically by the Federal confidentiality rules regarding disclosure of alcohol and/or drug abuse records.
2. The Participating Agency will abide specifically by State of Connecticut general laws providing guidance for release of consumer level information including who has access to consumer records, for what purpose and audit trail specifications for maintaining a complete and accurate record of every access to and every use of any personal data by persons or organizations.

**Encryption:** The Participating Agency understands that all consumer identifiable data is to be made inaccessible to unauthorized users.

**SECTION 2: PARTICIPATION REQUIREMENTS**

**Written: 10/2005**

**Revised: 07/2013**

**POLICY 208: INFORMATION SECURITY PROTOCOLS**

**Approved:**

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**Policy:**

To protect the confidentiality of the data and to ensure its integrity at the site whether during data entry, storage and review or any other processing function, at a minimum, a Participating Agency must develop and have in place appropriate rules, protocols or procedures.

**Procedure:**

Participating Agency rules, protocols or procedures must address each of the following:

- Assignment of user accounts
- Unattended workstations
- Physical access to workstations
  - The implementation of hardware and/or software firewall to secure local systems/networks from malicious intrusion.
- Use of Antivirus Software, including the automated scanning of files as they are accessed by users on the system where the HMIS application is housed as well as assuring that all consumer systems regularly update virus definitions from the software vendor.
- Password complexity, expiration, and confidentiality
- Policy on licensed users access which includes not sharing accounts
- Consumer record disclosure, confidentiality and release of information
- Report generation, disclosure and storage
- Maintain and routinely monitor all system access logs for systems which have access to HMIS data.
- Additional requirements as established by the CT HMIS Steering Committee.

Each Participating Agency will participate in annual compliance reviews conducted by the CT HMIS System Administrator.

**SECTION 2: PARTICIPATION REQUIREMENTS**

**Written: 07/2013**

**Revised:**

**POLICY 210: Compliance Review**

**Approved:**

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**Policy:**

Each Participating Agency will participate in annual compliance reviews conducted by the CT HMIS System Administrator.

**Procedure:**

Participating Agency will participate in the Annual Administrative Certification Process. This may include a completed and certified Annual Administrative Certification Checklist, attached in the CT HMIS Memorandum of Understanding as Exhibit A; and Annual Security Certification Checklist, attached in the CT HMIS Memorandum of Understanding as Exhibit B.

- Agencies seeking first-time access to CT HMIS will be granted access to CT HMIS when all Administrative and Security requirements as outlined in Exhibits A and B have been self-certified as being met.
- Agencies established on CT HMIS that in any given year are unable to self-certify that all requirements are met will be engaged in a 45-60 day remediation process to correct any shortfall. CT HMIS access will continue during this period.

Any required remediation steps recommended by the CT HMIS System Administrator will be completed in a timely manner by the Participating Agency. The CT HMIS Lead Agency will monitor compliance and remediation steps.

The Participating HMIS Agency shall appoint an HMIS Data Coordinator (HDC) responsible for all duties specified in Exhibit A and any additional relevant duties that may be established by the CT HMIS Steering Committee.

The Agency shall appoint a Participating HMIS Agency Security Coordinator responsible for all duties specified in Exhibit B and any additional relevant duties, such as providing security trainings to Agency staff.

No exceptions can be made for any Agency that has indicated in Exhibit A or B of this Agreement that it does not, at the time of execution of this Agreement, meet all requirements for participation in the CT HMIS. Consistent with CT HMIS Policies and Procedures, Agency shall resolve the issues. First time Agency users of CT HMIS must resolve the issues in order to be granted access to the CT HMIS system. Agencies that already have access will work with the CT HMIS System Administrator in a 45-60 day remediation process to resolve identified issues.

**SECTION 2: PARTICIPATION REQUIREMENTS**

**Written: 07/2015**

**POLICY 211: CT HMIS RETRAINING**

**Revised:**

**Approved: 07/2015**

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**Policy:**

Agencies with CT HMIS users who are in need of retraining will adhere to the guidelines outlined in the procedure of this policy.

**Procedure:**

Identification of users who are in need of retraining is based on the following criteria:

- User has not logged into the system in the first 45 days from their initial training
- User has generated three or more helpdesk tickets about the same or similar issue that is unrelated to system performance in a 60 day period
- User has used four or more hours of help desk support in a month for issues unrelated to system performance
- The CoC may also request a re-train of an agency with consistently low UDE and/or ESG performance

When a retraining is necessary, the user(s) will be notified that they must register and attend the appropriate training for their project type within 45 days. The user(s) agency HDC and Executive Director on record with the CT HMIS System Administrator will also be notified of the request and reason for the retraining.

Noncompliance with registration and completion of a training session within the 45 day timeframe will result in the user(s) CT HMIS access being made inactive.

**SECTION 2: PARTICIPATION REQUIREMENTS**

**Written: 05/2016**

**Revised:**

**POLICY 212: CT HMIS TRAINING NO SHOW POLICY**

**Approved: 06/2016**

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**Policy:**

CT HMIS trainings are currently provided at no cost to CT HMIS users or potential users. Agencies with new staff, or with existing CT HMIS users who are in need of retraining will adhere to the guidelines outlined in the procedure of this policy.

**Procedure:**

Definition of “No Show”: A no show occurs when an individual who has registered for an in-person CT HMIS training does not attend and fails to notify the system administrator within 1 full business day in advance of their absence. Training confirmation will be sent from the CT HMIS system administrator, and will include the contact information for whom to contact if the individual cannot attend the training for any reason. If there is an extenuating circumstance that prevents someone from attending training, the fee may be waived if the individual’s supervisor alerts the system administrator.

If an individual is a no show for training, their organization will be charged a no-show fee according to the following schedule:

- First occurrence per organization: \$50
- Subsequent occurrences: \$150 per incident

Monthly, the CT HMIS system administrator will provide the CT HMIS Lead Organization with a list of individuals who were no shows – and the CT HMIS Lead Organization will issue the invoices to the appropriate organizations. Funds collected will generally be used to enhance the CT HMIS training environment and will be allocated by the CT HMIS Data Quality Management sub-Committee of the CT HMIS Steering Committee. If an agency has an outstanding fee for CT HMIS training no-shows for over 60 days, the agency will not be able to register new individuals for CT HMIS trainings until all fees are paid.

**SECTION 3:  
DATA QUALITY**

**SECTION 3: DATA QUALITY**

**Written: 10/2005**

**Revised: 07/2013**

**POLICY 301: MINIMUM REQUIRED DATA ELEMENTS**

**Approved:**

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**Policy:**

The CT HMIS Steering Committee will identify minimum required data elements that are required for every Participating Agency to complete.

The CT HMIS includes data elements that U.S. Department of Housing and Urban Development (HUD) has identified are required, as documented in the Federal Register. For programs that do not have HUD reporting requirements, HUD states that the standards are optional but recommended for CoC's to obtain consistent information. In addition to the HUD required data elements, there are program-specific data elements that are recommended and may be added to funder reports in the future.

**Procedure:**

The CT HMIS System Administrator will maintain a current data dictionary, located on the CT HMIS website:

Link to file page

[http://www.cthmis.com/files/file\\_detail/1919/](http://www.cthmis.com/files/file_detail/1919/)

Link is also available off of the main conversion page

[http://www.cthmis.com/information/info\\_detail/category/ct\\_hmis\\_conversion/](http://www.cthmis.com/information/info_detail/category/ct_hmis_conversion/)

The CT HMIS Steering Committee may include additional data elements to facilitate reporting for other programs funded in addition to HUD, by organizations including various state agencies such as DSS, DOH, DHMAS, UNITED WAY, and the CT HMIS itself.



**SECTION 3: DATA QUALITY**

**Written: 10/2005**

**Revised: 05/2014**

**POLICY 302: Data Quality Management Plan**

**Approved:**

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**Policy:**

The CT HMIS has a multi-faceted data quality management strategy.

The CT-HMIS Steering Committee Bylaws require a Data Quality Management Subcommittee which is charged with implementing and monitoring the Data Quality Management (DQM) Plan, making recommendations and reporting on a periodic basis. The DQM plan will include policies and procedures, indicators and targets, monitoring components and periodic review of the plan itself, on a schedule determined by the sub-committee and approved by the Steering Committee.

Participating Agencies are required to enter data into the system in a timely, complete, and accurate manner. This policy outlines the procedures for adherence to the CT HMIS Data Quality standards including the following elements; Timeliness, Completeness, Accuracy/Consistency, Monitoring, and Incentives/Enforcement.

Participating Agencies are required designate an HMIS Data Coordinator (HDC) who is trained on the software and how to run and review program level reports (including data quality). This person is local contact for agency staff and is usually the most knowledgeable person. The HDC is responsible for adherence to the following Data Quality Standards.

**Procedure:**

The Data Quality Management Plan is based on establishment of and adherence to Data Quality Standards, including the following:

- **Timeliness:**  
Data entry should be current within the scheduled number of days from intake, exit, service provision, or any other client interaction which necessitates any form of data entry. The timeliness schedule is determined by type of program and client contact.

To ensure data is accessible for agency, community level, and funder reporting as well as to improve data accuracy. Reducing the time period between data collection and data entry will increase the accuracy and completeness of client data. The schedule of timeliness standards will be available on the projects website.

- **Completeness:**  
A current HUD standard of completeness rate, typically 95%, for all CT HMIS participating organizations and HUD funded homeless projects is established and expected.

To ensure that CT HMIS can accurately describe the clients and services provided to clients who are accessing services, a complete and accurate client record is critical for program level reporting, for the use of data in any community level reporting, as well as for HUD required processes such as NOFA and AHAR.

- **Accuracy/Consistency:**

HDCs are responsible for monitoring the data entry accuracy and consistency of CT HMIS approved data collection tools at their agency level. The CT HMIS Steering Committee and Continuum of Care entities are responsible for approving the data entry collection tools.

HDCs also monitor the use of the system by approved users, ensuring that users meet the requirements set by their agency, and are appropriately trained in the CT HMIS system and policies before starting access.

All CT HMIS users must attend training before they are allowed to enter any data into the CT HMIS system. Training includes methods to navigate the system and how to understand the intent of each question asked, to ensure that the data being collected is based on a clear understanding of the question and response options.

Each Participating Agency must adhere to their own internal policies for conducting logic checks to validate the accuracy of the data in its program-level system and regularly compare data elements to available paper records and updating/correcting missing or inaccurate data. Users must be authorized and trained in order to use the CT HMIS system.

- **Monitoring:**

The CT HMIS lead organization is responsible for the generation of a monthly statewide report that measures data quality for the previous month. This report focuses on the past month's total active clients, as well as the data quality for those clients. This statewide data quality report is posted on the project website ([www.cthmis.com](http://www.cthmis.com)). Agency HDC's are expected to review and make corrections to the data as needed.

In addition to the data quality report, Continuum and Agency dashboards that highlight both data quality and data completeness are completed on a monthly basis. Data Elements that do not adhere to the CT HMIS Data Quality Standards are highlighted, and the agencies or continuums determine action plans to address concerns. The CoC's are expected to have a data evaluation plan in place.

- **Incentives/Enforcement:**

The Data Quality Management Committee is charged with the creation, implementation, and maintenance of a Data Quality Management Plan that will recognize and provide positive incentives to outstanding performers, as well as develop corrective action and remediation plans as needed.

**RECOGNITION:**

Participating Agencies that meet the data quality benchmarks will be periodically recognized by the CT HMIS Steering Committee, and their respective Continuum of Care. CT HMIS participating agencies that do not adhere to the minimum data entry standards set forth herein will be notified of their deficiencies and provided with specific information regarding the nature of the deficiencies and methods by which to correct them.

**REMEDATION ENFORCEMENT:**

CT HMIS Data Quality Management Plan will establish a schedule for working with Participating Agencies that are determined to need to correct identified data quality issues. In the corrective action time period, training will be offered to agencies as needed for them to remain compliant with the minimum data entry standards. When there is any progressive discipline for any CT HMIS participating organization, the programs HDC and Director, as well as the CoC leadership and the CT HMIS Steering Committee will all be alerted. CT HMIS participating agencies continuing to perform below the established Data Quality Standards may have their CT HMIS access restricted or suspended, as determined by the CT HMIS Steering Committee, until such time as agencies demonstrate that compliance with minimum data entry standards can be reached.

**Continuous Improvement:**

- Statewide HDC webinars are facilitated each month by the CT HMIS Statewide Administrator; this call focuses on changes to the system and common problems that are reported via the CT HMIS Help Desk and data quality reports.
- The Statewide Lead Agency reviews data on a quarterly basis and will report anomalies as they are discovered to the CT HMIS Steering Committee. The CT HMIS Steering Committee will review and may make the decision follow the recommendations of the Data Quality Management Committee regarding anomalies. The CT HMIS Data Quality Management Committee will conduct continuous quality improvement activities and periodic review of the plan and its implementation, with the oversight of the CT HMIS Steering Committee.

**SECTION 4:  
USER, LOCATION, PHYSICAL AND DATA ACCESS**

**SECTION 4: USER, LOCATION, PHYSICAL and DATA ACCESS**

**Written: 10/2005**

**Revised: 07/2013**

**POLICY 401: ACCESS LEVELS FOR LICENSED END USERS**

**Approved:**

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**Policy:**

Licensed User Levels are designated by the CT HMIS System Administrator. Licensed User accounts will be created and deleted by the CT HMIS System Administrator with approval by the Participating Agency's Executive Director and/or designee.

**Procedure:**

CT HMIS Licensed End Users designation is based on the access level a user needs to perform their job responsibilities. The determination of an individual's access level should be need-based.

The Participating Agency will designate a representative to facilitate registering Licensed End Users with CT HMIS. This will either be the HMIS Data Coordinator (HDC) or Agency Security Coordinator.

A Participating Agency must require each member of its staff (including employees, volunteers, affiliates, contractors and associates) to sign a Licensed End User Agreement upon successful completion of CT HMIS training, and to comply with the Licensed End User Agreement requirements.

**SECTION 4: USER, LOCATION, PHYSICAL and DATA ACCESS**

**Written: 10/2005**

**Revised: 07/2013**

**POLICY 403: ACCESS TO CONSUMER PAPER RECORDS**

**Approved:**

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**Policy:**

Agencies shall follow their existing policies and procedures and applicable local, state and federal regulations for access to consumer records on paper.

**Procedure:**

Each agency must secure any paper or other hard copy containing Personal Protect Information (PPI) that is either generated by or for HMIS, including, but not limited to reports, data entry forms and signed consent forms.

All paper or other hard copy generated by or for HMIS that contains PPI must be directly supervised when the hard copy is in a public area. When agency staff are not present, the information must be secured in areas that are not publicly accessible. Written information specifically pertaining to user access (e.g., username and password) must not be stored or displayed in any publicly accessible location. Users are prohibited from storing client-level data on any personally owned media or devices.

**SECTION 4: USER, LOCATION, PHYSICAL and DATA ACCESS**

**Written: 08/2015**

**Revised:**

**POLICY 404: CASE NOTE DELETION IN CT HMIS**

**Approved: 11/2015**

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**Policy:**

To protect the integrity of the case notes recorded in the system Participating Agencies do not have the ability to delete case notes after they have been saved. The guidelines outlined in the procedure of this policy are to be adhered to when it is necessary for a case note to be deleted from the system.

**Procedure:**

Participating Agencies are required designate an HMIS Data Coordinator (HDC) who is trained on the software and will be the only designee at a Participating Agency who may request the deletion of a case note.

When a case note has been identified by a Participating Agency – the agency staff must work with the HDC to initiate the request for the deletion of the case note. The procedure for requesting a deletion would be handled by the HDC through the CT HMIS Help Desk. Information to be included in the deletion request is the HMIS ID of the client record the case note is associate with, the date the case note was created, and the reason for the deletion request.

**FY 2018**

**CT-503 Bridgeport, Stamford,  
Norwalk/Fairfield County**

**Continuum of Care**

**3A-6. HDX-2018 Competition Report**

**Attachment documents include the following:**

- **CT 503 HDX-2018 Competition Report**



# 2018 HDX Competition Report

## PIT Count Data for CT-503 - Bridgeport, Stamford, Norwalk/Fairfield County CoC

### Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count	886	778	741
Emergency Shelter Total	513	484	492
Safe Haven Total	0	0	0
Transitional Housing Total	217	212	167
Total Sheltered Count	730	696	659
Total Unsheltered Count	156	82	82

### Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	98	52	52
Sheltered Count of Chronically Homeless Persons	56	36	43
Unsheltered Count of Chronically Homeless Persons	42	16	9

# 2018 HDX Competition Report

## PIT Count Data for CT-503 - Bridgeport, Stamford, Norwalk/Fairfield County CoC

### Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	120	112	108
Sheltered Count of Homeless Households with Children	120	112	108
Unsheltered Count of Homeless Households with Children	0	0	0

### Homeless Veteran PIT Counts

	2011	2016	2017	2018
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	64	53	48	41
Sheltered Count of Homeless Veterans	57	42	46	40
Unsheltered Count of Homeless Veterans	7	11	2	1

# 2018 HDX Competition Report

## HIC Data for CT-503 - Bridgeport, Stamford, Norwalk/Fairfield County CoC

### HMIS Bed Coverage Rate

Project Type	Total Beds in 2018 HIC	Total Beds in 2018 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	NA
Transitional Housing (TH) Beds	205	12	193	100.00%
Rapid Re-Housing (RRH) Beds	272	0	272	100.00%
Permanent Supportive Housing (PSH) Beds	1884	20	1777	95.33%
Other Permanent Housing (OPH) Beds	0	0	0	NA
Total Beds	2,916	77	2716	95.67%

# 2018 HDX Competition Report

## HIC Data for CT-503 - Bridgeport, Stamford, Norwalk/Fairfield County CoC

### PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	897	1527	1657

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

Households with Children	2016 HIC	2017 HIC	2018 HIC
RRH units available to serve families on the HIC	23	45	56

### Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC
RRH beds available to serve all populations on the HIC	122	186	272

# 2018 HDX Competition Report

## FY2017 - Performance Measurement Module (Sys PM)

### Summary Report for CT-503 - Bridgeport, Stamford, Norwalk/Fairfield County CoC

For each measure enter results in each table from the System Performance Measures report generated out of your CoCs HMIS System. There are seven performance measures. Each measure may have one or more “metrics” used to measure the system performance. Click through each tab above to enter FY2017 data for each measure and associated metrics.

RESUBMITTING FY2017 DATA: If you provided revised FY2017 data, the original FY2017 submissions will be displayed for reference on each of the following screens, but will not be retained for analysis or review by HUD.

ERRORS AND WARNINGS: If data are uploaded that creates selected fatal errors, the HDX will prevent the CoC from submitting the System Performance Measures report. The CoC will need to review and correct the original HMIS data and generate a new HMIS report for submission.

Some validation checks will result in warnings that require explanation, but will not prevent submission. Users should enter a note of explanation for each validation warning received. To enter a note of explanation, move the cursor over the data entry field and click on the note box. Enter a note of explanation and “save” before closing.

### Measure 1: Length of Time Persons Remain Homeless

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

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

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

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

## 2018 HDX Competition Report

### FY2017 - Performance Measurement Module (Sys PM)

	Universe (Persons)			Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Submitted FY 2016	Revised FY 2016	FY 2017	Submitted FY 2016	Revised FY 2016	FY 2017	Difference	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
1.1 Persons in ES and SH	1623		1497	84		94	10	60		62	2
1.2 Persons in ES, SH, and TH	2067		1876	152		133	-19	73		77	4

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

	Universe (Persons)			Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Submitted FY 2016	Revised FY 2016	FY 2017	Submitted FY 2016	Revised FY 2016	FY 2017	Difference	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	1801		1718	244		370	126	107		188	81
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	2236		2088	283		362	79	119		184	65

# 2018 HDX Competition Report

## FY2017 - Performance Measurement Module (Sys PM)

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

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

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)		Returns to Homelessness in Less than 6 Months			Returns to Homelessness from 6 to 12 Months			Returns to Homelessness from 13 to 24 Months			Number of Returns in 2 Years	
	Revised FY 2016	FY 2017	Revised FY 2016	FY 2017	% of Returns	Revised FY 2016	FY 2017	% of Returns	Revised FY 2016	FY 2017	% of Returns	FY 2017	% of Returns
Exit was from SO		7		0	0%		1	14%		0	0%	1	14%
Exit was from ES		508		66	13%		33	6%		43	8%	142	28%
Exit was from TH		199		8	4%		9	5%		9	5%	26	13%
Exit was from SH		0		0			0			0		0	
Exit was from PH		335		7	2%		17	5%		16	5%	40	12%
TOTAL Returns to Homelessness		1049		81	8%		60	6%		68	6%	209	20%

### Measure 3: Number of Homeless Persons

#### Metric 3.1 – Change in PIT Counts

## 2018 HDX Competition Report

### FY2017 - Performance Measurement Module (Sys PM)

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

	January 2016 PIT Count	January 2017 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	886	778	-108
Emergency Shelter Total	513	484	-29
Safe Haven Total	0	0	0
Transitional Housing Total	217	212	-5
Total Sheltered Count	730	696	-34
Unsheltered Count	156	82	-74

### Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Unduplicated Total sheltered homeless persons	2067		1876	-191
Emergency Shelter Total	1623		1497	-126
Safe Haven Total	0		0	0
Transitional Housing Total	498		431	-67



# 2018 HDX Competition Report

## FY2017 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	441		444	3
Number of adults with increased earned income	48		56	8
Percentage of adults who increased earned income	11%		13%	2%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	441		444	3
Number of adults with increased non-employment cash income	159		190	31
Percentage of adults who increased non-employment cash income	36%		43%	7%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	441		444	3
Number of adults with increased total income	188		223	35
Percentage of adults who increased total income	43%		50%	7%

## 2018 HDX Competition Report

### FY2017 - Performance Measurement Module (Sys PM)

#### Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	194		191	-3
Number of adults who exited with increased earned income	44		35	-9
Percentage of adults who increased earned income	23%		18%	-5%

#### Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	194		191	-3
Number of adults who exited with increased non-employment cash income	53		66	13
Percentage of adults who increased non-employment cash income	27%		35%	8%

#### Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	194		191	-3
Number of adults who exited with increased total income	83		90	7
Percentage of adults who increased total income	43%		47%	4%

## 2018 HDX Competition Report

### FY2017 - Performance Measurement Module (Sys PM)

#### Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	1644		1434	-210
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	507		440	-67
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	1137		994	-143

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	2093		1930	-163
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	743		783	40
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	1350		1147	-203

2018 HDX Competition Report  
**FY2017 - Performance Measurement Module (Sys PM)**

**Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects**

This Measure is not applicable to CoCs in FY2017 (Oct 1, 2016 - Sept 30, 2017) reporting period.

**Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing**

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Persons who exit Street Outreach	74		50	-24
Of persons above, those who exited to temporary & some institutional destinations	18		22	4
Of the persons above, those who exited to permanent housing destinations	43		23	-20
% Successful exits	82%		90%	8%

Metric 7b.1 – Change in exits to permanent housing destinations

## 2018 HDX Competition Report

### FY2017 - Performance Measurement Module (Sys PM)

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	1300		1226	-74
Of the persons above, those who exited to permanent housing destinations	709		687	-22
% Successful exits	55%		56%	1%

#### Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Persons in all PH projects except PH-RRH	1591		1715	124
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	1548		1658	110
% Successful exits/retention	97%		97%	0%

## 2018 HDX Competition Report FY2017 - SysPM Data Quality

### CT-503 - Bridgeport, Stamford, Norwalk/Fairfield County CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports in order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

## 2018 HDX Competition Report FY2017 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017
1. Number of non-DV Beds on HIC	348	512	487	500	169	234	219	198	950	1302	1492	1761	11	13	122	186				
2. Number of HMIS Beds	330	432	416	464	159	171	149	192	949	1178	1365	1680	11	4	122	186				
3. HMIS Participation Rate from HIC ( % )	94.83	84.38	85.42	92.80	94.08	73.08	68.04	96.97	99.89	90.48	91.49	95.40	100.00	30.77	100.00	100.00				
4. Unduplicated Persons Served (HMIS)	2347	1768	1835	1647	495	528	533	466	1568	1651	1797	1949	589	545	527	541	973	982	312	194
5. Total Leavers (HMIS)	1882	1352	1398	1252	242	288	301	315	191	206	216	244	341	279	249	283	300	795	118	48
6. Destination of Don't Know, Refused, or Missing (HMIS)	911	362	98	88	22	77	29	26	19	32	17	10	33	79	17	0	77	257	11	1
7. Destination Error Rate (%)	48.41	26.78	7.01	7.03	9.09	26.74	9.63	8.25	9.95	15.53	7.87	4.10	9.68	28.32	6.83	0.00	25.67	32.33	9.32	2.08

**2018 HDX Competition Report**  
**Submission and Count Dates for CT-503 - Bridgeport, Stamford, Norwalk/Fairfield County CoC**

**Date of PIT Count**

	<b>Date</b>	<b>Received HUD Waiver</b>
Date CoC Conducted 2018 PIT Count	1/23/2018	

**Report Submission Date in HDX**

	<b>Submitted On</b>	<b>Met Deadline</b>
2018 PIT Count Submittal Date	4/30/2018	Yes
2018 HIC Count Submittal Date	4/30/2018	Yes
2017 System PM Submittal Date	5/25/2018	Yes



**FY 2018**

**CT-503 Bridgeport, Stamford,  
Norwalk/Fairfield County**

**Continuum of Care**

**3B-2. Order of Priority—Written Standards**

**Attachment documents include the following:**

- **CoC Adoption of HUD Notice CPD 16-11 (Order of Priority)**



## **Proposed policy: Adoption of HUD Notice CPD 16-11**

*August 1, 2017*

**Document Approved: Adopt Updated Notice on Prioritizing Persons Experiencing Chronic Homelessness and other Vulnerable People in Permanent Supportive Housing (HUD Notice CPD-16-11)**

Replace "Priorities for PSH" section on pages 35 – 37 of the CT 503 Policies with the following:

***Purpose: This policy provides information to Coordinated Access Networks (CANs) and Permanent Supportive Housing (PSH) projects receiving Continuum of Care Program funds regarding the order in which eligible households should be served. This policy reflects the new definition of chronic homelessness as amended by HUD's Final Rule on Defining Chronically Homeless and updates the orders of priority that were previously established in CT 503 policies. This policy is intended to ensure that the individuals and families who have been homeless the longest and who have the most severe service needs are prioritized for PSH and to support progress towards ending chronic homelessness in Connecticut.***

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

All CT 503 CoC-funded PSH beds are required to dedicate or prioritize 100% of their beds to people experiencing chronic homelessness. When filling vacant beds, CoC-funded PSH projects must seek referrals only through their local CAN from the *Statewide By-Name List* maintained by the local CANs and monitored by the Connecticut Department of Housing (CT DOH) and should be filtered for each 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 each CAN and monitored by CT DOH, and should be filtered for each 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.

## **Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic Homelessness:**

When selecting participants for housing, CANs and CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness are required to use the following order of priority that has been established by the CT 503 CoC and the *Statewide Coordinated Access Network Leadership Committee*, which is consistent with HUD Notice CPD-16-11:

- People who meet the HUD definition of chronic homelessness and have a VISPDAT 2.0 score of at least 8 for individuals, a Family VISPDAT 2.0 score of at least 9 for families, or a Next Steps score of at least 8 for homeless youth. Housing Placement Teams will determine prioritization within this category based on the VISPDAT score, the length of history of homelessness, and other knowledge of the individual or family that may help measure severity of service needs.
- Applicants will be prioritized based on VI SPDAT score and a consensus of severity of service needs from the local Housing Placement Committee. For example, applicants with a higher VI SPDAT score will be prioritized over other applicants with a lower VI SPDAT score.
- Exceptions to the specified order must be approved by consensus at the local CAN Housing Placement Committee. For example, an exception might be made by the Housing Placement Committee to prioritize an individual who has been living in an unsheltered location for 14 months and has a VI SPDAT 2.0 score of 17 over an individual who has been living in shelter for 15 months and has a VISPDAT 2.0 score of 13. When the Housing Placement Committee feels that the VISPDAT 2.0 or Next Step score does not reflect the individual's true service needs, a full SPDAT may be requested or required by the local CAN Housing Placement Committee before matching the homeless individual to a PSH



program. For example, it may be helpful to conduct a full SPDAT when someone has 22 months of homelessness but has scored a 2 on the VISPDAT. When there is no consensus in the Housing Placement Committee for an exception, approval should be sought by the HUD grantee and/or funder of the program with the opening. CAN Housing Placement Committees should document all decisions, including the rationale for any exceptions to prioritization in meeting notes.

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 CT 503 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. CANs and 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 CTCT 503 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-CoCs 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 CT 503 PSH participant households exchange units. In all cases, PSH units must be prioritized for



eligible applicants residing in the CT CT 503 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 local CANs, and monitored by CT DOH and should be filtered to each local CAN for prioritization decisions, CANs 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 CANs 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 (local 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.

**Section I. Recordkeeping Requirements:**

CANs and recipients of CoC Program-funded PSH, will maintain evidence of implementing these priorities. Evidence of following these orders of priority must be demonstrated by:

- A. Evidence of Severe Service Needs.** Evidence of severe service needs is that by which the recipient is able to determine the severity of needs as defined in this policy using data-driven methods such as an administrative data match or through the use of a standardized assessment. The documentation should include any information pertinent to how the determination was made, such as notes associated with case-conferencing decisions.
- B. Evidence that the Recipient is Following the CoC's Written Standards for Prioritizing Assistance.** Recipients must follow the CoC's written standards for prioritizing assistance, as described in this policy. Recipients must also document that the CoC's revised written standards have been incorporated into the recipient's intake procedures (see Sample CT CT 503 Written Intake Procedures) and that the recipient is following its intake procedures when accepting new program participants into the project.
- C. Evidence that there are no Households Meeting Higher Order of Priority within CoC's Geographic Area.**
  - (a)** When dedicated and prioritized PSH is used to serve non-chronically homeless households, the recipient of CoC Program-funded PSH should document that there were no chronically homeless households identified for assistance within the CAN's geographic area at the point in which a vacancy became available. This documentation should include evidence of the outreach efforts that had been undertaken to locate eligible chronically homeless households within the defined geographic area and, where chronically homeless households have been identified but have not yet accepted assistance, the documentation should specify the number of persons that are chronically homeless that meet this condition and the attempts that have been made to engage the individual or family. The recipient of PSH may refer to a single prioritized list maintained by the applicable CAN as evidence.
  - (b)** When non-dedicated and non-prioritized PSH is used to serve an eligible individual or family that meets a lower order of priority, the recipient of CoC Program-funded PSH should document how the determination was made that there were no eligible individuals or families within the CAN's geographic area that met a higher priority. The recipient of PSH may refer to a single prioritized list maintained by the applicable CAN as evidence that there were no households identified within the CAN's geographic area that meet a higher order of priority.



## **Section II. Severity of Service Need Requirements**

For the purposes of this policy, severity of service needs must be documented in a program participant's case file. The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual or family. CT CT 503 uses the VI-SPDAT 2.0 to determine severity of service needs for individuals the Family VI-SPDAT 2.0 to determine severity of service needs for families, and the Next Step Tool to determine severity of service needs for youth. The full SPDAT may also be used to determine severity of service needs when the local Housing Placement Teams believe that these other tools do not reflect the individual or family's true severity of service needs. Housing Placement Teams may also use their direct knowledge of the individual or family to supplement the information provided by these tools to help determine the severity of service needs. Examples of other direct knowledge may include high utilization of crisis services, high risk of continued trauma, or high risk of harm or exposure to very dangerous living situations. Administrative data may also be used to help determine severity of service needs.



**FY 2018**

**CT-503 Bridgeport, Stamford,  
Norwalk/Fairfield County  
Continuum of Care**

**3B-5. Racial Disparities Summary**

**Attachment documents include the following:**

- **CoC Document: Analysis of Racial Disparity in CT-503**



## Analysis of Racial Disparity in CT-503

### OVERALL POPULATION DATA

Overall population data from the state of Connecticut is 67% white / non-Hispanic, and 33% are racial or ethnic minorities. Source: <https://datausa.io/profile/geo/connecticut/#ethnicity>. If you look further into the data for those that are living below the poverty line – the demographics shift to 47% white / non-Hispanic, and 53% minority. Source: [https://datausa.io/profile/geo/connecticut/#poverty\\_ethnicity](https://datausa.io/profile/geo/connecticut/#poverty_ethnicity)

Using this as a grounding for evaluating our homelessness response system data – it is clear that even looking at the percentages of people living below the poverty line that minorities are still over represented in the homelessness population. Root causes of higher rates of homelessness among minorities are far reaching and include discrimination in employment, housing, and the criminal justice system. Source: <https://endhomelessness.org/resource/racial-disparities-homelessness-united-states/>

### DESCRIPTION OF COC DATA ANALYSIS

A look at how the homelessness response system is functioning can be found in the attached tables which look at a year's worth of data in the region from 10/1/16 to 9/30/17 from the CT Homelessness Management Information System (CT HMIS). CT HMIS collects both race and ethnicity information – and the measures used are outlined in the Housing and Urban Development's data standards manual. There were two groups that were compared, head of households who answered that they were non-Hispanic and white, and those who were either Hispanic or any other racial category other than white. People who refused to answer, didn't know, or just didn't have that information collected for their race or ethnicity were excluded on all measures (this was less than 5 percent of the total data collected). Information was further split out between individuals and families.

- Attended Coordinated Access Network (CAN) appointments – to see who is attempting to access the homelessness system
- Emergency Shelter utilization – to show who has made it through coordinated entry, and into shelter
- Emergency Shelter exits to permanent housing – to show how the emergency system is functioning in terms of those who are exiting homelessness
- Rapid Re-Housing entries – to show who is being served by this intervention which is designed to help individuals and families to quickly exit homelessness and return to permanent housing.
- Permanent Supportive Housing entries – to show who is being served by this intervention which is non-time-limited affordable housing assistance with wrap-around supportive services.

Additional analysis is ongoing, and is monitored regularly by the CoC.

### CO C FINDINGS REGARDING RACIAL DISPARITIES

In reviewing the data tables, the data presented shows the following:

- Overall, minority family households comprise a larger portion of those being served than do minority individual households
  - For those attending CAN appointments, 89% of families are minority families while 71% of

individuals are minorities. This indicates that minority families are much more likely to be seeking assistance and at a rate that exceeds the percentage of minorities living in poverty in CT.

- As a result of the fact that minority families are over-represented in the system, the data show a high percentage of minority families served throughout the system. Still, some notable variations appear:
  - For shelter utilization, 85% of families are minority families, a 4% drop off from those presenting for CAN appointments. This may be the result of successful diversion at the CAN appointment, but may also be reflective of other factors. Further investigation into how race/ethnicity impacts shelter utilization should be conducted.
  - For those who exit shelter to permanent housing, 78% of families are minority families, an 11% decrease from those who present to the CAN and a 7% decrease from those using shelter. This should be investigated to understand the drivers of this difference.
  - For those entering PSH, 94% of families are minority families, 5% higher than those attending CAN appointments and 9% higher than those using shelter. This is of interest as it may indicate that minority households are being identified for greater service needs and/or have chronicity verified. Further investigation may be needed to determine if minority families are more likely to be homeless for longer periods of time and are not being adequately identified and/or served earlier on.
  - For those entering RRH, 84% of families are minority families, 5% lower than those attending CAN appointments but on par with those in shelter (-1%).
  
- Minority individuals are also over-represented in the population served throughout the system. Within those being served, here are some notable findings:
  - For shelter utilization, 60% of individuals are minority individuals, a 9% decrease from those presenting for CAN appointments. This may be the result of successful diversion at the CAN appointment, but may also be reflective of other factors. Further investigation into how race/ethnicity impacts shelter utilization should be conducted.
  - For those who exit shelter to permanent housing, 57% of individuals are minority individuals, an 14% decrease from those who present to the CAN, but a less significant decline of 3% from those using shelter. This should be investigated to understand the drivers of this difference, both from those attending a CAN appointment and those in shelter.
  - For those entering PSH, 72% of individuals are minority individuals, just 1% higher than those attending CAN appointments and 9% more significant 12% higher than those using shelter. This is difference in minority individuals accessing shelter compared to those being placed in PSH is of interest. It may indicate that minority households are being identified for greater service needs and/or have chronicity verified. Further investigation may be needed to determine if minority individuals are more likely to be homeless for longer periods of time, are not being adequately identified and/or served earlier on or are more likely to be placed into PSH through street outreach.
  - For those entering RRH, 63% of individuals are minority individuals, 8% lower than those attending CAN appointments but 3% higher than those using shelter. Again, further investigation may be warranted to better understand the drop off seen from CAN appointments.

## CoC ACTION STEPS

The CoC is committed to identifying solutions for all existing service delivery disparities, and to continue efforts that ensure CoC diversity in leadership is reflective of the population served. Thus, the CoC has partnered with CT Coalition to End Homelessness on the following training events (attendance will be required for CoC and Coordinated Access Network staff):

- October 30, 2018: Historical Context and Current Data on Racial Disparities in Housing and Homelessness (Overview with HMIS data)
- November 30, 2018: Creating Effective Community Practices to Prevent and Address Racial Disparities in the Homeless Service System (Local and Regional)
- December 18, 2018: Cultural Humility: Individualizing Services for Diverse Populations (Direct Care)

Additionally, this data analysis will be sent to the CoC's Standards & Evaluations Committee for further action, including discussion of this analysis, the identification of additional data analysis needed and discussion of further strategies and actions the CoC can take to address any racial disparities that exist.

**RACIAL DISPARITY ANALYSIS – CT-503 FAIRFIELD COUNTY DATA FROM CT HMIS**

CAN Appointments - ALL		
All Apts	4732	
Minority	3552	75.06%
White	1180	24.94%
Shelter Utilization - HOH		
All	967	
Minority	616	63.70%
White	351	36.30%
Shelter Exits to PH		
All	230	
Minority	144	62.61%
White	86	37.39%
PSH Entries		
All	380	
Minority	280	73.68%
White	100	26.32%
RRH Entries		
All	184	
Minority	130	70.65%
White	54	29.35%

Families		
All	1068	
Minority	952	89.14%
White	116	10.86%
Shelter Utilization - HOH		
All	140	
Minority	119	85.00%
White	21	15.00%
Shelter Exits to PH		
All	63	
Minority	49	77.78%
White	14	22.22%
PSH Entries		
All	35	
Minority	33	94.29%
White	2	5.71%
RRH Entries		
All	69	
Minority	58	84.06%
White	11	15.94%

Individuals		
All	3664	
	2600	70.96%
White	1064	29.04%
Shelter Utilization - HOH		
All	827	
Minority	497	60.10%
White	330	39.90%
Shelter Exits to PH		
All	167	
Minority	95	56.89%
White	72	43.11%
PSH Entries		
All	345	
Minority	247	71.59%
White	98	28.41%
RRH Entries		
All	115	
Minority	72	62.61%
White	43	37.39%

Additional shelter exit information:	
Total Exits from ES among minorities	444
Exits from ES to PH among minorities	144
% of minorities exiting to PH	32%
Total Exits from ES among whites	241
Exits from ES to PH among whites	86
% of whites exiting to PH	36%

Source: CT HMIS  
 Data from FFY17  
 Retrieved May, 2018 by the CT Coalition to End Homelessness

**FY 2018**

**CT-503 Bridgeport, Stamford,  
Norwalk/Fairfield County**

**Continuum of Care**

**ATTACHMENT Includes:**

**CT 503 Continuum of Care**

**Model Emergency Transfer Plan for Victims of Domestic  
Violence, Dating Violence, Sexual Assault, or Stalking**

**Adopted: 9-17-18**

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

**Emergency Transfers**

The CT 503 Continuum of Care is concerned about the safety of its tenants, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, stalking, or human trafficking. In accordance with the Violence Against Women Act (VAWA),<sup>1</sup> the CT 503 CoC has developed this emergency transfer plan, which allows tenants of transitional housing, permanent supportive housing, and rapid re-housing projects that receive federal, county, or state funds who are victims of domestic violence, dating violence, sexual assault, stalking or human trafficking to request an emergency transfer from the tenant's current unit to another unit. All recipients and subrecipients of federal, county, or state funds for transitional housing, permanent supportive housing, and rapid re-housing projects must follow this plan. All recipients and subrecipients of federal, county, or state funds for transitional housing, permanent supportive housing, and rapid re-housing projects must follow the CoC's Emergency Transfer Plan, must make the CoC's Emergency Transfer Plan, which contains no information regarding individual clients publicly available whenever feasible (e.g. by posting the plan in a publicly visible location at project sites) and must make the plan available to participants and community partners upon request. The housing provider must also ensure that refusal of a transfer unit is not a basis for terminating a tenant from assistance. Providers are encouraged, when possible, but not required to bear moving costs related to emergency transfers. As necessary, providers are encouraged to work with survivors to identify ways to pay for moves associated with emergency transfers – note that moving costs are an eligible Supportive Service Expense under the CoC Program. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.<sup>2</sup> The ability of the CT 503 CoC to honor such requests for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, stalking or human trafficking, and on whether the CT 503 CoC has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance on safety and security. This plan is based on a model emergency transfer plan published by

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<sup>1</sup> Despite the name of this law, VAWA protection is available to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

<sup>2</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.



the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that the CT 503 CoC is in compliance with VAWA.

### **Eligibility for Emergency Transfers**

A tenant who is a victim of domestic violence, dating violence, sexual assault, stalking or human trafficking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan. Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

### **Emergency Transfer Request Documentation**

To request an emergency transfer, the tenant shall notify the management office of the transitional housing, permanent supportive housing, or rapid re-housing project where they are residing and submit a written request for a transfer to:

**(INSERT ADDRESS FOR EACH COVERED PROJECT)**

Projects will provide reasonable accommodations to this policy for individuals with disabilities. The tenant's written request for an emergency transfer should include either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under the relevant transitional housing, permanent supportive housing, or rapid re-housing program; OR
2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

Housing providers must retain records for all emergency transfer requests and outcomes.

### **Confidentiality**

The housing provider will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives the housing provider written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant. See the Notice of Occupancy Rights under the Violence Against Women Act For All Tenants (form HUD 5380 available at [https://www.hud.gov/program\\_offices/administration/hudclips/forms/hud5a](https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a)) for more information about housing providers' responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

### **Emergency Transfer Timing and Availability**

The CT 503 CoC cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. The Housing Provider will, however, act as quickly as possible to secure an internal emergency transfer (i.e., to move a tenant who is a victim of domestic violence, dating violence, sexual assault, stalking or human trafficking to another unit, subject to availability and safety of a unit available within that provider agency's portfolio). If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. The housing provider may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit. At the tenant's request, the Housing Provider will also assist tenants in contacting CT Coalition Against Domestic Violence (CCADV), the state organization offering assistance to victims of domestic violence, dating violence, sexual assault, stalking, or human trafficking. CCADV's hotline services are available 24 hours per day, seven days per week by calling **Toll Free Domestic Violence Hotline 888-774-2900** (English) or **844-831-9200** (Español)

If the housing provider has no safe and available units for which a tenant who needs an emergency transfer is eligible, the housing provider will refer the tenant to 211 and the local Coordinated Access Network (CAN), which will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant's request, 211 and the local CAN will also assist tenants in contacting CCADV. 211 and CAN will retain records for all emergency transfer requests they receive and outcomes of those requests.

For individuals and families who qualify for an emergency transfer but a safe unit is not immediately available for an internal emergency transfer, the CAN shall ensure that the individual or family receives priority over all other applicants for transitional housing, permanent supportive housing and rapid rehousing projects provided that the individual or family meets all eligibility criteria required by federal, state, or county law or regulation or the terms of the source through which the project is funded; and the individual or family meets any additional criteria or preferences established for specific subpopulations in accordance with fair housing and equal opportunity requirements. The individual or family shall not be required to meet any other eligibility criteria or preferences for the project. The individual or family shall retain their original homeless or chronically homeless status for the purposes of the transfer.

In accordance with the CoC Program Interim Rule, CoC Tenant-based Rental Assistance program participants who have complied with all program requirements during their residence and who have been a victim of domestic violence, dating violence, sexual assault, or stalking, and who reasonably believe they are imminently threatened by harm from further domestic violence, dating violence, sexual assault, or stalking (which would include threats from a third party, such as a friend or family member of the perpetrator of the violence), if they remain in the assisted unit, and are able to document the violence and basis for their belief, may retain the rental assistance and move to a different Continuum of Care geographic area if they move out of the assisted unit to protect their health and safety. Recipients and

subrecipients of CoC funds must maintain the documentation related to transfers to a different CoC as required by the CoC Program Interim Rule.

### **Non-transferring Family Members**

If the family separates in order to effect an emergency transfer, and the person vacating the unit was the person who qualified the family for assistance, unless otherwise prohibited by the terms of a federal, county, or state funding stream the housing provider must provide the remaining tenant(s) until lease expiration to establish eligibility to remain in the unit or find alternative housing. In accordance with VAWA, all housing providers, except those receiving CoC program funds, must provide the remaining tenant(s) at least ninety calendar days or until lease expiration with a possible 60-day extension to establish eligibility for the existing program, establish eligibility for another program, or find alternative housing. In accordance with the CoC Program Interim Rule, all CoC funded projects must provide the remaining tenant(s) until lease expiration to establish eligibility to remain in the unit or find alternative housing. In all cases, remaining tenants are obligated to pay rent based on the usual program requirements.

### **Safety and Security of Tenants**

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe. Tenants who have been victims of any form of interpersonal violence (domestic violence, dating violence, sexual assault, stalking, human trafficking) are encouraged to contact providers who specialize in safety planning and access to protections from ongoing abuse. In CT 503, CCADV is the comprehensive access point for these services (as well as survivor and family counseling services) **888-774-2900** or learn more about services online at <http://www.ctcadv.org/about-ccadv/contact-us/> If tenants prefer to seek assistance outside of local resources (not CCADV), they are encouraged to reach out to national hotlines that can direct them to possible assistance. These hotlines may refer victims back to their local provider, however may be of assistance to some who seek services in other areas. These hotlines or resource centers include:

- National Domestic Violence Hotline at 1-800-799-7233. For persons with hearing impairments, the national hotline can be accessed by calling 1-800-787-3224 (TTY). (domestic violence)
- Rape, Abuse & Incest National Network's National (RAINN) Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>. (sexual assault or incest)
- National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.