

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2019 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2019 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.
6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

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<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices>

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

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

1A-3. CoC Designation: CA

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

1B. Continuum of Care (CoC) Engagement

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Warning! The CoC Application score could be affected if information is incomplete on this formlet.

1B-1. CoC Meeting Participants.

For the period of May 1, 2018 to April 30, 2019, applicants must indicate whether the Organization/Person listed:

- 1. participated in CoC meetings;**
- 2. voted, including selecting CoC Board members; and**
- 3. participated in the CoC’s coordinated entry system.**

Organization/Person	Participates in CoC Meetings	Votes, including selecting CoC Board Members	Participates in Coordinated Entry System
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	No	Yes
Local Jail(s)	Yes	No	Yes
Hospital(s)	Yes	Yes	Yes
EMS/Crisis Response Team(s)	Yes	Yes	Yes
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Disability Service Organizations	Yes	Yes	Yes
Disability Advocates	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	No	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes

Youth Advocates	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	No	No
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Domestic Violence Advocates	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	Yes
LGBT Service Organizations	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Mental Illness Advocates	Yes	Yes	Yes
Substance Abuse Advocates	Yes	Yes	Yes
Other:(limit 50 characters)			
Government	Yes	Yes	Yes
Faith Based	Yes	Yes	Yes
Veteran's Service Organizations	Yes	No	Yes

1B-1a. CoC’s Strategy to Solicit/Consider Opinions on Preventing/Ending Homelessness.

Applicants must describe how the CoC:

- 1. solicits and considers opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;**
- 2. communicates information during public meetings or other forums the CoC uses to solicit public information;**
- 3. takes into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness; and**
- 4. ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats, e.g., PDF.**
(limit 2,000 characters)

1)CT-503’s diverse board & membership includes representation by orgs serving homeless subpopulations w/in the CoC’s geographic subregions & others w/relevant expertise: CT Depts of Housing & Mental Health & Addiction Services; those w/lived experience of homeless; HUD FO; PHAs; funders; advocates; healthcare, workforce, criminal justice, child welfare systems; victims services, McKinney Vento homeless liaisons; community partners. They actively participate in committees & provide extensive feedback to inform CoC work, strategies & resource allocations.

2)To increase transparency, CoC mtg agendas include standing items for funding & strategic planning. Various mtg platforms (i.e., web-based) are used to increase participation & info sharing. Info (mtg dates, agendas, materials/mtg notes w/action items & follow up) is emailed & publicly posted on CoC website to communicate work being done. CoC policies, bylaws, RFPs, funding strategies & decisions are publicly posted.

3)The CoC uses input from the Board, committees, workgroups & CoC mtgs to inform policy & resource allocation decisions, created multiple initiatives using feedback gained thru CoC strategic planning, gaps analyses & resource allocation discussions, including:

- Subregional Housing First teams formed due to concerns of managing homelessness in shelters rather than moving people to PH options.
- Youth Advisory Board (Y-TLC) formed to ensure youth perspective is embedded in decision-making & Y/YA can collaborate regularly via CoC meetings/trainings/events. Y-TLC reviews funding applications, evaluates programs & informs the CoC/community about Y/YA service/housing gaps.

4)CoC shares documents electronically before mtgs for use w/assisted technology. All mtg documents are posted to the CoC website in Adobe Reader for readable text by all. Web-based mtgs, recorded w/transcription application options, are shared electronically & publicly posted. Facilities w/accessibility for mobility challenged are used.

1B-2. Open Invitation for New Members.

Applicants must describe:

- 1. the invitation process;**
- 2. how the CoC communicates the invitation process to solicit new members;**
- 3. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats;**
- 4. how often the CoC solicits new members; and**
- 5. any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.**

(limit 2,000 characters)

1)CoC general membership is open at any time to all who wish to join; those wishing to join are directed to contact CoC staff. CoC's use of collective impact model has increased efforts to solicit non-CoC funded organizations in CoC membership w/invitations distributed year-round by CoC chairs, Nominating Committee, members & staff to those solicited for membership. Written process for Board selection is outlined in CoC Governance Charter which is updated & approved at CoC annual meeting w/new slate approved in Jan.

2)The CoC uses its website & shares info via email to 700+ contacts on how to become a CoC member. Personal outreach (in-person conversations, calls, emails) from CoC staff, board members & general membership are used to build relationships, engage stakeholders & share info on how to be a member. The annually updated Governance Charter is posted to the website & describes process for becoming a board member & responsibilities.

3)To Promote the rights of people w/disabilities, CoC integrates inclusive outreach practices, builds awareness & incorporates technology as a primary communication tool to ensure information is shared/received equitably. All electronic documents are shared in Adobe Reader for universal readability.

4)CoC conducts formalized, targeted recruitment annually & hosts events year-round, tapping into non-profit & business partner lists to expand outreach, broaden audience & solicit new members. Info on how to participate in the CoC is provided at all events w/attendees added to CoC mailing list. Info on webinars, print/web resources & how to become more involved in the CoC is shared at all CoC events, in monthly CoC eblasts & in quarterly newsletters.

5)Consumer Advocacy Committee & Y-TLC meet monthly & actively recruit/engage homeless/formerly homeless individuals & consult w/providers to identify new members w/lived experience of homelessness. Y-TLC engage new members via social media, mobile outreach efforts & at drop in centers.

1B-3. Public Notification for Proposals from Organizations Not Previously Funded.

Applicants must describe:

- 1. how the CoC notifies the public that it is accepting project application proposals, and that it is open to and will consider applications from organizations that have not previously received CoC Program funding, as well as the method in which proposals should be submitted;**
- 2. the process the CoC uses to determine whether the project application will be included in the FY 2019 CoC Program Competition process;**
- 3. the date(s) the CoC publicly announced it was open to proposal;**
- 4. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats; and**
- 5. if the CoC does not accept proposals from organizations that have not previously received CoC Program funding or did not announce it was open to proposals from non-CoC Program funded organizations, the applicant must state this fact in the response and provide the reason the CoC does not accept proposals from organizations that have not previously received CoC Program funding.**

(limit 2,000 characters)

1) CoC issues open RFPs for all new funding opportunities, distributed thru: CoC & partner websites postings; email to CoC email list of 700+ individuals locally & statewide; local/statewide partner organizations (CT Coalition to End Homelessness, Partnership for Strong Communities) email lists that reach thousands & social media postings. Each RFP clearly states that the CoC encourages proposals from eligible CoC & non-CoC-funded organizations. RFPs explicitly state directions for responding: submission of project proposal to CoC via email using application provided in RFP. RFP clearly states that TA is offered to all entities to ensure accessible process.

2)The CoC received one application for each project type sought via RFPs in FY19, each from existing grantees. CoC staff review of applications indicated each passed threshold compliance, demonstrated capacity to conduct activities outlined in RFP & ability to comply w/Coordinated Access Network & CoC policies (Housing First, prioritize HHs w/highest need, connect to mainstream resources, provide eviction prevention services, meet match requirements, grant management capacity & experience w/population). As such, CoC's Funding Oversight Subcommittee made recommendations to accept all three applications for CoC Priority List, including acceptance of two projects as expansions to existing grants. Final determination regarding each application's inclusion in the CoC competition was made by non-CoC-funded members of the Coordinated Council. All applicants were contacted regarding acceptance.

3) CoC issued the PH/Services Bonus RFP (PSH & RRH) 8/7/19 & DV Bonus (RRH) RFP 8/7/19

4) The CoC ensures that all communication is accessible by individuals with disabilities thru use of electronic communication platforms including email, public website postings & social media. The CoC routinely uses electronic formats such as high contrast text in Adobe Reader so that content is

accessible/transcribable as necessary.

1C. Continuum of Care (CoC) Coordination

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1C-1. CoCs Coordination, Planning, and Operation of Projects.

Applicants must select the appropriate response for each federal, state, local, private, other organizations, or program source the CoC included in the planning and operation of projects that serve individuals experiencing homelessness, families experiencing homelessness, unaccompanied youth experiencing homelessness, persons who are fleeing domestic violence, or persons at risk of homelessness.

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

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1C-2. CoC Consultation with ESG Program Recipients.

Applicants must describe how the CoC:

- 1. consulted with ESG Program recipients in planning and allocating ESG funds;**
 - 2. participated in the evaluating and reporting performance of ESG Program recipients and subrecipients; and**
 - 3. ensured local homelessness information is communicated and addressed in the Consolidated Plan updates.**
- (limit 2,000 characters)**

1) CoC coordinates on ESG allocations w/municipal (Bridgeport) & state recipients (DOH) to align ESG allocations w/CoC plans; each entity sits on the CoC board. Bridgeport Planning & Economic Development Director routinely meets w/CoC to coordinate on ESG/HOPWA strategies for CE, diversion & ESG/CoC standards; ESG/CoC staff also ID recommendations to prioritize efficient use of RA & RRH resources. CoC staff provide RFP content for ESG to ensure HUD priorities are threshold indicators. In 2019 expanded activities included: collaborative meetings & trainings w/HOPWA/ESG grantees on program components & required reporting; CoC facilitated training for prospective subrecipient applicants on eligible ESG activities. Ongoing coordination b/t CoC & ESG recipient has resulted in establishing firm threshold requirements so that project types & activities meet funding expectations. CoC, ESG & HOPWA reps worked together on review panel to score & make funding recommendations on ESG applications.

2) CoC provides PIT/HIC results & narratives/data for CAPER. CoC coordinated w/ESG on organizing a process to evaluate/monitor sub-recipients using project-level performance standards similar to those used by CoC to evaluate CoC projects. Info gathered thru evaluating projects, as well as frequent updates to the CoC from ESG staff at monthly meetings on compliance issues, has created opportunities to ID low-performing projects & such issues are weighed by scoring panelists when reviewing subsequent applications from existing agencies/projects.

3) DOH (CT- CDBG/ESG) & multiple local community development staff (HOME/CDBG/ESG/HOPWA) confer w/CoC on annual action plan allocations to address HUD priorities in connection w/federal formula grant programs IDed in 5-year Con Plan. Con Plan representatives sit on CoC board & receive regular updates on local initiatives, progress & homelessness data for proactive routine communication in addressing ongoing community development needs.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Yes to both

Applicants must indicate whether the CoC provided Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area.

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Yes

Applicants must indicate whether the CoC ensured local homelessness information is communicated to Consolidated Plan Jurisdictions within its geographic area so it can be addressed in Consolidated Plan updates.

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.

Applicants must describe:

- 1. the CoC’s protocols, including protocols for coordinated entry and the CoC’s emergency transfer plan, that prioritize safety and incorporate trauma-informed, victim-centered services; and**
- 2. how the CoC, through its coordinated entry, maximizes client choice for housing and services while ensuring safety and confidentiality. (limit 2,000 characters)**

1) All referrals for housing resources come from CoC’s Coordinated Access Network (CAN) by-name list (BNL). DV & human trafficking survivors can choose to be included on the BNL thru the CoC DV protocol which maintains client safety & confidentiality. CoC DV policies & procedures used by CT Coalition Against DV (CCADV), CAN & housing providers are trauma-informed & victim-centered & promote survivor safety, privacy, choice & control. Upon DV disclosure HH is referred to DV system w/24-hour response that provides immediate access to lethality screening & safe/immediate connection/referral to DV shelter/services, w/security & choice emphasized. Survivors w/high lethality scores are prioritized for TH, PSH or RRH. Emergency Transfer (ET) plan ensures CAN follows safety protocol routinely. Federal/state funded TH/PH project tenants who are victims of DV, dating violence, sexual assault, stalking or human trafficking who identify imminent harm from further violence related to current unit can request an ET.

2) Thru 211, HHs fleeing DV can be referred for VI-SPDAT assessment, added anonymously to CoC’s BNL & gain access to all eligible housing resources. Instead of using CT HMIS for DV survivors, DV providers create a record in comparable system (ETO) that is compatible w/CoC’s BNL but protects PII to maintain client confidentiality. HHs on BNL have full access to housing resources in priority order, including CoC, ESG, DOJ, HHS & CT Dept of Social Services funded programs thru CCADV providers (coordinated by the CAN & includes 18 shelters, multiple host homes & services such as crisis intervention, safety planning, counseling, legal services, financial planning & pet services). Essential info on HH choice & safety is gathered: HH size for accommodations; choice of safe location; program/service preferences. Accommodations are made to reduce victim returns to areas that risk further violence & ID best options for housing & services to ensure future housing stability.

1C-3a. Training–Best Practices in Serving DV Survivors.

Applicants must describe how the CoC coordinates with victim services

providers to provide training, at least on an annual basis, for:

1. CoC area project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence; and

2. Coordinated Entry staff that addresses safety and best practices (e.g., Trauma Informed Care) on safety and planning protocols in serving survivors of domestic violence.

(limit 2,000 characters)

1) CT 503, CT Coalition Against DV (CCADV) & CT Dept Of Housing are coordinating to provide required cross training to CoC, DV & CAN providers 6x annually. A 5/19 training was given on Delivery of RRH Core Skills & HF Training to help launch the FY 2018 CoC DV Bonus project. All trainings cover victim-centered & trauma-informed approaches to the work & include topics such as: harm reduction; DV CAN protocol; trauma-informed intake; VI-SPDAT administration; choice & safe access to housing resources & recording personal information safely. In addition, CCADV trained CoC staff on outreach & human trafficking (3/18) & the intersection b/t DV & homelessness (5/18). The CoC held Learning Collaboratives on RRH DV practices & Critical Time Intervention on 6/18 & 8/18. CT-503 has an MOU w/CT Coalition to End Homelessness (CCEH) to provide skills training for the RRH Learning Collaborative & quarterly victim-centered trauma-informed care webinars & an upcoming 10/19 training on "Affirming Client Ability To Make Decisions."

2) CCADV administers an ongoing regional Diversity & Accessibility project including professional development so culturally responsive services exist for DV survivors, w/CAN staff trained on these protocols. CAN Leadership mtgs include DV providers to ensure that VAWA confidentiality standards & safe referrals for housing-related crises are routinely discussed. In 2016, CCADV & CCEH developed protocols to de-identify DV data in the ETO platform & held webinars in 2018 for DV providers to inform them on how to safely access the BNL. CAN staff are trained as needed on data entry protocols for DV survivors to ensure that DV HHs are added to the regional BNL and prioritized for housing & services. CoC & CCADV trained CAN providers on 5/19 & 10/19 on process for conducting DV Risk Assessments & making referrals to DV system immediately when trafficking/DV/dating violence/sexual assault &/or stalking are revealed by survivor.

1C-3b. Domestic Violence–Community Need Data.

Applicants must describe how the CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking.

(limit 2,000 characters)

The CoC adheres to statewide policies ensuring that victims of DV, dating violence, sexual assault & stalking needing homelessness assistance are appropriately served, either by the existing CAN/CoC system, if they so choose, or by DV providers, if they seek confidentiality. CT Coalition Against Domestic Violence's (CCADV) DV providers use a stand alone comparable database, ETO, to record info about DV clients & their needs in a format that is safe & confidential. DV providers use ETO to share de-identified information on clients seeking CoC/CAN housing assistance in order to help the CoC identify these HHs' needs & better serve them. De-identified data is used by the CoC to

quantify DV, dating violence, sexual assault & stalking service/ housing needs & aggregate demographics. Additional info provided includes previous living situation, sources of employment/non-employment income & disabling conditions. The CoC also uses this data to identify increased entries among specific subpopulations, such as a recent increase of young families, along w/service & training needs to ensure resources are provided & tailored to meet the specific needs of these HHs. The CoC's understanding of needs is also informed by CCADV's aggregate data on the 38,192 DV victims served in FY18, which shows the following assistance was needed/requested: economic assistance - 75%; housing/utilities - 54%; child care - 41%; & transportation - 15%. Other service needs included: 83% received one-on-one counseling for safety planning & assistance in obtaining basic needs; 85% received court-based advocacy for civil &/or criminal matters; & 1854 support group sessions were provided, w/service requests up 13% from FY17. Additional aggregate data from CCADV indicate that shelter/housing continue to be needed: DV shelter utilization of 123% in FY18; average length of stay in DV shelters at 47.5 days (+8% from FY17); & 23% of advocate's time spent on housing-related advocacy w/or on behalf of victims.

***1C-4. PHAs within CoC. Attachments Required.**

Applicants must submit information for the two largest PHAs or the two PHAs with which the CoC has a working relationship within the CoC's geographic area.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2018 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On
Connecticut Department of Housing	42.00%	Yes-HCV	Yes-HCV
Stamford (Charter Oak) HA	15.00%	Yes-Both	Yes-Both

1C-4a. PHAs' Written Policies on Homeless Admission Preferences.

Applicants must:

1. provide the steps the CoC has taken, with the two largest PHAs within the CoC's geographic area or the two PHAs the CoC has working relationships with, to adopt a homeless admission preference—if the CoC only has one PHA within its geographic area, applicants may respond for one; or

2. state that the CoC does not work with the PHAs in its geographic area. (limit 2,000 characters)

1)CoC collaborates w/HUD Hartford Field Office & PHAs to increase opportunities for addit'l admission considerations for persons experiencing homelessness. CoC convenes round tables w/HUD Hartford FO, CT Dept of Housing (DOH) & municipal ESG recipients that also bring together PHAs, providers, government staff & officials to encourage preferences for homeless HHs & better coordinate efforts around state/local ESG allocations (next mtg: 10/19). 7 PHAs have attended these round tables, which provide the

opportunity for CoC, PHA & Coordinated Access Network (CAN) staff to come to mutual understanding around shared goals in efforts to end homelessness, including work to increase HCV & public hsg (PH) set asides & advance Move On strategies. Through these mtgs the CoC has shared CAN best practices, explained how the CAN helps HHs exit homelessness & detailed how the CoC can help PHAs reduce administrative burden by supporting resident hsg stability & avoid eviction. Mtgs have also allowed PHA staff to raise concerns about accessing & vetting at-risk referrals & to learn more about working w/homeless populations. As a result of this effort, new partnerships are developing:

- 3 PHAs w/o admission preferences (Fairfield, Westport, Greenwich) are considering adding them
- 2 PHAs w/preferences have expanded them: Charter Oak Communities (Stamford) now has a 1:5 homeless entry preference for all inventory (HCV, Tax Credit, state/fed PH); Norwalk HA: 5 set asides
- 3 PHAs w/preferences implemented Move On strategies for turnovers & mainstream vouchers
- PHAs increased knowledge that CoC/PHA partnerships can end homelessness which led to changes in voucher allocations
- 4 PHAs applied in last Mainstream round

PHAs participate in CoC mtgs, CoC recruits PHA staff for board membership & collaborate w/PHAs to align outreach efforts to homeless HHs. All 4 CT-503 Housing First Teams include PHA staff as members & all included in CAN mtgs to ID steps to advance shared goals.

2)N/A

1C-4b. Moving On Strategy with Affordable Housing Providers.

Applicants must indicate whether the CoC has a Moving On Strategy with affordable housing providers in its jurisdiction.

Yes

If “Yes” is selected above, describe the type of provider, for example, multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs. (limit 1,000 characters)

To Move On/transition HHs to PH units, CoC partners w/PHAs (Norwalk HA's 19 & Danbury HA's 20 FY18 mainstream vouchers), affordable housing developers & ESG/HOPWA/CDBG recipients. Coordinated w/Dept of Housing (DOH-statewide HA) & CT Housing Finance Authority (CHFA) on LIHTC program requirement that a minimum of 20% developed units serve HHs w/income between 25%-50% AMI. DOH/CHFA further encouraged PHA applicants to submit their waitlist with LIHTC applications, as they often include PSH HHs requesting a unit to “Move On.” LIHTC program also increased bonus points for homeless preference so CoC tenants can move to affordable units as stability increases. CoC partnerships w/PHAs (DOH, Norwalk, Danbury) increased access to mainstream vouchers & clients w/reduced needs have priority. As HHs have transitioned from PSH units to deeply affordable sites, created in partnership w/affordable housing developers, the system gridlock reduction has resulted in vulnerable HHs moving to PSH units.

1C-5. Protecting Against Discrimination.

Applicants must describe the actions the CoC has taken to address all forms of discrimination, such as discrimination based on any protected classes under the Fair Housing Act and 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing. (limit 2,000 characters)

The CoC’s 2016 Equal Access Rule policy prohibits discrimination based on race, sex, gender ID, national origin, disability, religion, age, marital status, familial status, sexual orientation, source of income. CoC requires compliance w/federal statutes, Fair Housing Act, ADA & w/accommodations for disabilities. CoC actions to address anti-discrimination include:

- Held CT Legal Aid & CT Fair Housing Center trainings in 2018
- Held “Opening Doors to Identity” (4/19) for providers re: access to housing for protected classes on Gender Identity, Racial Equity, Protections Under 24 CFR 5.105(a)(2) & Disabilities
- Consulting w/Center 4 Innovations on multi-pronged equity strategies framework & related conference (“Advancing Equity” on 10/19) re: 1) hiring/promoting people of color to leadership positions & 2) equitable access to housing for all. CoC equity framework is under construction to establish benchmarks & metrics for HUD grantees so all organizations meet compliance on equity standards
- Annually trains CoC/CAN staff on discrimination/equal rights in housing & compliance w/VAWA/FHA Title VIII
- Held 6/19 roundtable to strategize next steps on increasing housing access for those w/MH, SMI & substance use disorders
- CoC’s website links to LGBTQ resources
- Partnered w/Triangle Center & CCEH on trainings (11/18,12/18,9/19) pertaining to legal protections for transgender individuals & toolkit for LGBTQ youth
- Partnered w/DOH/HUD on required monthly Safe Shelter & Fair Housing trainings in 2018 on equal shelter access for LGBTQ
- Partnering w/NAEH & DOH on an Emergency Shelter Learning Collaborative (9/19) to build capacity for organizations to serve homeless HHs as they present (re: family composition, gender identity, etc.) in a low-barrier, trauma-informed, safe manner, enhanced by anti-discrimination intervention approaches for diversion, mediation & access to housing to increase opportunities that rapidly/equitably exit all households to permanent housing.

***1C-5a. Anti-Discrimination Policy and Training.**

Applicants must indicate whether the CoC implemented an anti-discrimination policy and conduct training:

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively address discrimination based on any protected class under the Fair Housing Act?	Yes
3. Did the CoC conduct annual training on how to effectively address discrimination based on any protected class under 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing?	Yes

***1C-6. Criminalization of Homelessness.**

Applicants must select all that apply that describe the strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area.

1. Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
2. Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
3. Engaged/educated local business leaders:	<input checked="" type="checkbox"/>
4. Implemented communitywide plans:	<input checked="" type="checkbox"/>
5. No strategies have been implemented:	<input type="checkbox"/>
6. Other:(limit 50 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1C-7. Centralized or Coordinated Assessment System. Attachment Required.

Applicants must:

- 1. demonstrate the coordinated entry system covers the entire CoC geographic area;**
- 2. demonstrate the coordinated entry system reaches people who are least likely to apply for homelessness assistance in the absence of special outreach; and**
- 3. demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner. (limit 2,000 characters)**

1) All geographic areas in CT are covered by state's Coordinated Access Network (CAN) system, as instituted by the CT Dept of Housing. The CT-503 CoC geography is entirely included w/in the Fairfield County CAN jurisdiction. Statewide use of the 211 system (w/language line & TTY options) as front door to the CAN system ensures that all in need of services are directed to the appropriate CAN based on the call origin or locational choice IDed by the caller. 211 is accessible via local/toll-free call & web regardless of the call location & call sites exist at community locations.

2) In-person assessment points are strategically located in all metro areas & higher volume suburban towns near public transportation & in close proximity to locations where clients experiencing homelessness & housing instability congregate (soup kitchens, libraries, social service agencies, bus/train stations, etc.). Mobile assessment staff (bilingual &/or access to language line) conduct

outreach at local hospital ERs, soup kitchens, libraries, bus/train stations, etc., thus engaging vulnerable HHs least likely to contact the system.

3) Exhaustive diversion efforts & targeted flexible financial assistance are integrated into the CAN, ensuring any HHs able to self-resolve or secure safe housing w/influx of light touch services/resources are able to do so. This ensures clients most in need of ES & services are prioritized appropriately. VI-SPDAT common assessment tools are used to assess vulnerabilities & ID housing needs for those unable to self-resolve. Responses inform prioritization on the CAN by-name list & are used in conjunction w/HMIS data on chronicity, homelessness history & previous service engagement. Such vulnerabilities are considered during weekly case conferencing meetings to inform appropriate matches to housing vacancies & resources so HHs w/most severe service needs & longest length of homelessness are matched to appropriate resources as quickly & effectively as possible.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

Resources:

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Warning! The CoC Application score could be affected if information is incomplete on this formlet.

1D-1. Discharge Planning Coordination.

Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1E. Local CoC Competition

Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

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*1E-1. Local CoC Competition–Announcement, Established Deadline, Applicant Notifications. Attachments Required.

Applicants must indicate whether the CoC:

1. informed project applicants in its local competition announcement about point values or other ranking criteria the CoC would use to rank projects on the CoC Project Listings for submission to HUD for the FY 2019 CoC Program Competition;	Yes
2. established a local competition deadline, and posted publicly, for project applications that was no later than 30 days before the FY 2019 CoC Program Competition Application submission deadline;	Yes
3. notified applicants that their project application(s) were being rejected or reduced, in writing along with the reason for the decision, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline; and	Yes
4. notified applicants that their project applications were accepted and ranked on the CoC Priority Listing in writing, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline.	Yes

1E-2. Project Review and Ranking–Objective Criteria.

Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2019 CoC Program Competition:

1. Used objective criteria to review and rank projects for funding (e.g., cost effectiveness of the project, performance data, type of population served);	Yes
2. Included one factor related to improving system performance (e.g., exits to permanent housing (PH) destinations, retention of PH, length of time homeless, returns to homelessness, job/income growth, etc.); and	Yes
3. Included a specific method for evaluating projects submitted by victim services providers that utilized data generated from a comparable database and evaluated these projects on the degree they improve safety for the population served.	Yes

1E-3. Project Review and Ranking–Severity of Needs and Vulnerabilities.

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Applicants must describe:

1. the specific severity of needs and vulnerabilities the CoC considered when reviewing and ranking projects; and

2. how the CoC takes severity of needs and vulnerabilities into account when reviewing and ranking projects.

(limit 2,000 characters)

1)Severity of need & vulnerability factors considered for project evaluation & ranking: prior living situation, disabling conditions, age & CAN compliance for referrals. CAN compliance requires projects to fill vacancies w/highest need/vulnerable clients, as measured w/VI-SPDAT/Family-SPDAT/Next Step tool & other factors: housing/homeless history; chronic homelessness; ER/crisis services utilization; wellness/chronic health issues; behavioral/mental health history; med management; victimization, DV, sexual assault &/or childhood abuse; low/no income; daily functioning & socialization; self-care; HH size; involvement in criminal/juvenile justice, child welfare, foster care.

2)Renewal projects: specific severity of needs scoring criteria (w/benchmarks adjusted for project type) measured % project participants: w/current disabling conditions; from unsheltered locations; unaccompanied/parenting youth or 55+. To earn CAN points, projects must take all clients through CAN, which fills vacancies w/highest need/vulnerable HHs first as determined by LOTH/HL history & common assessment tool score. HIV/AIDS-serving project exempted from several FY19 CAN criteria based upon need to serve HOPWA subpops; new process in effect for FY20. DV project exempted from returns & length of stay criteria to account for client needs/safety; specific DV criteria for safety planning used. Points for commitment to serving the most vulnerable HHs: 100% of PSH beds "DedicatedPLUS" & demonstrating compliance w/CoC's Housing First policies. Income & benefits criteria award points along a range of benchmarks that start low to account for projects serving high need/vulnerable HHs. New project applicants: Evaluated for capacity/experience in serving participants w/highest needs/vulnerabilities, commitment to fill all vacancies thru CAN & use of Housing First model. DV Bonus applicant sub-recipient also reviewed for experience in serving survivors of DV, sexual assault, stalking & trafficking.

1E-4. Public Postings–CoC Consolidated Application. Attachment Required.

Applicants must:

1. indicate how the CoC made public the review and ranking process the CoC used for all project applications; or

2. check 6 if the CoC did not make public the review and ranking process; and

3. indicate how the CoC made public the CoC Consolidated Application—including the CoC Application and CoC Priority Listing that includes all project applications accepted and ranked or rejected—which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the FY 2019 CoC Program Competition application submission deadline; or

4. check 6 if the CoC did not make public the CoC Consolidated Application.

Public Posting of Objective Review and Ranking Process		Public Posting of CoC Consolidated Application including: CoC Application, CoC Priority Listing, Project Listings	
1. Email	<input checked="" type="checkbox"/>	1. Email	<input checked="" type="checkbox"/>
2. Mail	<input type="checkbox"/>	2. Mail	<input type="checkbox"/>
3. Advertising in Local Newspaper(s)	<input type="checkbox"/>	3. Advertising in Local Newspaper(s)	<input type="checkbox"/>
4. Advertising on Radio or Television	<input type="checkbox"/>	4. Advertising on Radio or Television	<input type="checkbox"/>
5. Social Media (Twitter, Facebook, etc.)	<input checked="" type="checkbox"/>	5. Social Media (Twitter, Facebook, etc.)	<input checked="" type="checkbox"/>
6. Did Not Publicly Post Review and Ranking Process	<input type="checkbox"/>	6. Did Not Publicly Post CoC Consolidated Application	<input type="checkbox"/>

1E-5. Reallocation between FY 2015 and FY 2018.

Applicants must report the percentage of the CoC’s ARD that was reallocated between the FY 2015 and FY 2018 CoC Program Competitions.

Reallocation: 20%

1E-5a. Reallocation–CoC Review of Performance of Existing Projects.

Applicants must:

- 1. describe the CoC written process for reallocation;**
 - 2. indicate whether the CoC approved the reallocation process;**
 - 3. describe how the CoC communicated to all applicants the reallocation process;**
 - 4. describe how the CoC identified projects that were low performing or for which there is less need; and**
 - 5. describe how the CoC determined whether projects that were deemed low performing would be reallocated.**
- (limit 2,000 characters)**

- 1) The CoC’s reallocation policy states CoC may reallocate for:
 - a) underperformance, using current & prior years’ project evaluation/scoring to ID low performing projects
 - b) project doesn’t meet CoC needs or further HUD priorities
 - c) project isn’t cost effective according to CoC’s cost standards detailed in policy
 - d) project funds are recaptured by HUD

The reallocation policy states that CoC’s non-conflicted Funding Oversight Subcommittee (FO) will review info on projects meeting the conditions above & make recommendation regarding reallocations to the Non-Conflicted Members of the Coordinating Council (NCMCC) for review. Upon approval of reallocation, grantee is notified of reallocation amount & informed of the Reallocation Policy’s

appeals process. Appeals are reviewed by FO & NCMCC; final decisions are made & communicated to grantee. 2) CoC's Reallocation Policy adopted 7/29/19 by NCMCC as part of the "Opening Doors of Fairfield County/CT-503 CoC FY2019 Project Evaluation, Reallocation, Selection and Ranking Policies" document.

3) Reallocation policy was emailed to all CoC-funded agencies, including subrecipients, on 7/29/19 & posted on CoC's website on 7/29/19.

4) CoC conducts a robust evaluation of projects covering: data quality/timeliness, severity of need, participant outcomes (income, benefits, returns, length of stay, exit destination), cost effectiveness, HUD/CoC/CE compliance, utilization & eLOOCS draws. This is supplemented by year-round performance/CE monitoring. Projects performing poorly over two years are identified for potential reallocation. Projects w/lower utilization or that CE data show clients consistently turned down are also flagged for reallocation consideration.

5) Low performing & underutilized TH project came forward to downsize project thru voluntary partial reallocation. FO reviewed other poor performing projects & determined projects were either still needed &/or work should be done w/project staff to build capacity.

DV Bonus

Instructions

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1F-1 DV Bonus Projects.

Applicants must indicate whether the CoC is requesting DV Bonus projects which are included on the CoC Priority Listing: Yes

1F-1a. Applicants must indicate the type(s) of project(s) included in the CoC Priority Listing.

1. PH-RRH	<input checked="" type="checkbox"/>
2. Joint TH/RRH	<input type="checkbox"/>
3. SSO Coordinated Entry	<input type="checkbox"/>

Applicants must click “Save” after checking SSO Coordinated Entry to view questions 1F-3 and 1F-3a.

*1F-2. Number of Domestic Violence Survivors in CoC’s Geographic Area.

Applicants must report the number of DV survivors in the CoC’s geographic area that:

Need Housing or Services	865.00
--------------------------	--------

the CoC is Currently Serving	1,126.00
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1F-2a. Local Need for DV Projects.

Applicants must describe:

- 1. how the CoC calculated the number of DV survivors needing housing or service in question 1F-2; and**
 - 2. the data source (e.g., HMIS, comparable database, other administrative data, external data source).**
- (limit 500 characters)**

1)Survivors needing hsg or services calculated using FY19 Coordinated Access Network (CAN) By-Name List data on # HHs reporting DV history whose VI-SPDAT assessment shows need for RRH (89) or PSH (43) & those using CAN diversion/rapid exits/self-resolve (733).

2)Sources: HMIS, which includes DV clients added anonymously thru comparable database (ETO). CAN intake form data stored in HMIS & includes self-reported info on whether client has/is currently fleeing a DV situation & VI-SPDAT score.

1F-4. PH-RRH and Joint TH and PH-RRH Project Applicant Capacity.

Applicants must provide information for each unique project applicant applying for PH-RRH and Joint TH and PH-RRH DV Bonus projects which the CoC is including in its CoC Priority Listing—using the list feature below.

Applicant Name	DUNS Number
Dept of Housing	078847898

1F-4. PH-RRH and Joint TH and PH-RRH Project

Applicant Capacity

DUNS Number:	078847898
Applicant Name:	Dept of Housing
Rate of Housing Placement of DV Survivors–Percentage:	100.00%
Rate of Housing Retention of DV Survivors–Percentage:	92.00%

1F-4a. Rate of Housing Placement and Housing Retention.

Applicants must describe:

- 1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and**
- 2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)**

1) Placement=% DV survivors on CAN BNL referred to DOH RRH programs who were placed into hsg. Retention=% DV survivors who exited DOH RRH programs in FY18 exiting to PH destination.
 2) CT HMIS & ETO are sources of data on clients fleeing DV. DV status collected at all intakes by CAN staff (HMIS) or DV providers (ETO then de-IDed for CAN BNL) CT HMIS/CAN BNL is source of hsg placement data for DOH RRH - CT HMIS is source of hsg retention data on DV survivors being served through existing DOH RRH

1F-4b. DV Survivor Housing.

Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing. (limit 2,000 characters)

The project’s applicant & sub-recipients have significant experience quickly assisting survivors to move into safe, affordable & sustainable housing. The project applicant, CT Department of Housing (DOH), manages the state’s CE system (CANs) & oversees RRH projects statewide, including the FY18 DV Bonus RRH project. DOH has/will continue to ensure that survivor needs are safely assessed in accordance w/CAN protocols, they are prioritized on the by-name list, those w/high lethality scores get priority access & same day matching occurs when a survivor needs to flee quickly. DOH monitors CAN data to ensure that survivors rapidly move into housing & obtain emergency transfers as needed. The project’s services sub-recipient, CT Coalition Against DV (CCADV), will continue to coordinate the provision of all housing & services in DV RRH projects. Housing placement & other services are provided by DV, human trafficking & housing providers located throughout the CoC, which includes assessing client strengths, housing barriers & safety concerns, as well as addressing landlord concerns & educating them about legal protections for survivors. Staff at all partner organizations have been/will continue to be trained in assisting survivors in overcoming barriers to housing access, including

threats to safety, complex legal issues, inadequate income, economic abuse & impacts of trauma. Case managers use trauma-informed, motivational building & person-centered planning techniques to help survivors build hope, strengthen self-esteem, ID why rapidly accessing safe permanent housing (PH) is important to them, assess options & overcome housing barriers. Project sub-recipient for administering RA, AIDS CT, follows client confidentiality protocol developed w/CCADV for RA payments, reducing payment delays/obstacles. Housing placement data is monitored by CoC, DOH, CCADV & providers w/corrective action taken, as needed, to ensure survivors are effectively assisted to quickly move into PH.

1F-4c. DV Survivor Safety.

Applicants must describe how project applicant:

- 1. ensured the safety of DV survivors experiencing homelessness by:**
 - (a) training staff on safety planning;**
 - (b) adjusting intake space to better ensure a private conversation;**
 - (c) conducting separate interviews/intake with each member of a couple;**
 - (d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;**
 - (e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;**
 - (f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and**
- 2. measured its ability to ensure the safety of DV survivors the project served.**

(limit 2,000 characters)

- 1a)All staff working w/DV survivors complete 20-hour certification program on safety planning & confidentiality practices, including protocol to add DV victims to By Name List using anonymous codes to ensure access to hsg resources w/out identifying location/other PII. Safety planning training includes victim protection during DV episode, strategies to actively flee DV & maintain safety while fleeing following an episode. Providers trained to advocate for appropriate interventions & continue w/safety planning throughout to address needs.
 - b)CCADV member orgs (MO) must adhere to CCADV standards & receive yearly onsite evaluation to ensure physical space allows for staff to safely conduct confidential intake/other private conversations.
 - c)CCADV MO staff follow protocol to never include an abuser in victim intake process & never request victim disclose details of violence in front of abuser.
 - d)Using low barrier HF model, DV Advocates, Housing Specialists & participants engage in lease-up process together & develop hsg stabilization plan. DV Advocates work w/participants on safety planning at intake, enrollment & lease up, & to ID housing types that fit their comfort level & safety concerns. Housing Specialists work to find units w/security cameras, 24/7 staff, alarm system to ensure resident safety.
 - e)CCADV MO shelters' staff follow up on environment, lighting, window locks & entry security concerns, & discuss safety of location & w/in units w/residents.
 - f)To promote anonymity, CT DV RRH Housing Specialists work aggressively to ID safe hsg options in community w/out special markings/physical descriptors. Staff work to de-ID DV HHs throughout all facets of program, including w/in paperwork & RA payments.
- 2)Each project required to collect client feedback including semiannual

satisfaction surveys used to assess effectiveness of program & safety protocols. Consistent communication w/participants regarding safety helps staff assess effectiveness of safety measures.

1F-4d. Trauma-Informed, Victim-Centered Approaches.

Applicants must describe:

- 1. project applicant’s experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and**
 - 2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:**
 - (a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;**
 - (b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;**
 - (c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;**
 - (d) placing emphasis on the participant’s strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;**
 - (e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;**
 - (f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
 - (g) offering support for parenting, e.g., parenting classes, childcare.**
- (limit 4,000 characters)**

1)As services subrecipient for this project & FY18 DV Bonus RRH project, CCADV member orgs will draw upon experience in working w/DV victims. CCADV’s Safe Connect initiative provides 24/7 trauma informed (TI) victim-centered (VC) crisis intervention services. In addition, CCADV’s 18 member orgs provide counseling & shelter options for survivors using TI & VC approaches. CCADV member orgs use a victim-defined, comprehensive approach w/a trauma-informed lens to support survivors in moving forward by validating their experiences & recognizing their autonomy.

2)CCADV will use TI & VC case management (CM) approaches to deliver vital supportive services to DV survivors:

- a)CCADV DV RRH prioritizes HH choice, rapid placement & stabilization in permanent hsg (PH) consistent w/HHs’ preferences. CCADV’s network covers all CT towns, enabling choice of safe location & transfers w/in CT or beyond. Housing Specialist works closely w/HH’s DV Advocate to meet/engage w/HH to determine unit/hsg type, location & size preferences. Housing Specialist & DV Advocates quickly ID available units to assure rapid placement, leveraging landlord relationships. DV Advocates provide wrap-around services to support HH thru intake & lease-up process & ensure PH retention.
- b)Families present w/many barriers so project is designed as low-barrier & Housing First access. CCADV project guidelines help remove power differentials: services voluntary; no min income req’ts; empowerment-based advocacy focused on needs IDed by survivors rather than agencies; provide

mobile services to meet HHs where safe/convenient; engage in ongoing safety planning; clear communication to survivors re: options/processes. Advocate's role is to listen, support, offer options/guidance to enhance safety & overall well-being of entire HH & support autonomy.

c)RRH CMs are trained in TI care & provide intensive services to ensure participants aware of trauma's impact on progress/well being. Once trauma IDed, DV counselor works w/survivor to develop plan to move forward/meet needs. DV counselors work w/survivor to ID trauma supports if desired. CCADV member orgs use curricula from Women's Circle, Beyond Trauma, Seeking Safety & Trauma Recovery Empowerment Model (TREM).

d)DV counselors use empowerment model w/survivors, IDing strengths, resilience & fortitude to create support networks, develop goals & plan for being safe regardless of relationship status. Tools: Lethality Assessment, Danger Assessment & Screening Risk Inventory. Advocates complete strengths-based housing stabilization plans w/HHs focused on specific goals IDed by HH; plan reviewed monthly or more as needed. Use of Critical Time Intervention (CTI) facilitates community integration & continuity of care for HHs.

e)CCADV provides culturally & language-specific services to advocates & community partners on training re: needs of immigrant survivors, deaf/hard of hearing survivors & communities of color. CCADV's Access & Inclusion Task Force developing strategies for reaching underserved communities of colors thru faith community mapping/outreach & training/TA on power/privilege. CCADV will participate in CoC's racial equity framework & data dashboard project & Oct '19

Advancing Equity event.

f)CCADV has formal collaborations w/outside partner agencies to promote community based supportive services, allowing CMs to connect participants w/various counseling & support programs determined by interest & need (BH services, group counseling, etc).

g)CCADV member orgs' Child Advocates meet w/parents re: parenting needs/concerns & assist families w/child care & ed. programming, connect parents w/family resource centers, subsidized day care & transitioning children to new schools. Parents offered clinical resources thru voluntary Child Screen Project; if parent expresses significant concern about DV exposure/impact thru screening process, child advocate & parent work together to ID a plan to secure clinical support services.

1F-4e. Meeting Service Needs of DV Survivors.

Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:

- **Child Custody**
- **Legal Services**
- **Criminal History**
- **Bad Credit History**
- **Education**
- **Job Training**
- **Employment**
- **Physical/Mental Healthcare**
- **Drug and Alcohol Treatment**

- Childcare

(limit 2,000 characters)

CCADV works closely w/Member Orgs to understand/respond to DV victims/HHs' ongoing needs, including safety. All CCADV Advocates trained on safety screening/planning & confidentiality standards. Statewide protocols used to anonymously add DV HHs to CoC's by-name list, allowing for quick access to hsg/services in homeless system while protecting confidentiality/safety.

CCADV's DV agencies provide critical support to victims, including counseling, support groups, emergency shelter, court advocacy, safety planning & lethality assessment, etc. Expertise from CCADV Directors of Health, Law Enforcement, Housing, Diversity, Civil Advocacy & Criminal Advocacy, & direct, frontline staff at Member Orgs ensures HHs have access to internal & community resources, supports & childcare:

-Member Orgs assess all HHs for crisis intervention, safety & basic needs. DV advocates work w/survivors as they process trauma to ID areas of concern (e.g., BH needs/substance use issues) & provide linkages to support services (BH/MH,parenting,childcare)

-DV counselors available in courts to provide criminal justice advocacy/support services for protective orders, temp restraining orders, probation & parole. DV counselors are adept at working w/survivors w/criminal histories, helping them navigate systems, such as employment, hsg & medical, & advocating on their behalf to support increased stability/safety

-To promote economic security, Member Orgs have partnerships to support ongoing ed. needs for survivors. Several orgs offer financial support to survivors to continue education or enter new field of employment. For ex, financial support for: classes in phlebotomy, nursing, dental asst, patient care techs; testing fees; uniforms; materials; out of state license transfers

-CCADV has partnerships/collaborations/MOUs to address gaps for family issues not w/in CCADV's scope of services/requiring addtl expertise. For ex, partnership w/legal aid network secures civil legal services for DV victims

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

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2A-1. HMIS Vendor Identification. Caseworthy

Applicants must review the HMIS software vendor name brought forward from FY 2018 CoC Application and update the information if there was a change.

2A-2. Bed Coverage Rate Using HIC and HMIS Data.

Using 2019 HIC and HMIS data, applicants must report by project type:

Project Type	Total Number of Beds in 2019 HIC	Total Beds Dedicated for DV in 2019 HIC	Total Number of 2019 HIC Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	558	58	450	90.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	195	12	183	100.00%
Rapid Re-Housing (RRH) beds	200	0	200	100.00%
Permanent Supportive Housing (PSH) beds	2,068	14	2,054	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

2A-2a. Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-2.

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-2., applicants must describe:

- 1. steps the CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
 - 2. how the CoC will implement the steps described to increase bed coverage to at least 85 percent.
- (limit 2,000 characters)

n/a

***2A-3. Longitudinal System Analysis (LSA) Submission.**

Applicants must indicate whether the CoC submitted its LSA data to HUD in HDX 2.0. Yes

***2A-4. HIC HDX Submission Date.**

Applicants must enter the date the CoC submitted the 2019 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). 04/30/2019
(mm/dd/yyyy)

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

Instructions:

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2B-1. PIT Count Date. 01/22/2019

Applicants must enter the date the CoC conducted its 2019 PIT count (mm/dd/yyyy).

2B-2. PIT Count Data–HDX Submission Date. 04/30/2019

Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).

2B-3. Sheltered PIT Count–Change in Implementation.

Applicants must describe:

1. any changes in the sheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and

2. how the changes affected the CoC’s sheltered PIT count results; or
3. state “Not Applicable” if there were no changes.

(limit 2,000 characters)

1) The 2019 count methodology was mostly consistent with that for 2018, however, in efforts to improve data quality around counting sheltered chronic, CT Coalition to End Homelessness provided training to each coordinated access network to ensure a standardized process was in place to cross-reference the region’s by name list (BNL) with data from shelters to confirm that those counted as CH were verified as such. Cross referencing information from shelters with the BNL reinforced that those identified on the BNL were still homeless for purposes of reporting on the night of the count. Enhanced data quality increased the CoC’s confidence that those reported as CH were

confirmed and documented as such.
2) This verification contributed to a reduction in the # of sheltered chronic reported.

***2B-4. Sheltered PIT Count–Changes Due to Presidentially-declared Disaster.**

Applicants must select whether the CoC added or removed emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially-declared disaster, resulting in a change to the CoC’s 2019 sheltered PIT count. No

2B-5. Unsheltered PIT Count–Changes in Implementation.

Applicants must describe:
1. any changes in the unsheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and
2. how the changes affected the CoC’s unsheltered PIT count results; or
3. state “Not Applicable” if there were no changes.
(limit 2,000 characters)

- 1)a) The CoC ensured that persons reported as unsheltered in the PIT count were connected w/emergency services if warranted & desired. Thus, the unsheltered count volunteer training improvements resulted in decreased observational surveys w/increased direct engagements.
- b)CT 503 absorbed greater Danbury in 1/19 & to ensure all data reflects the shift to include new jurisdictions, the CoC revised the 2018 PIT HDX submission & broadened 2019 map regions, adding greater Danbury for the 2019 count. The CoC worked to align Danbury’s unsheltered Count methodology w/other CoC regions & enhanced Danbury training efforts: PIT coordinator identified, map regions examined/broadened, trained add'l street outreach volunteers for 100% coverage.
- c)The PIT region includes a bustling commuter rail system en route to NYC. Each train station located in urban centers is highly congested w/commuters thru-out the evening, thus, CT503 changed the PIT count start time (from a 7:00 PM to 9:00 PM) to ensure that most individuals congregating at each hub were there due to lack of sheltering options, not commuting.
- 2)a)Due to training enhancements for volunteers to reduce observational reports, 5 individuals across the PIT region were connected to crisis services on the night of the count & 3 unsheltered individuals entered ES.
- b)CoC had overall increase of unsheltered persons (+6) in 2019 PIT vs. 2018 PIT submitted on 4/30/18. Enhanced outreach training for Danbury region for 2019 PIT may have increased the # unsheltered counted: Danbury region's unsheltered count rose from 10 in 2018 to 29 in 2019. Additionally, as absorption occurred in 1/19, Danbury had not yet aligned w/CoC documentation procedures on self report CH, likely overestimating chronic counts. 2020 PIT training will ensure all regions confirm reported CH HHs w/BNL documentation.

c) Changing count hours benefited volunteer efforts to better ID homeless individuals.

***2B-6. PIT Count–Identifying Youth Experiencing Homelessness.**

Applicants must:

Indicate whether the CoC implemented specific measures to identify youth experiencing homelessness in their 2019 PIT count. Yes

2B-6a. PIT Count–Involving Youth in Implementation.

Applicants must describe how the CoC engaged stakeholders serving youth experiencing homelessness to:

- 1. plan the 2019 PIT count;**
 - 2. select locations where youth experiencing homelessness are most likely to be identified; and**
 - 3. involve youth in counting during the 2019 PIT count.**
- (limit 2,000 characters)**

1) The Youth Engagement Team Initiative (YETI) Workgroup executed the 7-day 2019 Youth Count. Local youth providers & schools joined to plan/execute the count, along w/YETI members from Y-TLC (Youth Action Board), workforce development, faith community, cradle to career, CT Dept of Children & Families, outreach, LGBTQ services, shelters, RHY RRH & TLP, funders & advocates. 6 meetings held b/t 10/18 & 1/19 focused on recruiting/training volunteers (incl. youth/school staff), donations & press coverage. To administer surveys, organizations able to conduct street outreach & position staff in schools were engaged, along with YYA employment programs, substance treatment programs, youth service bureaus, etc.

2)YETI & Y-TLC engaged liaisons, youth services providers & DCF in IDing 100+ locations where homeless YYA congregate (train stations, libraries, soup kitchens, treatment programs, bodegas, 24/7 fast food restaurants, schools, colleges/universities, drop-in centers, local LGBTQ agency, rec centers) to administer surveys. Volunteers posted on social media & posted flyers in high visibility areas to promote “Come & Be Counted” CoC scheduled events (Access Centers, LGBTQIA Support Services, & other regional Y/YA entities) on the final day. Volunteers distributed pizza & basic needs: food, bus tokens, condoms, shampoo, soap, toothbrushes, etc. Stakeholder engagement was especially helpful to better ID/engage subpopulations: pregnant/parenting YYA, LGBTQ, YYA of color, & YYA aging out of foster care.

3) Y-TLC held subcommittee planning meetings every 3 weeks b/t 10/18 & 1/19. Members included 4 youth ages 20-24 w/lived experience of homelessness who IDed hotspots, designed & posted flyers, conducted trainings for volunteers, organized outreach & spoke w/local journalists to increase awareness. CoC engaged many teens & YYAs in the process from high school youth leadership programs & young adult employment support program, many w/personal experiences of homelessness.

2B-7. PIT Count–Improvements to Implementation.

Applicants must describe the CoC’s actions implemented in its 2019 PIT count to better count:

- 1. individuals and families experiencing chronic homelessness;**
- 2. families with children experiencing homelessness; and**
- 3. Veterans experiencing homelessness.**

(limit 2,000 characters)

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

2) In preparations for 2019 count & part of efforts to end family homelessness, CT’s 2017 “no unsheltered families with children” protocol was in effect: if HH w/children IDed as experiencing unsheltered homelessness, outreach ensures immediate safe shelter or hotel if shelter is unavailable. As a result, just 1 adult w/child were counted as unsheltered during PIT 2019 (HH later ID’ed as having car engine issues). 100% of family shelters participated in 2019 count.

3) Information gathered from outreach teams IDed options to engage veterans. 100% of shelters represented in 2019 count & coordination engaged VA for Vet-BNL cross-referencing & to ID hot spots to engage chronically homeless & veterans based on location history. CoC found 1 unsheltered veteran in an IDed hotspot who was triaged for crisis medical services. Appropriate care was delivered to the individual that night & he subsequently entered shelter.

3A. Continuum of Care (CoC) System Performance

Instructions

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*3A-1. First Time Homeless as Reported in HDX.

Applicants must:

Report the Number of First Time Homeless as Reported in HDX.
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1,078

3A-1a. First Time Homeless Risk Factors.

Applicants must:

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

1)Coordinated Access Network (CAN) tiered triage system screens for common, nationally IDed risk factors, including living arrangements before homelessness, head of HH's childhood homeless experience, frequent evictions, children under school age, severe disabilities, out of family Dept of Children & Families (DCF) placement. This data & other demographics (age, gender, HH size, HH member diagnoses, criminal & employment histories) are collected & used to ID/track CoC-specific risk factors in becoming homeless & refine prioritization criteria as more longitudinal data is available. 2)CoC strategies in addressing first time homelessness include:
-Engaged stakeholders (Dept Mental Health & Addiction Services, DCF,

juvenile justice, FQHCs) in assessing current systems serving unstably housed/homeless youth to improve foster care & institutional discharge planning.

-CoC Prevention Advisory Board built partnerships w/fair hsg & legal aid for streamlined referral processes to prevent eviction

-Increased dedicated diversion & mediation services (financial & other) to support HHs return to hsg. Includes providing funds (including ESG) for security deposits, RA, relocation assistance & incentives for family & friends to support HHs in maintaining current hsg. CE staff have increased capacity in diverting HHs from entering the homeless system via financial assistance or conflict mediation. Increased diversion strategies led to diversion rates rising from 24% to 31% for individuals & 67% to 70% for families from 2018 to 2019.

-CE staff trained in conflict resolution & other techniques effective in reconnecting HHs to networks/supports. CoC/CE have strengthened partnerships for streamlined referrals to CoC-wide prevention programs, such as Stable Families Program that provides intensive case management to increase hsg stability/resiliency among Bridgeport public hsg families at imminent risk of eviction.

3)Overseen by Supportive Housing Works' Director of SPM & staff.

***3A-2. Length of Time Homeless as Reported in HDX.**

Applicants must:

Report Average Length of Time Individuals and Persons in Families Remained Homeless as Reported in HDX.	165
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3A-2a. Strategy to Reduce Length of Time Homeless.

Applicants must:

- 1. describe the CoC's strategy to reduce the length of time individuals and persons in families remain homeless;**
 - 2. describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and**
 - 3. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.**
- (limit 2,000 characters)**

1) CoC strategies to reduce length of time homeless (LOTH) include:

-Reorienting shelter staff to provide housing-focused CM thru NAEH Shelter Learning Collaborative (9/19) & increased TA w/shelters

-Expanded diversion & CE system capacity to expedite prioritization & hsg placement, including increasing CE navigation thru CDBG Small Cities funds & increased RA/prevention funds thru ESG to support light touch rapid exit to PH

-Increased case management (CM) continuity by ensuring each HH supported by 1 navigator until diverted or placed into PH - Use street outreach to ID & engage w/HHs w/longest LOTH & update HHs' HMIS & BNL data

-Expanded Progressive Engagement on front end to offer HHs light touch resources that end HL episodes rapidly

-Expanded multidisciplinary, community-wide case conferencing & data sharing thru Hsg Placement & Community Care Teams that include MH & substance

abuse providers, clinicians, hospitals, CMs, housing program staff & other sectors to ensure access to income growth supports & mainstream resources
 -Use expedited documentation process which starts at 1st engagement instead of w/hsg match

-Expanded landlord recruitment to ID more units to quicken placements
 -Prioritized CoC bonus/reallocated funds to add PH: FY17-18, PSH=52 beds, RRH=92 beds, FY19 app=37 RRH beds

2)LOTH system metrics reviewed monthly by System Perf. Adv. Board to monitor & course correct. CoC IDs & houses HHs w/longest LOTH using: HMIS data; VI-SPDAT; community case conferencing w/ reps from homeless, medical, MH, substance use, Depts of Corrections & Education, etc. use interagency releases to share info. Homeless & hsg history collected & standardized to ensure all clients have opportunities to report periods of homelessness not documented in HMIS. Data on total LOTH entered/updated in shared data management system accessible by all community partners to ensure info is complete & quickly updated.

3)Overseen by SHW Dir of System Performance/HF Teams.

***3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX.**

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations as reported in HDX.	57%
2. Report the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	97%

3A-3a. Exits to Permanent Housing Destinations/Retention of Permanent Housing.

Applicants must:

1. describe the CoC’s strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
2. provide the organization name or position title responsible for overseeing the CoC’s strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
3. describe the CoC’s strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations; and
4. provide the organization name or position title responsible for overseeing the CoC’s strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

- 1) All ES/TH/RRH staff trained in HF, Progressive Engagement (PE) approaches, deliver light touch assistance to meet HH's critical needs & resolve hsg crisis. Diversion prior to shelter entry helps ID HH's existing hsg options. 2019 shelter policy states shelter entry ONLY if no other options. CE staff assess HHs prior to entry to start documentation & PH eligibility decisions. Shelter/diversion/navigation staff discuss daily re:high needs HHs. Shelters have 2-night stay "resolution space" for HHs w/children to triage safe shelter alternatives thru mediation/diversion before formal entry. A shelter sub-group convened & recommendations on low barrier, safe housing focused shelter operations now standardized. Rapid exit efforts include RA/security dep/first/last month rent or RRH. CE/shelter staff continue diversion attempts in shelter to expedite PH exits, including mediation, short-term financial asst, funds to reconnect w/support networks or settling arrears. CoC family TH project has short 7-month avg LOS & work w/HH to ID PH exits upon increased income. For RRH HHs, immediate efforts IDed for employment & wage increase to ensure HH can maintain PH. CE/program staff engage landlords to ID affordable hsg units & work w/HH to vet hsg options for sustainability.
- 2) Supportive Housing Works (SHW) Dir. of System Performance
- 3) PH retention assisted using assessment tools & PE implementation to tailor hsg interventions based on continuous client assessment w/intensive resources reserved for highest needs HHs pre/post hsg placement. CTI model for all PH case management (CM) allows seamless service delivery & adjustment to maintain stability. CM re-enrollment process used for unstable clients needing to change program. CoC/CE staff support PH retention thru regional HF Teams, case conferencing, prioritizing hsg referrals & placements, expanding/aligning resources, providing training/TA, providing ongoing CM & referring to community support programs.
- 4) SHW Dir. of Programs

***3A-4. Returns to Homelessness as Reported in HDX.**

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families returning to homelessness over a 6-month period as reported in HDX.	5%
2. Report the percentage of individuals and persons in families returning to homelessness over a 12-month period as reported in HDX.	9%

3A-4a. Returns to Homelessness—CoC Strategy to Reduce Rate.

Applicants must:

1. describe the strategy the CoC has implemented to identify individuals and persons in families who return to homelessness;
2. describe the CoC's strategy to reduce the rate of additional returns to homelessness; and
3. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families return to homelessness.
(limit 2,000 characters)

- 1)CoC strategies to ID HHs returning/at risk of return:
 - Use CE tiered triage system to prioritize diversion/prevention asst for HHs entering CE w/homeless history, as IDed by Case Managers (CMs) using CoC's open/shared HMIS system
 - Implement CTI & Progressive Engagement approaches: CMs conduct ongoing assessments w/clients to better ID HHs in need of more hsg or service support to maintain hsg
 - Use case conferencing at Housing Placement (HP) mtgs to review clients at risk of hsg loss & prioritize those needing more intensive intervention (PSH)
 - Developed form CMs use to inform Housing First (HF) team about HHs at risk of eviction before eviction process initiated so HF team can discuss case & ID options
 - CMs connect w/RRH HHs up to a year post exit & check in w/diverted HHs as possible to ensure continued stability
- 2)CoC strategies to reduce returns:
 - Prioritize expansion of RRH & PSH
 - Diversion: assist HHs in IDing existing hsg options to avoid returns to homelessness; may include mediation &/or limited fin. asst
 - Leverage mainstream resources: assist HHs connect to community/health supports, employment & income sources
 - Hsg-focused CM: help HHs ID strategies to sustain hsg & CMs ID HHs at risk of losing hsg/eviction
 - PH retention: For HHs at risk of losing hsg, HP committees may recommend extending/modifying/intensifying supports (fin. asst &/or services) w/in current program or referral to a higher level of care. RRH HHs can move to PSH if individual has significant impairment to hsg stability & is eligible for PSH. Also, CM re-enrollment process is available for former clients experiencing hsg instability.
 - Eviction prevention: HF teams discuss interventions for HHs IDed as at risk of eviction, including: move HH immediately to avoid eviction costs; re-house to other hsg option/higher level of care; landlord/tenant mediation; arrearage financial asst; RRH extension
- 3)Overseen by Supportive Housing Works Dir. of Programs & HF Teams

***3A-5. Cash Income Changes as Reported in HDX.**

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their employment income from entry to exit as reported in HDX.	12%
2. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their non-employment cash income from entry to exit as reported in HDX.	18%

3A-5a. Increasing Employment Income.

Applicants must:

1. describe the CoC's strategy to increase employment income;
2. describe the CoC's strategy to increase access to employment;
3. describe how the CoC works with mainstream employment

organizations to help individuals and families increase their cash income; and

4. provide the organization name or position title that is responsible for overseeing the CoC’s strategy to increase jobs and income from employment.

(limit 2,000 characters)

1)To increase employment income, CoC:

-Developed MOUs w/WIOA & American Jobs Center (AJC) to expand access to training/job development services & address barriers to employment (lack of work history, criminal background, etc)

-At CE intake, provide training/ed. info & interest/capacity for work is assessed

-Economic Security (ES) workgroup (WG) tracks income growth & training/education connections

-Develops relationships w/workforce dev’t stakeholders to expand access to employment resources & supports -Offers info to providers on job fairs, employment programs/partnerships & community supports (childcare, transportation) to enhance HHs’ ability to gain employment

2)To increase access to employment, CoC:

-Works w/community colleges to connect HL HHs receiving SNAP benefits w/career training programs

-Partners w/Melville Charitable Trust on Secure Jobs Initiative to support work access & income increase for RRH HHs thru childcare & transportation asst

-Implemented Vocational Triage Comm to case conference individual employment barriers

-Worked w/workforce dev’t agencies on strategy to co-enroll HHs in workforce & homeless programs to reduce barriers & service gaps

-Provides support/training to HL providers re: assisting HHs in accessing workforce programs

3)To help HHs increase cash income, CoC works w/:

-The WorkPlace (SW CT Workforce Dev’t Board) for assistance w/training & cert. programs: Platform to Employment, YouthWorks, YouthBuild, Center 180

-WIOA agencies (DSS/DOL) on income/employment resources: JFES, TANF, STRIVE -AJC, One Stop Center & Career Resources (CR) on strategies to improve job training & workforce development access. Co-enrollment strategy resulted in increased access to income initiatives: Maturity Works: 55+, YouthWorks (trains YYA), Supported Employment, BRS disability jobs programs

-WorkPlace, AJC, CR & DOL participate in CoC committees: Secure Jobs Steering Comm, ES WG

4)Overseen by Supportive Housing Works CoC Dir. & ES WG

3A-5b. Increasing Non-employment Cash Income.

Applicants must:

1. describe the CoC's strategy to increase non-employment cash income;

2. describe the CoC's strategy to increase access to non-employment cash sources;

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

1)To increase non-employment income, CoC’s Economic Security (ES) workgroup is charged w/building cross-sector partnerships w/agencies that deliver mainstream programs such as TANF, Medicaid, health care, income

supports, PHA vouchers & other forms of assistance to homeless HHs to improve knowledge of benefits & ability to apply. CE navigators refer clients to trained assisters for SSI/SSDI. CoC requires agencies to have SOAR-certified case managers (CMs) & provides trainings & regular cohort meetings so quality SSI/SSDI applications are submitted for those eligible.

2)To improve access to non-employment income, CoC SOAR Steering Committee (chaired by CT SOAR lead agency) convenes municipal reps, hospitals, clinicians, DSS, legal services & One Stop to create strategies; group IDing private funds to provide staffing & CE support to help clients access benefits programs. CoC Learning Collaboratives highlight existing programs that help low-income HHs access benefits by adjusting benefit levels to account for varying hsg costs. CoC has built cross-sector partnerships w/mainstream resources via ES, Community Care Team & Vocational Triage Team mtgs where housing CMs confer on how to connect clients to various income supports including SSI/SSDI, DSS emergency hsg, Temp Family Assistance, State-Administered Gen Assistance & SNAP. Partners include: Bureau of Rehab Services; CT Depts of Labor, Social Services, Mental Health & Addiction Services; WIOA; One Stop; & Head Start. ES members include leaders from American Jobs Center & The WorkPlace (WIOA), DOL & community action agencies to provide updates on unemployment benefits, TANF, JFES, fuel assistance, etc. DSS, Jobs First, TANF, Legal Aid staff sit on numerous CoC committees, assist w/referrals, applications, child support & regular updates on resources targeted to low-income & homeless childless adults, families & youth transitioning from foster care.

3)Overseen by Supportive Housing Works CoC Director & ES

3A-5c. Increasing Employment. Attachment Required.

Applicants must describe how the CoC:

1. promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and

2. is working with public and private organizations to provide meaningful, education and training, on-the-job training, internship, and employment opportunities for residents of permanent supportive housing that further their recovery and well-being.

(limit 2,000 characters)

1)CoC endeavors to strengthen partnerships to reduce employment barriers such as lack of experience & education, low occupational skills &/or literacy, disability & ex-offender status. CoC routinely works w/close partners, such as community colleges & anchor institutions to coordinate events that engage job seekers & employers. CoC/Corp for Supportive Housing partnering on quarterly Housing Learning Collaborative Employment Engagement Series (most recent 9/19), a person-centered readiness workshop on supporting residents w/pre-employment services to address barriers & strengthen practical skills for job search & to build confidence for individuals to volunteer/return to school. CoC partners w/: Career Resources (CR)/WorkPlace on semi-annual job fairs & annual summer youth job fair (ages 16-24); Housatonic Community College on annual spring job fair for employment & internship positions; Goodwill Industries on quarterly "GetHiredCT" fairs. Providers assist clients in follow up w/employers & organizations that individuals connect to via these networking

events.

2)Partnerships in place w/WIOA, Goodwill, Kennedy Center & others facilitated connection for PSH clients w/Veteran Step Up hiring incentive programs, Health Career Academy, Environmental Training. Numerous partnerships exist to support persons w/disabilities seeking employment such as DOL's Office of Disability Employment Policy's Job Accommodation Network program. Goodwill & CR also provide PSH residents w/workshops on resume polishing, submitting applications online & developing an elevator speech, etc. Providers partner w:/ Melville Charitable on Employment & Educational Opportunity Fund to cover individual employment, educational & training expenses; Bank of America on workforce development & education grants to connect PSH HHs w/tools to build economic mobility, increase education & workforce opportunities, & specifically for low-income YA to build skills, work experience & access apprenticeships.

3A-5d. Promoting Employment, Volunteerism, and Community Service.

Applicants must select all the steps the CoC has taken to promote employment, volunteerism and community service among people experiencing homelessness in the CoC's geographic area:

1. The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	<input type="checkbox"/>
2. The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery).	<input type="checkbox"/>
3. The CoC trains provider organization staff on connecting program participants with formal employment opportunities.	<input type="checkbox"/>
4. The CoC trains provider organization staff on volunteer opportunities for program participants and people experiencing homelessness.	<input type="checkbox"/>
5. The CoC works with organizations to create volunteer opportunities for program participants.	<input type="checkbox"/>
6. The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	<input type="checkbox"/>
7. Provider organizations within the CoC have incentives for employment.	<input type="checkbox"/>
8. The CoC trains provider organization staff on helping program participants budget and maximize their income to maintain stability in permanent housing.	<input type="checkbox"/>

3A-6. System Performance Measures Data–HDX Submission Date 05/30/2019

Applicants must enter the date the CoCs submitted its FY 2018 System Performance Measures data in HDX. (mm/dd/yyyy)

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

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3B-1. Prioritizing Households with Children.

Applicants must check each factor the CoC currently uses to prioritize households with children for assistance during FY 2019.

1. History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
2. Number of previous homeless episodes	<input checked="" type="checkbox"/>
3. Unsheltered homelessness	<input checked="" type="checkbox"/>
4. Criminal History	<input checked="" type="checkbox"/>
5. Bad credit or rental history	<input checked="" type="checkbox"/>
6. Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

3B-1a. Rapid Rehousing of Families with Children.

Applicants must:

1. describe how the CoC currently rehouses every household of families with children within 30 days of becoming homeless that addresses both housing and service needs;

2. describe how the CoC addresses both housing and service needs to ensure families with children successfully maintain their housing once

assistance ends; and

3. provide the organization name or position title responsible for overseeing the CoC’s strategy to rapidly rehouse families with children within 30 days of them becoming homeless. (limit 2,000 characters)

1)CoC’s systemwide approaches focused on exiting families to permanent hsg (PH) in 30 days:

-Shelter diversion: CE front door strategies divert families. Family diversion fund includes lmtd assistance to avoid shelter entry/quickly rehouse. Literally homeless families w/o diversion plan eligible for immediate entry to crisis/triage space for up to 2 nights to self resolve/avoid formal shelter entry if possible.

-Rapid exits funds used to shorten shelter stays/secure PH: RA, security deposits, 1st month rent, utility arrearages, moving costs, storage fees, travel costs to reconnect w/remote support networks

-Shorten hsg placement: Expedited documentation process to access hsg/services/other resources quickly. Shared hsg intake questionnaire used to match interested HHs. CE trained ES/RRH/PSH staff on HF/CE referral processes to shorten access to PH resources. PH CTI model connecting HH w/CM at front end reduced time b/t intake & housed. Project timing tracked thru RRH dashboard providing real-time CoC provider-level data on LOTH.

-Connect to services: navigators use motivational interviewing w/HHs on unique hsg plans w/stability supports (employment & parenting programs, community resources)

2)CoC uses F-SPDAT to assess need & BNL weekly Family Hsg Solutions mtgs prioritize HHs based on hsg & service needs. For RRH HHs, multidisciplinary mtg held w/CM, secure jobs team & hsg coordinator to ensure hsg sustainability & access to supports, including mainstream benefits/services, home/school connection, home visiting & employment programs. CMs monitor hsg stability related risks & mediate conflicts w/landlords to assist those at risk of return. CoC’s progressive engagement implementation critical in ongoing assessment & tailoring of services to meet HH needs & determining when HH able to successfully exit. CMs connect w/RRH HHs up to a year post exit; HHs struggling to maintain PH IDed for cont’d assistance.

3)Supportive Housing Works Dir. of Programs & HF Teams

3B-1b. Antidiscrimination Policies.

Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent housing (PSH and RRH)) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on any protected classes under the Fair Housing Act, and consistent with 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or - Insured Housing.

1. CoC conducts mandatory training for all CoC- and ESG-funded housing and services providers on these topics.	<input checked="" type="checkbox"/>
2. CoC conducts optional training for all CoC- and ESG-funded housing and service providers on these topics.	<input checked="" type="checkbox"/>

3. CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	<input type="checkbox"/>
4. CoC has worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within the CoC geographic area that might be out of compliance and has taken steps to work directly with those facilities to come into compliance.	<input checked="" type="checkbox"/>

3B-1c. Unaccompanied Youth Experiencing Homelessness–Addressing Needs.

Applicants must indicate whether the CoC’s strategy to address the unique needs of unaccompanied youth experiencing homelessness who are 24 years of age and younger includes the following:

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

3B-1c.1. Unaccompanied Youth Experiencing Homelessness–Prioritization Based on Needs.

Applicants must check all that apply that describes the CoC’s current strategy to prioritize unaccompanied youth based on their needs.

1. History of, or Vulnerability to, Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
2. Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
3. Unsheltered Homelessness	<input checked="" type="checkbox"/>
4. Criminal History	<input checked="" type="checkbox"/>
5. Bad Credit or Rental History	<input checked="" type="checkbox"/>

3B-1d. Youth Experiencing Homelessness–Housing and Services Strategies.

Applicants must describe how the CoC increased availability of housing and services for:

- 1. all youth experiencing homelessness, including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive; and**
- 2. youth experiencing unsheltered homelessness including creating new**

**youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive.
(limit 3,000 characters)**

1)CT-503 partnered w/CT Reaching Home Campaign’s statewide Youth/Young Adult (YYA) workgroup (WG) members, as well as the CoC’s YAB, Coordinated Access Network (CAN) staff & Youth Engagement Teams Initiatives (YETI), to predict how much/what type of hsg intervention & services best meet the needs of YYA experiencing homelessness. ODFC identified need for: add’l youth-centric, low-barrier crisis beds; RRH models w/youth-centered intensive case management; additional Tenant-Based Vouchers used as move-on vouchers; hsg coordinators w/strong network of affordable hsg landlords. Informed by this info, CoC partnered w/CT Dept of Mental Health & Addiction Services (DMHAS) & Dept of Hsg (DOH) to increase YYA housing/services, including:

-DOH & DMHAS funded capital development operating & services for new non-time-limited supportive hsg projects for YYA; ACS-YMCA (CoC grantee) awarded 11 YYA units (2018), leasing up in 2020.

-Greater BPT Area Prevention added 8 new units (2018) thru HHS TLP & fills vacancies via CE shelter waitlist, BNL & hsg placement process.

-DOH (CT’s PHA) created HCV preference (2018) for YYA families to move-on from PSH.

-DOH received 89 FUP (2019) vouchers for TAY to lease market units (7 YYA families transitioned from TLP to PH 2019). Norwalk HA (19) & Danbury HA (22) received FUP vouchers to serve families/YYA, w/parenting YYA prioritized (CoC & PHAs partnered on applications).

-YYA WG, DCF, DMHAS & RHY strategized on coordination of YYA resources & drafted new Progressive Engagement protocol, implemented 7/19, re: effective use of existing/new YYA hsg resources

-CoC added new PH units for YYA in FY17 & FY18 thru bonus & FY17 PSH project reallocations

-CoC conducted 100 Day Youth Challenge to ID & house YYA & increase connections to employment

-CoC awarded Round 3 YHDP

2)CoC increased hsg & services for unsheltered youth thru the following:

-Portion of DOH’s HUD CDBG-Small Cities prioritized for unsheltered YYA navigation for diversion, mediation & assistance to remove barriers to PH

-DOH funded renovations of CoC shelters to accommodate YYA & transgender HHs; CoC YYA shelter prioritization protocol ensures that unsheltered YYA access these beds

-2 CoC agencies purchased a mobile YYA outreach van thru a \$100k philanthropic grant; Small Cities funding provides mobile staff. To engage YYA & provide services to disconnected YYA where they’re found, MOUs estbl’d w/community providers: FQHC, LGBTQ Center, CE staff, homeless outreach, peer recovery specialists, employment support & others. Outreach provides: basic need items; CE/211 resources on human trafficking, suicide & DV prevention; access to shower/laundry; connection to homeless outreach workers & HIV/STD/pregnancy/parenting resources; etc. Mobile resource able to connect w/100+ homeless/unstably housed YYA annually. Literally homeless YYA will be engaged for CE assessment & inclusion on BNL. CoC’s YAB collaborated on all planning efforts/decisions.

3B-1d.1. Youth Experiencing Homelessness–Measuring Effectiveness of Housing and Services Strategies.

Applicants must:

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

1)Evidence CoC uses to measure strategies/activities are:

- CoC uses Abt Associates needs assessment tool that factors in annual inflow of homeless youth/young adults (YYA), unit turnover & CAN/HMIS-based assumptions on % of need for each housing/service intervention & avg length of time in each intervention.
- HIC: Used to assess how many units/beds dedicated to serving YYA for each project type (ES, TH, RRH, PSH) are in/being added to the CoC’s inventory
- Coordinated Access Network (CAN)/BNL data: used to assess ongoing need & demand for existing units/beds by project type, along w/turnover, YYA interest in housing types offered & length of time for placement. For mobile outreach, CAN data used on # YYA engaged thru outreach & added to BNL. CAN shelter waitlist data informs use of shelter beds for YYA, length of stay & connections to hsg programs. CAN data used for assessing diversion activities.
- HMIS data: Used to assess project & system performance
- Youth Count: Used as baseline # of homeless YYA, informs YYA hsg/service needs & mobile outreach services needed
- Youth input: Y-TLC IDs system gaps from youth perspective, such as need for enhanced training.

2)Measures the CoC uses to assess effectiveness include:

- CAN/BNL dashboards used to monitor/analyze data on # YYA IDed weekly & added to shelter waitlist, YYA diversion rate, YYA placements & # of days from CAN assessment to date housed.
- For hsg projects, HMIS data/dashboards used to measure: avg length of stay; # & % of YYA w/sources of income, increases in income, exiting to PH destinations, returning to homelessness, connected to benefits/health insurance, & w/health conditions pre-, during & post-enrollment.
- For mobile outreach van, CoC’s Youth Engagement Team Initiative (YETI) & Y-TLC (Youth Action Board) use HMIS/CAN/BNL & outreach team data to measure the # of engagements w/YYA, demand for services, # & % of YYA engaged, determined to be homeless, added to BNL, & housed.
- On a monthly basis, YETI monitors progress on access to hsg & services using youth input & HMIS/CAN/BNL data, including vacancies for YYA in existing projects & new inventory resources. YETI utilizes Youth Count data as a baseline to demonstrate the scope of YYA entries/ exits & depth of ongoing need.

3)CoC has effectively used data-driven approach w/community input to reduce homelessness among other subpops & has seen progress in addressing YYA system gaps, enhancing entry/exit tracking & increasing knowledge of YYA needs. Results: 2019 decline in unsheltered YYA homelessness & improved prioritization of vulnerable non-divertable YYA for immediate service connections/hsg interventions, many w/in 30 days. CoC’s YETI & Y-TLC will continue to monitor progress & ID best practices through YYA focus groups, policy/intake review & TA to YYA agencies. CoC has better awareness that

YYA resources are most effective when low-barrier, developmentally appropriate, trauma-informed & informed by youth voice.

3B-1e. Collaboration–Education Services.

Applicants must describe:

- 1. the formal partnerships with:**
 - a. youth education providers;**
 - b. McKinney-Vento LEA or SEA; and**
 - c. school districts; and**
- 2. how the CoC collaborates with:**
 - a. youth education providers;**
 - b. McKinney-Vento Local LEA or SEA; and**
 - c. school districts.**

(limit 2,000 characters)

1.a)CoC has MOUs to facilitate ed. services for homeless (HL) children/youth & ensure flexibility on req'ts when possible: Office of Early Childhood (OEC); CT Birth to 3; 2 local Community Colleges (Housatonic & Norwalk). CoC agencies have formal partnerships w/youth ed providers: Domus, Council of Churches, Kids in Crisis, Inspirica, Family & Children’s Agency, Homes w/Hope, Alpha-Y.

b) DoE (SEA) is contracted to perform school outreach for annual Youth Count. Louis Tallarita (DoE), member of CoC YETI, provides connection to McKinney-Vento Liaisons & regional foster care to ID HL youth & provides CoC w/toolkits, resources & updates. OEC provides coordination for developmental supports for HL children under IDEA/PartC, Head Start & school readiness services as appropriate.

c) CoC has MOU w/Bridgeport school district. All CoC & ESG funded family providers have formal agreements/work w/Boards of Ed & DCF to coordinate child/youth safety, care & education.

2a) Early intervention efforts in place w/local Head Start to coordinate preschool & guide referrals for HL services; providers connect HHs to parent ed, home visiting & CT Birth to 3.

b) CoC coordinates w/LEA’s/SEA as follows: Cooperative Educational Services (Fairfield County’s Regional Education Service Center) supported CoC to assist/develop/strengthen relationships w/LEAs. Liaisons attend YETI meetings, support Youth Count, invite w/YAB for in school presentations on reducing stigma of homelessness & IDing signs.

c) Partnership w/CT Center for Child Advocacy & DCF supports CoC efforts to engage school personnel in IDing HL youth & ensuring youth/families understand educational rights. CoC project staff work w/local school counselors to reduce truancy & link w/school staff, faculty & liaisons on educational resources available to support transitioning HL students. DoE ensures liaisons provided w/training, resources & info needed to support transitioning families.

3B-1e.1. Informing Individuals and Families Experiencing Homeless about Education Services Eligibility.

Applicants must describe policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility

**for education services.
(limit 2,000 characters)**

To protect educational rights & protections for children & youth 18-24 experiencing homelessness, CT schools are required to designate a homeless liaison to ensure the identification, school enrollment, attendance & opportunities for academic success of students in homeless situations. To ensure that any child or youth w/o a fixed, regular, adequate place to sleep at night receives their entitled educational services & to ensure adherence, the CoC adopted "CT 503 CoC Educational Responsibilities" in April 2017. The policy requires that recipients & sub-recipients of CoC & ESG funds serving families w/children and/or youth 18-24 perform the following: 1) inform families re: their rights 2) advocate for students to remain in their school of origin if desired 3) help students & families receive the help they need to receive education services. The CoC policy establishes that HHs losing housing in 14 days w/no subsequent resources qualify as homeless & meet criteria to obtain assistance. Those serving families & unaccompanied youth must have designated staff to ensure school enrollment & must be IDed as contact to Board of Ed & McKinney-Vento education services. All programs must comply w/McKinney-Vento, IDEA, Title IX for provision of education for homeless HHs. CoC providers furnish info re: education & service eligibility & CoC holds trainings for CoC & ESG grantees to better identify & align resources. CoC agencies work with School Liaisons, local LGBTQIA advocates & regional foster care agencies to identify homeless children & youth, inform them of their rights & connect them w/services. All agencies serving the homeless (including those not receiving CoC & ESG funds) work w/DCF to coordinate re: child & youth safety, care & education. Early intervention efforts are also in place w/local Head Start to coordinate pre-school & guide referrals for homeless services & providers connect HH to parent education, home visiting & CT Birth to Three as appropriate.

3B-1e.2. Written/Formal Agreements or Partnerships with Early Childhood Services Providers.

Applicant must indicate whether the CoC has an MOU/MOA or other types of agreements with listed providers of early childhood services and supports and may add other providers not listed.

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

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3B-2. Active List of Veterans Experiencing Homelessness.

Applicant must indicate whether the CoC uses an active list or by-name list to identify all veterans experiencing homelessness in the CoC. Yes

3B-2a. VA Coordination–Ending Veterans Homelessness.

Applicants must indicate whether the CoC is actively working with the U.S. Department of Veterans Affairs (VA) and VA-funded programs to achieve the benchmarks and criteria for ending veteran homelessness. Yes

3B-2b. Housing First for Veterans.

Applicants must indicate whether the CoC has sufficient resources to ensure each veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach. Yes

3B-3. Racial Disparity Assessment. Attachment Required.

Applicants must:
 1. select all that apply to indicate the findings from the CoC’s Racial Disparity Assessment; or
 2. select 7 if the CoC did not conduct a Racial Disparity Assessment.

1. People of different races or ethnicities are more likely to receive homeless assistance.	<input checked="" type="checkbox"/>
2. People of different races or ethnicities are less likely to receive homeless assistance.	<input checked="" type="checkbox"/>
3. People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	<input checked="" type="checkbox"/>
4. People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	<input type="checkbox"/>
5. There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>
6. The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	<input checked="" type="checkbox"/>
7. The CoC did not conduct a racial disparity assessment.	<input type="checkbox"/>

3B-3a. Addressing Racial Disparities.

Applicants must select all that apply to indicate the CoC’s strategy to

address any racial disparities identified in its Racial Disparities Assessment:

1. The CoC is ensuring that staff at the project level are representative of the persons accessing homeless services in the CoC.	<input checked="" type="checkbox"/>
2. The CoC has identified the cause(s) of racial disparities in their homeless system.	<input type="checkbox"/>
3. The CoC has identified strategies to reduce disparities in their homeless system.	<input checked="" type="checkbox"/>
4. The CoC has implemented strategies to reduce disparities in their homeless system.	<input checked="" type="checkbox"/>
5. The CoC has identified resources available to reduce disparities in their homeless system.	<input checked="" type="checkbox"/>
6: The CoC did not conduct a racial disparity assessment.	<input type="checkbox"/>

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

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

Resources:

The FY 2019 CoC Application Detailed Instruction can be found at:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

The FY 2019 CoC Program Competition Notice of Funding Availability at:

<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices>

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

4A-1. Healthcare—Enrollment/Effective Utilization

Applicants must indicate, for each type of healthcare listed below, whether the CoC assists persons experiencing homelessness with enrolling in health insurance and effectively utilizing Medicaid and other benefits.

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

4A-1a. Mainstream Benefits.

Applicants must:

- 1. describe how the CoC systematically keeps program staff up to date regarding mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within the geographic area;**
- 2. describe how the CoC disseminates the availability of mainstream resources and other assistance information to projects and how often;**
- 3. describe how the CoC works with projects to collaborate with healthcare organizations to assist program participants with enrolling in**

health insurance;

4. describe how the CoC provides assistance with the effective utilization of Medicaid and other benefits; and

5. provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy for mainstream benefits. (limit 2,000 characters)

1)Economic Security Workgroup (ES) oversees access to mainstream resources, builds partnerships w/agencies that deliver mainstream programs (TANF, Medicaid, health care, income supports, PHA vouchers) & provides info to CoC projects on benefit/income initiatives. SOAR Steering Committee monitors CoC required CM SOAR certification & tracks applications thru SAMHSA online platform (OATS). Updates on mainstream resources is standing agenda item at vocational triage meetings. FQHC CEO is on CoC board & provides resource updates.

2)Info shared thru ES monthly mtgs & quarterly learning events, which include updates on mainstream resources, SOAR & CoC connection to DSS on expediting SSI/SSDI applications. Vocational Triage Team mtg. shares updates monthly on SNAP, TANF, Medicaid/HUSKY. CoC regularly partners w/community colleges on employment, training, education resources & SNAP intake for eligible students.

3)CT is Medicaid expansion state (Access Health CT). CoC requires 100% projects to connect residents w/Medicaid & HUSKY. CoC projects partner w/assisters, hospitals, FQHCs on info sessions & efforts to connect homeless HHs where they congregate.

4)Hospital & provider sponsored enrollment fairs & are held at PSH projects, ES, food pantries/soup kitchens & hospitals (Danbury, Norwalk, St Vincent’s Med Center) supported by trained assisters who facilitate insurance enrollments. During intake CE staff discuss health insurance status & make referrals to CoC partners ensuring all are enrolled in mainstream benefits determined by eligibility. In addition to the positive outcomes for previously uninsured individuals who now have access to visiting nurse & other services to assist in medication management compliance resulting in increased residential stability, efforts of CoC partners such as SWCHC, resulted in enrollments for 1,618 unduplicated homeless clients in 2017 of which 56% are on Medicaid & 1,595 in 2018 of which 57% are on Medicaid.

5)Overseen by CoC Director

4A-2. Lowering Barriers to Entry Data:

Applicants must report:

1. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition.	32
2. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	32
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

4A-3. Street Outreach.

Applicants must:

- 1. describe the CoC’s street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;**
- 2. state whether the CoC’s Street Outreach covers 100 percent of the CoC’s geographic area;**
- 3. describe how often the CoC conducts street outreach; and**
- 4. describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)**

1)CoC PATH, homeless outreach teams & mobile van (youth) staff conduct street outreach & engagement using trained staff w/expertise in engagement, cultural competency, hsg, substance use, MH & vocational services. Teams work w/community partners to deliver short-term case management, conflict resolution & mediation, & connection to the CE system (CAN) for mainstream services, assessment & hsg placement prioritization as appropriate. Routine collaboration w/hospitals & Community Care Teams track high utilizers & establish history on debilitating conditions for HHs encountered during outreach. HHs encountered are recorded in HMIS for tracking.

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

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

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

4A-4. RRH Beds as Reported in HIC.

Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2018 and 2019.

	2018	2019	Difference
RRH beds available to serve all populations in the HIC	272	200	-72

4A-5. Rehabilitation/Construction Costs–New No

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Projects.

Applicants must indicate whether any new project application the CoC ranked and submitted in its CoC Priority Listing in the FY 2019 CoC Program Competition is requesting \$200,000 or more in funding for housing rehabilitation or new construction.

4A-6. Projects Serving Homeless under Other Federal Statutes. No

Applicants must indicate whether the CoC is requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other federal statutes.