

opening FAIRFIELD COUNTY doors

Funding Announcement

Date of RFP Release: **8/8/18** Deadline for Submission: **8/14/18**

All inquiries and applications to: Pam Ralston pralston@cceh.org

This Preliminary Application has been released by **Opening Doors of Fairfield County (ODFC)/CT-503** to solicit proposals for the provision of a new Permanent Supportive Housing (PSH) project for the following sub-population: **single adults**.

I. Funding Announcement:

- ODFC/CT-503 seeks a sub-recipient applicant to assume operations of an existing PSH project, located in Bridgeport, CT. Organization must be located within the ODFC/CT 503 jurisdiction and must operate this project that currently serves 16 households in the Bridgeport area. CT 503 jurisdiction includes: Bridgeport, Brookfield, Darien, Easton, Fairfield, Greenwich, Monroe, Newtown, New Canaan, New Fairfield, Norwalk, Redding, Ridgefield, Sherman, Stamford, Stratford, Trumbull, Weston, Westport and Wilton.
- Funds for this opportunity have been sourced through a voluntary reallocation by an existing HUD-CoC grantee. The project has been operating in good standing since 1997. The CT Department of Housing has agreed to sponsor this project as HUD grantee.

A. Background:

- ODFC competes annually with other communities nationally to secure federal funds through the U.S. Department of Housing and Urban Development's (HUD) Continuum of Care (CoC) program in efforts to end homelessness.
- HUD's policy and program priorities focus resources to: 1) End homelessness for all persons; 2) Create a systemic response to homelessness; 3) Strategically allocate and use resources; and 4) Use a Housing First approach. All applicants are encouraged to read the Federal FY2018 CoC Program NOFA available online at <https://www.hudexchange.info/resources/documents/FY-2018-CoC-Program-Competition-NOFA.pdf>
- ODFC has prioritized all CoC permanent supportive housing projects to serve the most vulnerable as assessed by the VI-SPDAT, the CoC's common assessment tool, and length of time homeless. All PSH beds are dedicated to serve individuals experiencing chronic homelessness, and such households are **prioritized for permanent supportive housing (PSH) by the FC-CAN**. (Chronic homelessness is defined in an appendix to this document.)

- The budget proposed for this project is: **\$176,032.00**. Funding is limited to: rental assistance, supportive services and administrative costs. This project currently serves 16 single households in a congregate setting. The configuration is as follows:
 - **Project is considered a 1 unit with four bedrooms**
 - **6 units with two bedrooms**
- **scattered site project, however, all 7 units are located in the same building**

II. Purpose and Goal of the ODFC Permanent Housing Rental Assistance and Service Project

A. Prioritization

Participants in all ODFC/CT-503 HUD funded projects will be identified and prioritized by the use of the region's common assessment tool, the VI-SPDAT, and through the By Name List (BNL) maintained by the Fairfield County Coordinated Access Network (FC-CAN). The FC-CAN Housing Matching/Placements committees will take into consideration a variety of factors when determining what housing and assistance might best allow a household to maintain stable housing, such as the following:

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

B. Permanent Supportive Housing (PSH)

- Project Description:
The ODFC PSH project will provide rental assistance and use a combination of housing location (as appropriate) and stabilization services to help households who are experiencing chronic homelessness move as quickly as possible into permanent housing to achieve housing stability. A goal for ODFC's PSH project is for households to exit shelter or the streets and enter permanent housing within 30 days applying a Critical Time Intervention approach (detailed later in this RFP).

- Eligible Program Participants:
 - Eligible participants are chronically homeless households as currently defined by HUD:
A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:
 - i. Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - ii. Has been homeless and living as described in paragraph (a)(i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (a)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility;
 - iii. An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering the facility;
 - iv. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b), including a family whose composition has fluctuated while the head of household has been homeless.

- Target Population:
 - The project currently serves 16 households in a congregate setting permanent supportive housing project. The CoC envisions that the applicant will serve at least the current number of residents.
 - The applicant must agree to serve chronically homeless households in accordance to the order of priority established by Notice CPD-16-11: <https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>

- All participants will be identified and prioritized by the use of the region’s common assessment tool, the VI-SPDAT, HUD orders of priority and through the By Name List (BNL) maintained by the FC-CAN and any other FC-CAN applicable criteria. Households will be case conferenced and referred via regional Housing Placement meetings which occur bi-weekly in each of the ODFC sub-regions across the FC-CAN.
- Persons in transitional housing **are not eligible**, even if they met the criteria described above prior to entering the transitional housing program.

C. Case Management Services

Staffing and Service Expectations:

The contractor must provide a minimum level of staffing and service activities to ensure that this ODFC permanent housing project is implemented appropriately. Funds will be apportioned in a manner that will maximize the use of resources to serve as many households as possible. Leveraged services and resources from activities already in place via other funds or staff in place within an organization will be considered during scoring of proposals.

Support Services Model for Implementation:

Providers are expected to implement and deliver services under a Progressive Engagement strategy to help households end their homelessness as rapidly as possible, despite barriers, with minimal financial and support resources. More information on Progressive Engagement can be found [here](#).

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

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

D. Rental Assistance

- Rental assistance programs may be tenant-based (TBRA) or project-based (PBRA). Rental assistance may be used for units owned by the applicant organization. These must be units newly designated to serve homeless people and ready for

occupancy immediately upon the award of funds, approximately September 2019, to ensure that existing residents do not return to homelessness.

- Rental assistance is to be considered long-term (for more than 12 months). Recipients must serve a minimum of the number of program participants identified in the funding application to HUD.

III. Applicants

ODFC is seeking proposals from eligible 501(c)(3) nonprofit organizations to provide permanent housing and stabilization services, as necessary, to assist single adult households who are living in shelters or in places not meant for human habitation (for example, living on the street or in a car) to move as quickly as possible into permanent housing with the goal of achieving housing stability. Case management services will be provided onsite and as appropriate for the unique assessed needs of each individual.

Minimum Qualifications of Applicants:

To be considered as an applicant under this contract, respondents must have the following minimum qualifications:

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

- i. Non-CoC providers are encouraged to apply to participate in new funding.

IV. Project Requirements

- ***Sustainability Coordination and Case Management Services.*** The applicant is expected to provide housing sustainability support. Sustainability coordination services will include assistance in increasing income through work or benefits or both, access to other long-term housing subsidies and other opportunities, establishing and/or expanding family and community supports, and assistance in increasing access to mainstream services.
- ***Adherence to CT-503 Housing First Principles:*** It is expected that services will be provided in accordance to the CT-503 Housing First Principles (provided as an Appendix to this RFP).
- ***Program management/quality assurance oversight.*** It is expected that this role will be implemented within the staffing structure and is a requirement under this funding.

V. Funding

ODFC will submit this application as a new project through the annual HUD CoC NOFA to ensure the existing project is renewed under a newly identified grantee. ODFC will make efforts to look for opportunities to maximize the available budget of this project by increasing the total number of households served and ensure that resources are allocated efficiently toward an increased number of units if advisable.

If applicants seek funding to expand an existing project the applicant should complete the relevant section of this application (this includes applicants who have not been funded via CoC funds previously). Applications for expansion can be submitted regardless of whether or not the applicant has an existing CoC renewal project, so this does not preclude applicants who have not been previously funded by the CoC from applying.

- Eligible activities/projects for the Funds:
 - The project must be Permanent Supportive Housing
 - Applicants can request funds for:
 - PSH: Rental assistance (tenant-based, project-based), supportive services, admin
 - PSH funds must be dedicated to serving chronically homeless individuals experiencing chronic homelessness, as defined in the appendix of this RFP.

**APPLICATION For:
FY 2018 ODFC Housing and Services Program**

- **Please address all items in the Application**
- **A responsive proposal must describe** how the respondent will operate this project to maintain the housing of current residents.
- **Response will also address how the applicant will collaborate with ODFC and** community partners to perform the activities required by this RFP.

1) Agency Name.

Contact Information:

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

2) Regional Catchment Area. The project is located in the greater Bridgeport catchment area and will continue to operate in that area.

3) Target Population. Project must continue to serve 100% chronic, single adults.

4) Service Delivery Plan. Describe in detail the activities that will be provided under the proposed program. This should include: a description of services to be provided, collaborations in providing services, the number of households you intend to serve if greater than 16, client-to-staff ratio and other relevant details about program implementation.

5) Service Capacity. Describe your agency's capacity to carry out the services described. In particular include: an assurance that services will be available no later than September 1, 2019 and the experience of the applicant and partners over the past three (3) years in the specified sub-region, emphasizing experience with 1) housing relocation and stabilization services and 2) community collaboration specific to housing and/or homelessness. Include the current number of clients served, client-to-staff ratio, funding source(s), and successes. Include a summary of how your organization participates in the FC-CAN.

6) References. Provide three (3) specific programmatic references for the applicant

7) Data Collection. Applicants are required to participate in CT HMIS – does your organization currently participate?

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

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

9) Provide details for budget below related to this project.

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

10) If this is an expansion project, please indicate:

- a. Is this project seeking expansion funds to replace other funding sources?
 YES No (Note: use of expansion funds to replace other renewable sources is not permitted)

- b. **Component Type of the existing and expansion projects must be permanent supportive housing (component types must be identical.**

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

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

INSTRUCTIONS FOR APPLICATION SUBMISSION:

Proposal Timeline:

RFP Release	August 8, 2018
Deadline for responses/applications	August 14, 2018 at 3:00 PM

All applications must be submitted in Word format to:

openingdoorsoffairfieldcounty@gmail.com

Attention: Pamela Ralston

CT 503 PH and Services RFP Appendix:

Adoption of HUD Notice CPD 16-11

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

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

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

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

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

Accepting Referrals through a Single Prioritized List for PSH

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

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

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

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

- People who meet the HUD definition of chronic homelessness and have a VISPDAT 2.0 score of at least 8 for individuals, a Family VISPDAT 2.0 score of at least 9 for families, or a Next Steps score of at least 8 for homeless youth. Housing Placement Teams will determine prioritization within this category based on the VISPDAT score, the length of history of homelessness, and other knowledge of the individual or family that may help measure severity of service needs.
- Applicants will be prioritized based on VI SPDAT score and a consensus of severity of service needs from the local Housing Placement Committee. For example, applicants with a higher VI SPDAT score will be prioritized over other applicants with a lower VI SPDAT score.
- Exceptions to the specified order must be approved by consensus at the FC-CAN Housing Placement Committee. For example, an exception might be made by the Housing Placement Committee to prioritize an individual who has been living in an unsheltered location for 14 months and has a VI SPDAT 2.0 score of 17 over an individual who has been living in shelter for 15 months and has a VISPDAT 2.0 score of 13. When the Housing Placement Committee feels that the VISPDAT 2.0 or Next Step score does not reflect the individual's true service needs, a full SPDAT may be requested or required by the FC-CAN Housing Placement Committee before matching the homeless individual to a PSH program. For example, it may be helpful to conduct a full SPDAT when someone has 22 months of homelessness but has scored a 2 on the VISPDAT. When there is no consensus in the Housing Placement Committee for an exception, approval should be sought by the HUD grantee and/or funder of the program with the opening. CAN Housing Placement Committees should document all decisions, including the rationale for any exceptions to prioritization in meeting notes.

Recipients must follow the order of priority while also considering any target populations served by the project as identified in the project application submitted to HUD. For example, a CoC Program-funded PSH project that targets homeless persons with a serious

mental illness should follow the order of priority to the extent to which persons with serious mental illness meet the criteria. In this example, if there were no persons with a serious mental illness that also met the criteria of chronically homeless, the recipient should follow the order of priority for PSH when no chronically homeless person exists on the By-Name List (see below).

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

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

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

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

When no chronically homeless person or no chronically homeless person who meets a project's HUD-approved target population criteria (e.g. families with children, youth under 25, veterans, domestic violence, mental illness, substance abuse, or HIV/AIDS) exists on the *Statewide By-Name List* that is maintained by the FC-CAN, and monitored by CT DOH and should be filtered to FC-CAN for prioritization decisions, FC-CAN and recipients of CoC Program-funded PSH are required to follow the order of priority below when selecting participants. CT DOH will continue to work with FC-CAN to match eligible applicants to vacancies in their preferred geographic area, and homeless people may decline referrals that are inconsistent with their geographic preferences. Projects are required to follow the order of priority below when there is no eligible chronically homeless applicant who wishes to live in the geographic area (FC-CAN region) where the vacancy exists.

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

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

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

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

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

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

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

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

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

DEFINITIONS OF KEY TERMS:

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

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

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

1. **(a)** A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:
 - i. lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - ii. Has been homeless and living as described in paragraph (a)(i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (a)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility;
- (b)** An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering the facility;
- (c)** A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of this definition (as described in Section I.D.2.(a) of this Notice), including a family whose composition has fluctuated while the head of household has been homeless.

Disabling Condition:

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

ODFC/CT 503 Housing First Principles

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

Low barrier approach to entry:

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

Community integration and recovery:

- Housing is integrated into the community and tenants have ample opportunity and are supported to form connections outside of the project.
- Housing is located in neighborhoods that are accessible to community resources and services such as schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks, and other recreation facilities.
- Efforts are made to make the housing look and feel similar to other types of housing in the community and to avoid distinguishing the housing as a program that serves people with special needs.
- Services are designed to help tenants build supportive relationships, engage in personally meaningful activities, and regain or develop new roles in their families and communities.
- Services are recovery-based and designed to help tenants gain control of their own lives, define their personal values, preferences, and visions for the future, establish meaningful individual short and long-term goals, and build hope that the things they want out of life are attainable. Services are focused on helping tenants achieve the things that are important to

them and goals are not driven by staff priorities or selected from a pre-determined menu of options.

Lease compliance and housing retention

- Tenants are expected to comply with a standard lease agreement and are provided with services and supports to help maintain housing and prevent eviction. Visitors are expected to comply with requirements in the lease agreement.
- Leases do not include stipulations beyond those that are customary, legal, and enforceable under Connecticut law.
- No program rules beyond those that are customary, legal, and enforceable through a lease are applied (e.g., visitor policies should be equivalent to those in other types of permanent, lease-based housing in the community). Housing providers may ask for identification from visitors.
- Services are designed to identify and reduce risks to stable tenancy and to overall health and well-being.
- Retention in housing is contingent only on lease compliance and is not contingent on abstinence from substances or compliance with services, treatment or other clinical requirements. For example:
 - a. Tenants are not terminated involuntarily from housing for refusal to participate in services or for violating program rules that are not stipulated in the lease.
 - b. Transitional housing programs offer participants due process to resolve issues that may result in involuntary discharge (unless immediate risk to health and safety)
 - c. PH providers only terminate occupancy of housing in cases of noncompliance with the lease or failure of a tenant to carry out obligations under Connecticut's Landlord and Tenant Act (Chapter 830 of the Connecticut General Statute <http://www.cga.ct.gov/2011/pub/chap830.htm>).
 - d. In order to terminate housing, PH providers are required to use the legal court eviction process.

Separation of housing and services

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

Tenant Choice

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