

CT Balance of State (CT BOS) Continuum of Care Policies
Revised 1/15/15

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I. CoC Overview

In accordance with HUD regulations (24 CFR Part 578), representatives from relevant organizations that serve homeless and formerly homeless individuals and other interested, relevant organizations within the following geographic areas, New Haven and its suburbs, Hartford suburbs, the Valley, Windham/Tolland Counties, Litchfield County, Manchester, New London/Norwich, Middletown/Middlesex, Bristol, Danbury, and New Britain have established a Continuum of Care to carry out the duties assigned in the aforementioned regulations. That Continuum of Care is named the Connecticut Balance of State Continuum of Care (CT BOS) and has established a Board, which is named the BOS Steering Committee in accordance with the process described in the by-laws included herein.

CT BOS is a united coalition of community and state systems that assist homeless and near homeless residents in the BOS region to obtain housing, economic stability, and an enhanced quality of life through comprehensive services. CT BOS addresses critical issues related to homelessness through a coordinated community-based process of identifying and addressing needs utilizing not only HUD dollars, but also mainstream resources and other sources of funding. This is often achieved through the work of the local planning bodies and sub-CoCs that help comprise the CT BOS CoC.

The BOS Steering Committee has adopted the policies contained herein to ensure compliance with HUD regulations and to support efforts to assist homeless and near homeless residents in the BOS region to obtain housing, economic stability and enhanced quality of life. These policies were developed over time by the BOS Steering Committee. The policies were adopted in full by the Steering Committee on September 11, 2014 and may be amended by a majority vote at any meeting of the Steering Committee, with a quorum present. Amendments made by the Steering Committee subsequent to 9/11/14 have been incorporated accordingly.

II. CoC By-Laws

BYLAWS

Connecticut Balance of State Continuum of Care

Article I – Name

Section 1: The name of this association shall be the Connecticut Balance of State Continuum of Care.

Article II – Mission and Vision

Section 1: The mission of the Connecticut Balance of State (CT BOS) Continuum of Care (CoC), a united coalition of community and state systems, is to assist homeless and near homeless residents to obtain housing, economic stability, and an enhanced quality of life through comprehensive services.

Section 2: The vision of the CT BOS CoC is that within the next ten years, all persons and families experiencing the possibility of homelessness in Connecticut will have a permanent, safe, decent and affordable place to call home.

Article III – Purpose

Section 1: To receive funding through the U.S. Department of Housing and Urban Development (HUD), under HEARTH (formerly, the McKinney Vento Homeless Assistance Act), geographic regions are required to establish and maintain a Continuum of Care.

- A. The CT BOS CoC covers: all the Cities and towns in the counties of Hartford (except the City of Hartford), Litchfield, New Haven (except the City of Waterbury), New London, Windham, Tolland, Middlesex and City of Danbury (this includes all towns and cities in these counties except as noted).
- B. The CT BOS CoC is designed to address critical issues related to homelessness through a coordinated community-based process of identifying and addressing needs utilizing not only HUD dollars, but also mainstream resources and other sources of funding. This is often achieved through the work of the local planning bodies and sub-CoCs that help comprise the CT BOS CoC. Avoiding duplication of efforts, leveraging resources, and coordinated planning are other purposes of the CoC.

Section 2: The CT BOS CoC assists in the coordination and development of services and housing for homeless and low-income persons with housing needs through planning, education and advocacy.

To achieve this purpose the CT BOS CoC will seek to:

- A. Enhance the knowledge of the service and housing providers to address the housing and service needs of homeless and formerly homeless persons in CT.
- B. Identify housing needs of homeless and low-income persons in Connecticut on an ongoing basis.
- C. Identify the gaps and needs of homeless households in Connecticut and participate in the process of prioritizing local, state and federal funding to meet these needs
- D. Support planning and development of housing and services to meet prioritized needs within Connecticut.
- E. Participate in the development and operation of a coordinated access system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services and helps direct those persons to the appropriate providers.
- F. Evaluate outcomes of projects funded under Emergency Solutions Grant and CoC programs and report to HUD.
- G. Ensure that there is a single Homeless Management Information System (HMIS) for the CT BOS CoC area.
- H. Ensure that there is at least a biennial point-in-time count of homeless persons in the CT BOS CoC region.

Section 3: Lead Agency

- A. The lead agency for the CT BOS CoC is the CT Department of Mental Health and Addiction Services (DMHAS).

Section 4: Role of Sub-CoCs

- A. The CT BOS is comprised of multiple localities, many of which have their own planning groups and/or sub-CoCs which guide the community's work around homeless housing and services. The sub-CoCs are the core organizing and implementation entities for local implementation of housing and service initiatives intended to help to end homelessness. The sub CoCs bring local providers and stakeholders together to collaboratively address homelessness and plan for housing and services in their region.
- B. The sub-CoCs work with the Coalition to End Homelessness to complete the Point-in-Time count (PIT) and the Housing Inventory Chart (HIC).
- C. CT BOS Steering Committee Representatives from the sub-CoCs share the planning and work being conducted in their communities as well as raise local issues of importance and concern for CT BOS CoC to address.

Section 5: Specific Tasks of the Continuum

- A. The CT BOS CoC evaluates renewal projects each year based on an agreed upon set of criteria/performance targets which includes but is not limited to: performance on HUD Annual Performance Report (APR), accuracy of budgets, HMIS data quality and consumer survey results.
- B. Each year the Continuum assesses the gaps and needs in the state and creates priorities for new project proposals based on the assessment.
- C. The CT BOS provides guidance and support to the localities that make up the CT BOS CoC.
- D. The CT BOS CoC seeks an equitable distribution of resources among the localities that make up the Continuum.
- E. The CT BOS CoC provides information needed for the Housing and Urban Development (HUD) annual application for funding known as HUD Exhibit 1. The CT BOS CoC ensures that the application is reviewed and completed each year.
- F. The CT BOS CoC establishes performance targets, evaluation criteria and process for renewal projects.
 - i. Providers are asked to submit data such as consumer surveys and APRs before the NOFA is released.
 - ii. Once the NOFA is released, providers will submit project applications to CT BOS and HUD for review and evaluation.
- G. For projects that do not meet threshold requirements, the CT BOS CoC establishes corrective action plan criteria.
 - i. An agency in corrective action is unable to submit a new project application.
 - ii. An agency in corrective action for two years jeopardizes ongoing receipt of HUD funding through BOS SC non-renewal vote.

- H. An independent Scoring Committee (see Article V) evaluates and scores proposals submitted for new HUD funding according to funding priorities and other criteria as determined by the Steering Committee.
- I. Projects are ranked based on renewal criteria as adopted by the Steering Committee and new project scores as assigned by the independent Scoring Committee. Final project ranking is adopted by the Steering Committee, based on CoC priorities prior to submission with the annual application to HUD.

Article IV – Membership

Section I: Composition of CT BOS CoC

- A. Membership may be comprised of all individuals and agencies concerned with the development and coordination of homeless assistance programs.
Membership shall include but not be limited to:
 - Homeless or formerly homeless individuals and families
 - Non-profit organizations representing veterans and individuals with disabilities
 - Victim service providers
 - Faith-based organizations
 - Public housing agencies
 - Advocates
 - Mental Health agencies
 - School districts
 - Hospitals
 - Universities
 - Affordable housing developers
 - Law enforcement
 - Representatives of business and financial institutions
 - Representatives of private foundations and funding organizations
 - Social service providers
 - State and local government agencies
- B. There will be a full membership meeting, with published agendas at least semi-annually with an invitation for new members to join publicly available at least annually

Article V – Committees

CT BOS CoC shall have the following committees:

Section 1: Steering Committee (see description below in Article VI)

Section 2: An **Executive Committee** comprised of the co-chairs of the Steering Committee, and consultant shall be established to serve as the administrative arm of the CT BOS CoC. The Executive Committee provides planning for the CoC, ensures the cooperation of members, preparation of reports, evaluation of systems and the development of necessary procedures to implement policies ratified by the CoC. The Executive Committee will review the annual HUD Super NOFA Grant and will research additional funding sources for the CoC agencies programs. The Executive Committee will provide an opportunity for committee reports.

Section 3: The HMIS/PIT Committee guides the planning and implementation of the HMIS. The HMIS/PIT Committee provides oversight of the Point-In-Time Count and HMIS data quality and compliance. The committee coordinates AHAR participation and expansion of HMIS (e.g. HPRP) and coordinates efforts to ensure accurate, timely & useful data reports. The group coordinates training and support around HMIS for providers.

Section 4: The Evaluation (Scoring) Committee will evaluate and score proposals submitted for new HUD funding according to funding priorities and other guidelines and/or plans of the CoC. The Evaluation (Scoring) Committee will be comprised of individuals who do not have a conflict of interest due to funding or requests for funding. The Evaluation Committee will determine the procedure for any appeals of its decisions.

Section 5: The Mainstream Resources/Discharge Planning Committee reviews mainstream resources performance outcomes from providers APRs, reaches out to providers not meeting CoC standards, and arranges for the provision of technical assistance and training for those agencies. The committee makes CoC provider agencies aware of SOAR and other entitlement trainings and works to improve access to mainstream resources. The committee also works with representatives from state agencies on discharge planning.

Section 6: The Coordinated Assessment Committee oversees the implementation of centralized assessment systems for the CoC. This committee will coordinate efforts with the Reaching Home Coordinated Assessment Committee.

Article VI: The Steering Committee

Section 1: Composition of Steering Committee

Membership shall be comprised of individuals and agencies concerned with the development and coordination of homeless assistance programs, through a nominating process initiated by the Co-Chairs at least annually.

Membership shall include but not be limited to:

- Homeless or formerly homeless individuals and families
- Non-profit organizations representing veterans and individuals with disabilities
- Victim service providers
- Faith-based organizations
- Public housing agencies
- Advocates
- Mental Health agencies
- School districts
- Hospitals
- Universities
- Affordable housing developers
- Law enforcement
- Representatives of business and financial institutions
- Representatives of private foundations and funding organizations
- Social service providers
- State and local government agencies

Section 2: Membership from BOS Localities on the Steering Committee

Localities/sub- CoCs are eligible to have one representative on the CT BOS Steering Committee and may request such, provided that:

- A. The locality must have a functioning and active local homeless planning process (sub-CoC) holding at least 4 meetings per year.
- B. A standard application with documentation must be submitted to the Steering Committee annually.

Section 3: Rights of Steering Committee Members

Members are entitled to:

- A. Have voting rights (One vote per agency unless individual member)
- B. Receive letters of support for grants indicating length of membership and level of participation
- C. Receive information and updates via e-mail

Section 4: Expectation of Steering Committee Members

- A. Members are expected to be present and active participants in CoC Committee meetings.
- B. Members are expected to actively participate in CT BOS CoC Committee activities, correspondence, sub-committees, and/or ad-hoc committees.
- C. Members are expected to following the By-Laws and CT BOS CoC Code of Conduct.

Section 5: Steering Committee Voting

- A. The CT BOS CoC Steering Committee operates by consensus whenever possible. When a vote is necessary, each member shall have one vote upon any motion.
- B. No member shall vote on any issue where there could be a conflict of interest. (Refer to Conflict of Interest)
- C. As needed, Roberts Rules of Order will govern procedural questions during CoC Steering Committee Meetings.
- D. A simple majority vote of members present will be used to settle issues that reach an impasse.

Section 6: Steering Committee Meetings/Attendance

- A. The Steering Committee shall meet every other month.
- B. Upon a request, in writing, by at least five members of the Board, a special meeting can be called by the Co-Chairs at any time.
- C. Attendance will be recorded at all Steering and committee meetings. Members are expected to have at least an 80% attendance rate at all Continuum meetings.
- D. A member can be removed by a majority vote of the Steering Committee

Section 7: Quorum at Steering Committee Meetings

- A. A simple majority (50% + 1) of Members, at a Steering Committee meeting, constitutes a quorum.
- B. A quorum is needed to (a) change Ct BOS CoC bylaws and (b) approve Steering Committee members.

Section 8: Steering Committee Co-Chairs

- A. The officers of the Ct BOS CoC Continuum shall be two co-chairs, one representing state government and one representing the non-profit provider community.
- B. Selection of the Co-Chairs will take place annually.
- C. The Co-Chairs will serve a two-year term and can serve unlimited consecutive terms.
- D. Election of the Co-Chair will be by simple majority vote of Members present (Quorum required) at the May CoC meeting.
- E. The Co-Chairs are authorized to represent the CT BOS CoC in all matters not requiring a quorum.
- F. The Co-Chairs shall call, preside over all meetings, and set agendas for all CoC meetings. The co-chairs can call special meetings of the Continuum.
- G. Immediate Past Co-Chairs may assist and advise the Co-Chairs, upon their request, in the performance of their duties.
- H. Any vacancies occurring during the year shall be filled upon the recommendation of the Executive Committee (described below) and shall be ratified by the Steering Committee.

Article VII – Consultant Functions

- A. Consultant manages the day-to-day operations of the BOS CT Continuum of Care and writes the annual HUD Exhibit I grant.
- B. Consultant is selected by and reports to the Lead Agency.

Article VIII – Conflict of Interest & Code of Conduct

Section 1: CT BOS CoC members must conduct themselves at all times with the highest ethical standards. Members are required to follow the CT BOS CoC Code of Conduct. (See Appendix 1.) Conflicts of interest, and even the appearance of a conflict of interest, must be avoided.

Section 2: All individuals and representatives of organizations who have, are seeking, or considering seeking funds under the endorsement of the CoC must adhere to the following:

- A. He or she shall disclose to the CoC any conflict or appearance of conflict which may or could be reasonably known to exist.
- B. He or she shall not vote on any item that would create a conflict or appearance of conflict.
- C. He or she shall not participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents.
- D. He or she shall not lobby or seek information from any other member of the Continuum if such action would create a conflict or the appearance of a conflict.

Article IX– Nondiscrimination

Section 1: The members, officers, and persons served by the Continuum shall not discriminate against any CoC member because of race, color, religious creed, age, marital status, national origin, sex, sexual orientation, gender identity or gender expression, intellectual disability, or physical disability and will follow all state and federal regulations regarding nondiscrimination.

Article X- Amendments

Section 1: These Bylaws may be amended by a majority vote at a meeting of the Steering Committee, with a quorum present, provided that the proposed amendment(s) shall have been submitted in writing to each member at 10 business days before action is taken by the Steering Committee.

Appendix I: CT BOS CoC Code of Conduct

This CT BOS CoC Code of Conduct represents the CoC's commitment to high standards. The following standards should be regarded as minimum expectations for conduct. Members will act in accordance with and maintain the highest standards of professional integrity, impartiality, diligence, creativity and productivity. CoC business will be conducted in a manner that reflects the highest standards and in accordance with federal, state, and local laws and regulations.

1. Compliance with Policies

- A. Members will conduct the CT BOS CoC business in accordance with the by-laws of CT BOS CoC including conflict of interest and information management policies.

2. Conflict of Interest

- A. Members must act in the best interests of the organization and avoid situations where their personal interests or relationships interfere with acting in good faith on behalf of the CT BOS CoC.
- B. Members may not engage in activities that are in conflict with the interests of the CT BOS CoC or that may negatively impact the reputation of the CoC.
- C. Members are required to follow Article VIII of the CT BOS CoC Bylaws regarding conflict of interest and code of conduct.

3. Confidentiality

- A. Members must maintain the highest standards of confidentiality regarding information obtained directly or indirectly through their involvement with the CT BOS CoC. This includes but is not limited to information about members and their organizations and funded agencies. Members must also avoid inadvertent disclosure of confidential information through casual or public discussion, which may be overheard or misinterpreted.

4. Impartiality

- A. Member agencies shall act impartially and with integrity.
Members will:
 - Not knowingly being a party to or condoning any illegal or improper activity.
 - Not directly, or indirectly, seek personal gain which would influence, or appear to influence, the conduct of their duties.
 - Not exploit CoC professional relationships for personal or professional gain
 - Be alert to the influences and pressures that interfere with the professional discretion and impartial judgment required for the performance of members.

5. Fraud

- A. The term fraud refers to, but is not limited to: intentionally entering false or erroneous information into electronic software systems; any dishonest or fraudulent act; forgery or alteration of any official document; misappropriation of funds, supplies, or Continuum of Care materials; improper handling or reporting of money or financial transactions; profiting by self or others as a result of inside knowledge; destruction or intentional disappearance of records, furniture, fixtures, or equipment; accepting or seeking anything of material value from vendors or persons providing services or materials to the Continuum of Care for personal benefit; or any similar or related irregularities.
- B. Fraudulent acts will not be tolerated and may result in termination from CoC committees.

6. Gifts or honoraria

- A. It is not permissible to offer or accept gifts, gratuities, excessive favors or personal rewards intended to influence the CT BOS CoC's decisions or activities.

7. Harassment

- A. Harassment, interpreted as unwelcome conduct, comment, gesture, contact, or intimidating and offensive behavior likely to cause offence or humiliation, will not be tolerated and may result in disciplinary measures up to and including removal from CoC committee/s

8. Laws and Regulations

- A. CoC business will be conducted in manner that reflects the highest standards and in accordance with all federal, state, and local laws and regulations.

III. Governance Charter

CT Balance of State CoC Governance Charter

For additional information on Membership, Leadership, Selection of Steering Committee, Conflict of Interest for Steering Committee members; Proceedings, Committees and Work groups and Full Membership, see By-Laws

CT BOS CoC and CT BOS CoC Steering Committee

The name of this CoC shall be Connecticut Balance of State Continuum of Care and the name of this Continuum of Care board shall be Connecticut Balance of State Steering Committee, herein referred to, respectively, as the "CT BOS CoC" and "CT BOS CoC Steering Committee."

Purpose of the CT BOS CoC and CT BOS CoC Steering Committee

The CT BOS CoC is a united coalition of community and state systems that assist homeless and near homeless residents in the BOS region to obtain housing, economic stability, and an enhanced quality of life through comprehensive services. The CT BOS CoC addresses critical issues related to homelessness through a coordinated community-based process of identifying and addressing needs utilizing not only HUD dollars, but also mainstream resources and other sources of funding. This is often achieved through the work of the local planning bodies and sub-CoCs that help comprise the CT BOS CoC. Avoiding duplication of efforts, leveraging resources, and coordinated planning are other purposes of the CT BOS CoC.

CT BOS CoC Steering Committee is the planning body that coordinates policies, strategies and activities toward ending homelessness in the CT BOS region. The Steering Committee gathers and analyzes information in order to determine the local needs of people experiencing homelessness, implements strategic responses, educates the community on homeless issues, provides advice and input on the operations of homeless services, and measures CoC performance.

For additional information see CT BOS CoC By-Laws Article III, Section 1

Responsibilities

The responsibilities for operating the CT BOS CoC are divided among the CT BOS CoC Steering Committee, CT BOS CoC Collaborative Applicant, and CT BOS CoC HMIS lead, as described below:

CoC Operations

CT BOS CoC Steering Committee is responsible for the following activities:

- Develops and updates annually this governance charter and CT BOS CoC By-Laws, which together include all procedures and policies needed to comply with HUD requirements and with HMIS requirements, including a code of conduct and recusal process for the CT BOS CoC Steering Committee, its chairs, and any person acting on behalf of the CT BOS CoC Steering Committee.
- In consultation with recipients of ESG funds within the CoC's geographic area, works with the CT Department of Housing, CT Department of Social Services, Connecticut Coalition to End Homelessness (CCEH), CT Department of Mental Health and Addiction Services, and CoC members to develop and operate a coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services.
- In consultation with recipients of ESG funds within the CoC, establishes and consistently follows written standards for providing CoC assistance.
- Consults with recipients and subrecipients to establish performance targets appropriate for population and program type.

- Monitors performance of CoC and ESG recipients and subrecipients.
- Evaluates the outcomes of projects funded under ESG and CoC programs.
- Takes action against ESG and CoC projects that perform poorly.
- Reports the outcomes of ESG and CoC projects to HUD annually.

For additional information, see CT BOS CoC By-Laws Article II, Sections 2 and 5

CoC Planning

The CT BOS Steering Committee is responsible for the following activities:

- Conducts an annual gaps analysis of the needs of homeless people, as compared to available housing and services within the CoC geographic area
- Works closely with government agencies, funders, advocates, providers and consumers to coordinate the implementation of a housing and service system within the CoC's geographic area that meets the needs of homeless individuals and families. The system encompasses:
 - Outreach, engagement, and assessment
 - Shelter, housing, and supportive services
 - Prevention strategies
- Provides information required to complete the Consolidated Plan(s) within the CoC geographic area
- Consults with State and local government ESG recipients within the CoC geographic area on the plan for allocating ESG funds and reporting on and evaluating the performance of ESG recipients and subrecipients

For additional information, see CT BOS CoC By-Laws, Article III, Section 2

Designating and Operating an HMIS

The CT BOS Steering Committee is responsible for the following activities:

- Designates a single HMIS for the CoC's geography. CCEH, an eligible applicant, serves as the CoC's HMIS lead agency.

The CT BOS CoC HMIS Lead is responsible for the following activities:

- Works with the HMIS sub-committee to review, revise and approve a CoC HMIS data privacy plan, data security plan, and data quality plan.
- Ensures that the HMIS is administered in compliance with HUD requirements .

The CT BOS CoC HMIS Lead and CT BOS Steering Committee are responsible for the following activities:

- Ensure consistent participation by CoC and ESG recipients and subrecipients in the HMIS

Preparing an application for CoC funds

The CT BOS Steering Committee:

- Establishes priorities that align with local and federal policies for recommending projects for HUD Homeless Assistance CoC Grant funding.
- Designates an eligible collaborative applicant (i.e., Connecticut Department of Mental Health and Addiction Services – DMHAS) to collect and combine the required application information from all applicants.
- Determines whether to select the collaborative applicant to apply for Unified Funding Agency designation from HUD.
- Approves the final submission of applications in response to the CoC Notice of Funding Availability.
- Designs, operates, and follows a collaborative process for the development of a CoC application to HUD.
- Determine if one application for funding will be submitted for all projects within the geographic area or if more than one application will be submitted; retains its responsibilities, even if designating one or more eligible applicant other than itself to apply for funds on behalf of the Continuum.

Membership and Leadership of the CoC Steering Committee

The CT BOS CoC Steering Committee shall adhere to the membership and leadership standards outlined in Article IV and Article VI of the CT BOS CoC By-Laws.

CoC Steering Committee Member Qualifications

All members of the CT BOS CoC Steering Committee shall demonstrate a professional interest in, or personal commitment to, addressing and alleviating the impacts of homelessness on the people of the community.

CoC Steering Committee Member Responsibilities

CT BOS CoC Steering members are expected to:

- Attend meetings and contribute to informed dialogue on actions the group undertakes
- Serve on a committee of the CT BOS CoC
- Participate in the activities of the CT BOS CoC Steering Committee, including the Point-in-Time count, HMIS oversight, strategic planning, advocacy and public

education efforts, project and system performance reviews, and the application processes for CoC Homeless Assistance Grants and other funding proposals

- Seek input from and report back to the constituency they represent on key issues and strategies and otherwise keep abreast of needs and gaps in the CoC

For additional information, see CT BOS CoC By-Laws, Article VI

CoC Steering Committee Member Selection

The CoC Steering Committee is comprised of representatives of state government agencies (including ESG recipients), nonprofit intermediaries, up to two consumers (homeless/formerly homeless persons), and homeless provider organizations representing sub-regions (or sub-CoC's) of the BOS. New members may be added by a majority vote of the existing Steering Committee.

Government representatives are appointed by their respective commissioners and include the CT Department of Mental Health and Addiction Services, Department of Housing (ESG Recipient), CT Housing Finance Agency, CT Department of Education, CT Department of Social Services, CT Department of Veteran Affairs, and U.S. Department of Veterans Affairs.

Sub-CoCs of the Balance of State select their representatives to the Steering Committee. Sub-CoCs must meet requirements to have a representative on the BOS SC (see requirements section below.) The CT BOS sub-CoCs include: the Cities of: Bristol, New Britain, Danbury, New Haven, and Litchfield, Middlesex, New London and Windham/Tolland counties.

Intermediaries/advocates on the CT BOS Steering Committee include the Corporation for Supportive Housing, Reaching Home CT, Connecticut Coalition to End Homelessness, and AIDS Connecticut. Representatives serving on the CT BOS Steering Committee are appointed by their respective organizations.

Consumer representatives (homeless and formerly) submit applications to join the Steering Committee. The CoC encourages consumers who have utilized homeless housing or services to apply. Consumers may not be employed by any agency receiving CoC funds and no sub-CoC can have more than one consumer representing its region.

Sub CoC Representation Requirements

CT BOS is comprised of multiple localities, many of which have their own planning groups and/or sub-CoCs which guide the community's work around homeless housing and services. Each Sub-CoC is eligible to have one representative on the BOS Steering Committee. To maintain a representative on the BOS Steering Committee, a Sub CoC must meet the following requirements:

- In order to be a member of the BOS CoC Steering Committee, the locality must have a functioning and active local planning body (sub-CoC), holding at least 4

meetings per year and engage in local planning with a diverse group of stakeholders.

- To certify eligibility for participation in the BOS CoC Steering Committee, each year, Sub-CoCs are required to submit the name of their appointed sub-CoC representative, sub-CoC minutes, and member list to the Steering Committee.
- Each year, all sub-CoCs are required to participate in the annual point-in-time homeless count to collect information on inventory and homeless persons; each agency must also designate one staff member to assist with the unsheltered homeless count.
- The Sub-CoCs representatives on the Steering Committee are responsible for convening local planning on homeless housing and services and obtaining input from members to share with the Steering Committee. The representatives are charged with ensuring that decisions made and information shared at Steering Committee meetings is brought back to the local sub-CoCs.
- Collaborate with local educational agencies in identification of homeless children and youth
- Collaborate with the local CAN to develop and implement local Coordinated Access policies and procedures.

CoC Steering Committee Member Termination

Members may be dismissed from the CT BOS CoC Steering Committee for violating the CT BOS CoC Code of Conduct. If a board member wishes to resign, the board member shall promptly submit a letter of resignation to a Steering Committee chairperson.

For additional information, see CT BOS CoC By-Laws, Article VI, Section 6

CoC Steering Committee Decision Making

The CT BOS CoC Steering Committee shall conduct business and make decisions in accordance with Article VI, Section 5 and Section 7 of the CT BOS CoC By-Laws.

CoC Governance Charter Amendment and Review

The CT BOS CoC will review, update, and approve this governance charter at least annually. Amendment of the charter requires a majority vote of the members present at a CT BOS CoC Steering Committee meeting.

Relationship between the CT BOS CoC Steering Committee and Full CoC Membership

CT BOS CoC Steering Committee meetings will be open to the full membership and the public. CT BOS CoC Steering Committee will post minutes of the CT BOS CoC Steering Committee meetings on the CT BOS CoC website hosted by the Corporation for

Supportive Housing. Between CT BOS CoC Steering Committee meetings, CT BOS CoC Steering Committee members will keep the full membership involved by involving CoC members in workgroups and committees and sharing information (including meeting minutes, resources for homeless services providers, plans and implementation progress, data about homelessness in the region and funding availability) via email list and/or via the CoC website.

Full Membership Meetings

The CT BOS CoC will hold meetings of the full CT BOS CoC membership at least semiannually.

The CT BOS Steering Committee will announce the date, time and location of these meetings at least one month in advance and will publish the meeting agenda at least 24 hours before the meeting. Meeting agendas will be distributed via email and posted online on the CT BOS CoC website for review prior to the meeting.

Recruitment of and Outreach to CoC Members

The CT BOS CoC Steering Committee (*or its designee*) will publish and appropriately disseminate an open invitation at least annually for persons within the CT BOS CoC area to join as new CoC members. Recruitment efforts will be documented by the Steering Committee.

The CT BOS CoC identifies and addresses membership gaps in essential sectors, from key providers or other vital stakeholders. The CT BOS CoC recruits members to ensure that it meets all membership requirements set forth in its governance charter, including representation of certain populations and certain organizations. Specifically, outreach will be conducted to obtain membership from the following groups as they exist within the CT BOS CoC geographic area and are available to participate in the CoC:

- Nonprofit homeless assistance providers
- Victim service providers
- Faith-based organizations
- Governments
- Businesses
- Advocates
- Public housing agencies
- School districts
- Social service providers
- Mental health agencies
- Hospitals
- Universities

- Affordable housing developers
- Law enforcement
- Organizations that serve veterans
- Homeless and formerly homeless individuals
- Other relevant organizations within the CoC's geography

IV. OTHER GOVERNANCE ISSUES

1. Mergers

- The CT BOS CoC welcomes existing local CoCs to join and merge. New CoCs joining BOS must comply with all requirements and not compromise the CT BOS CoC's performance on HUD standards. Continued involvement in the BOS CoC is always a choice for the local CoC as well as the BOS CoC Steering Committee.
- CT BOS will ensure financial equity across all the BOS jurisdictions. This will be accomplished by matching the pro rata percentage for each jurisdiction with the percentage of award amounts for that region.
- Merging CoCs will be eligible to have one representative on the BOS Steering Committee. In order to be member of the BOS CoC Steering Committee, the locality must have a functioning and active CoC holding at least 4 meetings per year

2. HMIS Steering Committee representation

- The CoC Steering Committee Chairs represent the CoC on the CT Statewide HMIS Steering Committee.

V. Program Operating Standards

1. CT BOS 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.
- Housing is not contingent on compliance with services – participants expected to comply with a standard lease agreement and are provided with services and supports to help maintain housing and prevent eviction.
- No rules beyond those that are customarily established in a lease are applied.

- Services are provided post-housing to promote housing stability and well-being
- Tenants have choice and access to affordable of Housing
- Housing is Integrated into the Community
- Separation of Housing and Treatment – participation in services is not a condition of maintaining tenancy.
- Service Philosophy and Service Array
 - a. Low Demand Approach for Entry into the Housing
 - b. Provides Access to Treatment Resources and Supports
 - c. Employs Recovery Principles

2. PH Housing First Requirement

- All CT BOS PH projects (PSH and RR) are required to adopt the CT BOS Housing First Principles listed above or penalties apply. Applicable penalties are established by the BOS Steering Committee.

3. Termination of CT BOS PSH housing

- Permanent Supportive Housing providers funded through the CoC may only terminate occupancy of housing in cases of noncompliance with the lease or failure of 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>).
- In order to terminate housing, PSH providers are required to use the legal court eviction process.
- Tenants may not be terminated involuntarily from housing for refusal to participate in services or for violating program rules that are not related to lease compliance.

4. Non-discrimination

- Providers shall have non-discrimination policies in place and assertively outreach to people least likely to engage in the homeless system.
- Providers shall comply with all federal statutes including, the Fair Housing Act and the Americans with Disabilities Act.
- Providers shall comply with the following requirements as set forth by section 4a-60 of the Connecticut General Statutes:

(1) The Contractor agrees and warrants that in the performance of the Contract such Contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status, national origin, ancestry, sex, mental retardation, mental disability or physical disability, including, but not limited to, blindness, unless it is shown by such Contractor that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or of the state of Connecticut. The Contractor further agrees to take affirmative action to insure that applicants with job-related qualifications are employed and that employees are treated when employed without regard to their race, color, religious creed, age, marital status, national origin, ancestry, sex, mental retardation, mental disability or physical disability, including, but not limited to, blindness, unless it is shown by such Contractor that such disability prevents performance of the work involved;

(2) the Contractor agrees, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, to state that it is an "affirmative action-equal opportunity employer" in accordance with regulations adopted by the commission;

(3) the Contractor agrees to provide each labor union or representative of workers with which such Contractor has a collective bargaining agreement or other contract or understanding and each vendor with which such Contractor has a contract or understanding, a notice to be provided by the commission advising the labor union or workers' representative of the Contractor's commitments under this section, and to post copies of the notice in conspicuous places available to employees and applicants for employment;

(4) the Contractor agrees to comply with each provision of this section and sections 46a-68e and 46a-68f and with each regulation or relevant order issued by said commission pursuant to sections 46a-56, 46a-68e and 46a-68f;

(5) the Contractor agrees to provide the Commission on Human Rights and Opportunities with such information requested by the commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the Contractor as relate to the provisions of this section and section 46a-56.

g) The following subsections are set forth here as required by section 4a-60a of the Connecticut General Statutes:

(1) the Contractor agrees and warrants that in the performance of the Contract such Contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of sexual orientation, in any manner prohibited by the laws of the United States or of the state of Connecticut, and that employees are treated when employed without regard to their sexual orientation;

(2) the Contractor agrees to provide each labor union or representative of workers with which such Contractor has a collective bargaining agreement or other contract or understanding and each vendor with which such Contractor has a contract or understanding, a notice to be provided by the Commission on Human Rights and Opportunities

advising the labor union or workers' representative of the Contractor's commitments under this section, and to post copies of the notice in conspicuous places available to employees and applicants for employment;

- (3) the Contractor agrees to comply with each provision of this section and with each regulation or relevant order issued by said commission pursuant to section 46a-56; and
- (4) the Contractor agrees to provide the Commission on Human Rights and Opportunities with such information requested by the commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the Contractor which relate to the provisions of this section and section 46a-56.

(h) The Contractor shall include the provisions of section (g) above in every subcontract or purchase order entered into in order to fulfill any obligation of a contract with the state and such provisions shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the commission. The Contractor shall take such action with respect to any such subcontract or purchase order as the commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with section 46a-56; provided, if such Contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the commission, the Contractor may request the state of Connecticut to enter into any such litigation or negotiation prior thereto to protect the interests of the state and the state may so enter.

(i) For the purposes of this entire Non-Discrimination section, "Contract" or "contract" includes any extension or modification of the Contract or contract, "Contractor" or "contractor" includes any successors or assigns of the Contractor or contractor, "marital status" means being single, married as recognized by the state of Connecticut, widowed, separated or divorced, and "mental disability" means one or more mental disorders, as defined in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders", or a record of or regarding a person as having one or more such disorders. For the purposes of this section, "Contract" does not include a contract where each contractor is

- (1) a political subdivision of the state, including, but not limited to, a municipality,
- (2) a quasi-public agency, as defined in C.G.S. § 1-120,
- (3) any other state, including but not limited to any federally recognized Indian tribal governments, as defined in C.G.S. § 1-267,
- (4) the federal government,
- (5) a foreign government, or

- (6) an agency of a subdivision, agency, state or government described in the immediately preceding enumerated items (1), (2), (3), (4) or (5).

5. Rapid Rehousing Standards

In accordance with HUD regulations (24 CFR Part 578), the CT BOS Continuum of Care (CT BOS) has developed, in consultation with ESG recipients, the following written standards for the provision of rapid re-housing (RRH) assistance. The standards contained herein apply to Rapid Re-housing projects funded by the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Program and located in jurisdictions covered by CT BOS.

In addition to compliance with the standards contained herein, CT BOS RRH programs must comply with 24 CFR Part 578 (HEARTH Interim Rule) and the applicable CoC Program NOFA. CT Rapid Re-housing programs funded by State of CT Homeless Housing Account, U.S. Health and Human Services Social Services Block Grant, and HUD Emergency Solutions Grant Financial Assistance should refer to and comply with CT Rapid Re-housing Program (CTRRP) Policies and Procedures.

Participant Eligibility

- To be eligible for CT BOS CoC RRH assistance, at initial evaluation, households must: 1) demonstrate literal homelessness (i.e., HUD Category One); and 2) have household annual income of less than or equal to 50% of Area Median Income (AMI); and 3) have completed a VI-SPDAT during their current episode of homelessness.
- Recipients and subrecipients must conduct regular re-evaluations, at least every 90 days, of program participants receiving RRH assistance. To continue to receive rental assistance, the program participant household's annual income must be less than or equal to 30% of Area Median Income (AMI) at re-evaluation.
- Households with no income at initial evaluation and/or re-evaluation are eligible.
- As indicated by HUD, households who are eligible for PSH and awaiting PSH placement may receive RRH assistance and will retain their homeless and, if applicable, chronically homeless status.

Participant Prioritization

- For sheltered households, those whose current episode of literal homelessness¹ has been at least seven days in duration shall be prioritized for RRH assistance.

¹ Note that literal homelessness, as defined by HUD in Category One of the HEARTH Homeless Definition Final Rule, includes both sheltered homelessness and homelessness in places not meant for human habitation. As such, time spent in either location is counted when determining eligibility for this priority.

RRH grant recipients and subrecipients shall determine whether households meet this prioritization criterion at the point of initial evaluation using HMIS data and, as necessary, permissible written documentation of unsheltered homelessness as defined by the HEARTH Homeless Definition Final Rule.

- Unsheltered households shall be prioritized for RRH assistance regardless of the length of their current episode of homelessness.

Determining the type of assistance & amount or percentage of rent each program participant must pay

- CT BOS RRH programs are required to use a progressive engagement model, i.e., starting with a small amount of assistance for the shortest period of time possible to help resolve homelessness then adding more assistance, only as necessary, if the less intensive intervention is unsuccessful.
- CT BOS RRH participants may receive eligible supportive services alone or a combination of eligible supportive services and rental assistance. At a minimum, all participants must attend monthly case management meetings in accordance with HUD regulations 24 CFR Part 578.
- All participants receiving rental assistance subsidies must contribute a minimum of 30% of their monthly adjusted household income towards their monthly rent. This tenant rent contribution may be adjusted at any time based on changes to household income, including, but not limited to at each 90 day reassessment. There is no minimum rent requirement and tenant rent contribution may be zero, for households with no income.
- In addition to rental assistance, eligible program costs are defined in 24 CFR Part 578 and include:
 - ✓ **Financial assistance** (eligible under rental assistance): security deposits (up to 2 months), first and last month's rent, property damage; CoC RRH assistance **may not** be used for payment of rent in arrears. Total property damage payments during a single enrollment in the RRH program may not exceed an amount equal to one month of the participant household's rent.
 - ✓ **Supportive services:** Case management, child care, education services, employment assistance and job training, food, housing search and counseling services, including mediation, credit repair, and payment of rental application fee, legal services, life skills training, mental health services, moving costs, outpatient health services, outreach services, substance abuse treatment services, transportation, utility deposits

Limitations on amount, frequency and duration of assistance

- In accordance with HUD regulations 24 CFR Part 578, participants may receive eligible supportive services for no longer than 6 months after rental assistance stops.

- Participants may also receive eligible supportive services and/or short-term (up to 3 months) and/or medium-term (for 3 to 12 months) tenant-based rental assistance.
- Participants must be re-evaluated at least every 90 days to determine the need for continued assistance. This requirement applies to both supportive services and rental assistance. Through each re-evaluation the recipient or subrecipient must determine that the continuation of assistance is necessary to avoid literal homelessness.
- Participants may receive no more than \$2500 in total rental assistance for the initial 3 month period, no more than \$2000 in total rental assistance for months 4 to 6, no more than \$1500 in total rental assistance for months 7 to 9, and no more than \$1000 in total rental assistance for months 10 to 12.
- If through the re-evaluation it is determined that a higher amount of assistance than the levels defined above for any period or the continuation of assistance is necessary to avoid literal homelessness, the recipient or subrecipient must submit an exemption request to the relevant Coordinated Access Network (CAN) or an entity designated by the CAN. Only the CAN or designated entity may approve exemptions. The co-chairs of CT BOS Steering Committee shall authorize exemptions as necessary until the CAN is operational. If an exemption is authorized, recipients or subrecipients must continue to re-evaluate participants at least every 90 days to determine the need for continued assistance. Under no circumstances may assistance be provided for more than the maximum period authorized by HUD regulations 24 CFR Part 578.
- Participants may be eligible for rapid re-housing assistance for multiple episodes of literal homelessness based on their need. To ensure the efficient use of resources, recipients may establish a maximum amount or number of times that a program participant may receive rapid re-housing assistance.

6. Educational Services for Children

- Projects and programs serving families with children must demonstrate that their programs are:
 - a. Establishing policies and practices that are consistent with the education subtitle of McKinney-Vento Act and other laws relating to education and related services to homeless people (e.g. Head Start, Individuals with Disabilities Education Act, Higher Education Act), including:
 - Informing homeless families and youth of their eligibility for McKinney Vento education services during the intake process
 - Not requiring that children enroll in new schools as a condition of entry
 - Not establish program requirements that prohibit children from remaining in their school of origin
 - Develop relationships with colleges to access Higher Education Services specifically for homeless youth (Higher Education Act)
 - b. Designating a staff person to ensure that children are enrolled in school and connected to services in the community including programs such as:
 - Head Start
 - Part C of the Individuals with Disabilities Education Act
 - McKinney-Vento education services

These need not be the only responsibilities of the designated staff person, and the designated person should participate in service planning where there are extensive or significant unmet educational needs.

7. Assistance with Mainstream Benefits, including ACA

- Case managers shall systematically assist clients in completing applications for mainstream benefits
- Homeless assistance providers shall supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs
- Homeless assistance providers shall have staff systematically follow-up to ensure mainstream benefits are received.
- CoC funded providers are required to provide support and assist eligible households to take advantage of new healthcare options available through the Affordable Care Act.

8. Special Requirements for Leasing and Rental Assistance Projects

- If agencies chose the leasing option, they are required to master lease and provide a sublease to tenants (not occupancy agreement); there also must be a functional separation of roles between services and property management.
- For rental assistance, there needs to be an agreement with the administrator including customary terms and conditions.

VI. Performance Evaluation

1. Renewal Evaluations

- Each year, the BOS Steering Committee establishes performance targets, and evaluation criteria for renewing projects.
- Providers are asked to submit data such as consumer surveys and APRs to enable project evaluation before the NOFA is released.

2. Corrective Actions

- Each year the Steering Committee establishes a minimum scoring threshold.
- Projects scoring below the threshold must do a corrective action plan.
- Agencies in corrective action process are not eligible to apply for funding for new projects.
- Programs in corrective action status for 2 consecutive years may be at risk of losing their funding.
- Local BOS CoC representatives are copied on correction action letters for their jurisdictions.

VII. Monitoring

1. Purpose

HUD requires CoCs to monitor and evaluate CoC programs. CT BOS provides on-site monitoring for a subset of funded providers annually in order to help grantees prepare for HUD visits, reduce recapture risk, and identify areas of need for technical assistance.

2. Selection

The BOS Steering Committee establishes selection criteria annually to determine which programs will be offered monitoring.

3. Procedures and Tool

Monitoring procedures and the tool used during monitoring visits are available on the CT BOS website.

VIII. Coordinated Access

1. Introduction

The coordinated access policies contained herein apply to Permanent Supportive Housing (PSH), Emergency Shelter (ES), Transitional Housing (TH), Rapid Rehousing (RR) funded with CoC and ESG Funds in the CT BOS CoC jurisdictions. The aim is to set some CoC wide standards but allow for CAN level or sub-CoC level customization and tailoring to local circumstances. Section M includes pertinent definitions.

2. Guiding Principles

The CT BOS CoC has defined the following coordinated access guiding principles:

- Promotes collaboration among providers
- Honors client choice re: geography and services needed
- Incorporates provider choice in enrollment decisions
- Establishes standard, consistent eligibility criteria and priorities
- Eligibility requirements limited to those required by funding sources (and no additional requirements that are not required by funders) in order to accommodate as many people as possible
- Ensures quality housing and services are provided
- Ensures clear and easy access for consumers
- Improves efficiency, communication, and knowledge of resources
- Is cost effective and focuses on cost effective solutions to homelessness
- Uses systemic “Rapid Exit to Housing” approach
- Streamlines processing
- Accountability -The process must be transparent and consistent
- Leverage HMIS and the use of “real time” data whenever possible (Once new system is up and 2-1-1 is fully staffed)
- Prioritizes Enrollment Based on Need
- Goal: a system that is clear and creates ease of access for clients
- All data collected is relevant to the process
- Staff are trained and competent in assessment

3. Intake

- **Accepting People from Other Public Systems of Care**

The McKinney-Vento Act, as amended by the HEARTH Act, stipulates that state and local governments have policies and protocols in place to ensure that publicly-funded institutions do not routinely discharge individuals into homelessness. Before accepting participants into CoC programs from the Mental

Health, Foster Care, Correctional or Public Health Systems, providers will work to ensure that all other discharge options have been exhausted. Accepting a person directly from publicly-funded institutions should only be considered if there are no other viable housing options and the person meets the eligibility criteria for the bed or unit.

- **Ensuring families with children are not denied admission or separated**

To maintain family unity homeless shelters or housing funded by the CoC or ESG to serve families may not deny admission to any family based on age or gender (e.g. admissions policies disallowing entry for adult males or boys over 15 are not permissible).

4. **Assessment Forms**

- All Permanent Supportive Housing (PSH), Emergency Shelter (ES), Transitional Housing (TH), and Rapid Rehousing (RR) programs funded with CoC and ESG Funds in the CT BOS CoC jurisdictions are required to use common assessment forms as directed by their local CAN. CT BOS will use the VI SPDAT as its common assessment form at least initially.

5. **Core Referral Policies**

A. Educational Considerations for Children

- When placing families in emergency or transitional shelter, CANs must consider the educational needs of children, including placing children as close as possible to schools of origin and early childhood care and education programs.

B. Determination of Eligibility and Priority for the Service

Eligibility- Programs may not establish additional eligibility requirements beyond those specified below and those required by other funders

Emergency Shelter – Applicants must be screened for diversion and admitted to shelter only if no other options (such as staying safely with friends or family) are available. Applicants must be, literally homeless, and able to be safely maintained in the shelter (e.g., behavior is not an obstacle to safety). For family homeless shelters, registered sex offenders are not eligible.

Transitional Housing – Applicants must be screened for diversion and admitted only if no other options are available. Applicants must meet homeless criteria established by HUD with income below 30% of AMI. Applicants must be able to be safely maintained in the program, including not posing any danger to other participants.

Rapid Rehousing – Applicants must be homeless and have income below 30% of AMI.

Permanent Supportive Housing – Must meet HUD definition of literally homeless and include at least one family member with disabilities.

Priority for Service

Emergency Shelter – There are no priorities for ES defined by CT BOS CoC. CANs and local sub-CoCs may establish local priorities provided they follow ESG, DOH and other funding guidelines.

Transitional Housing

- Not able to be diverted or slated for PSH AND
- At least one prior episode of homelessness (except for young adults) AND
- In one of the following life stage transitions
 - young adults 18-24,
 - family with children under age 5,
 - interested in recovery
 - fleeing DV and DV cause of recent homeless episode

Priorities for PSH

- As adopted by the Steering Committee, all CT BOS PSH beds shall use the order of priority established in HUD Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons, which defines which chronically homeless people get priority access to PSH beds, (Full notice available at: <https://www.hudexchange.info/resource/3897/notice-cpd-14-012-prioritizing-persons-experiencing-chronic-homelessness-in-psh-and-recordkeeping-requirements/> - See excerpts below)

Excerpts from HUD Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons

Order of Priority in CoC Program-funded PSH Beds Dedicated to Persons Experiencing Chronic Homelessness and PSH Beds Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

(a) First Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.

- i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter **for at least 12 months** either continuously or on at least

- four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals **at least 12 months; AND**
- ii. has severe service needs (see Section I.D.3. of this Notice for definition of severe service needs).

(b) Second Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness.

- i. The CH individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter **for at least 12 months** either continuously or on at least four separate occasions in the last 3 years, **where the cumulative total length of the four occasions equals at least 12 months; AND**
- ii. **does not have** severe service needs.

(c) Third Priority—Chronically Homeless Individuals and Families with the Most Severe Service Needs.

- i. The CH individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on **at least four separate occasions in the last 3 years**, where the total length of those separate occasions equals **less than one year; AND**
- ii. has severe service needs.

(d) Fourth Priority—All Other Chronically Homeless Individuals and Families.

- i. The CH individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter **for at least 12 months either continuously or on at least four separate occasions in the last 3 years**, where the cumulative total length the four occasions is **less than 12 months; AND**
- ii. **does not have** severe service needs.

Severity of Service Needs.

(a) For the purposes of this Notice, an individual who has the most severe service needs is one for whom **at least one of the following is true:**

- i. History of high utilization of crisis services, including but not limited to, ER's, jails, & psychiatric facilities; **OR**
- ii. Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing.

Severe service needs as defined in paragraphs i. and ii. above should be identified and verified through data-driven methods such as an administrative data match or through the use of a standardized assessment tool that can identify the severity of needs such as the Vulnerability Index (VI), the Service Prioritization Decision Assistance Tool (SPDAT), or the Frequent Users Service Enhancement (FUSE). The determination must not be

based on a specific diagnosis or disability type, but only on the severity of needs of the individual.

(b) In states where there is an alternate criteria used by state Medicaid departments to identify high-need, high cost beneficiaries, CoCs may use similar criteria to determine if a household has severe service needs instead of the criteria defined paragraphs i. and ii. above. However, such determination must not be based on a specific diagnosis or disability type.

- **Prioritization and Fair Housing:** The Fair Housing Act prohibits discrimination in housing on the basis of race, color, religion, sex, family status, national origin or disability. Other than prohibiting the seven bases of discrimination listed above, the Act does not limit the considerations that may be taken into account in making a housing decision, or prevent the adoption of preferences as long as those preferences do not violate the rights of one of those seven classes. The Act permits preferences for persons who are disabled.

C. Notification of Vacancies

All Programs: All Emergency Shelter, Transitional Housing, Rapid Re-housing, and Permanent Supportive Housing Programs are required to report vacancies to the CAN within 12 hours of unit/bed availability. If providers know of an impending vacancy, they are required to report the anticipated availability date within 72 hours of being made aware of such availability. Programs must update vacancy information in HMIS within one business day of a unit/bed being filled.

D. Time frames and expectations for Responses to Referrals by Providers

Emergency Shelter

Provider must make a determination within two hours of a referred client presenting at the shelter regarding whether the client can be accommodated that night and must notify the CAN and enter that decision in HMIS within one business day. If at 7pm the referred individual or family does not arrive at the shelter to claim a bed, the ES program may offer that bed to another eligible client.

Transitional Housing and Rapid Rehousing

For RRH, within two business days of intake interview and receipt of a complete intake packet, and for TH, within three business days of the intake interview and receipt of a complete intake packet, staff will determine eligibility and acceptance or rejection into the program.

Permanent Supportive Housing

Within three days of intake interview and receipt of a complete intake packet, staff will determine eligibility and acceptance or rejection into the program.

E. Referrals from CAN to CAN (TBD)

F. Centralized Priority Lists

Emergency Shelter

When issuing a referral for Emergency Shelter that cannot be immediately accommodated because no vacancy exists, the *Coordinated Access Network* may assign the singles and families seeking services to a priority list.

Permanent Supportive Housing

The CoC has a centralized priority list for PSH and each CAN will have a list for their geographic area. When a provider has a vacancy, the next eligible person on the list will be referred to the program with the vacancy within 2 business days. To ensure that vacancies are promptly filled, the *Coordinated Access Network* may issue up to 3 referrals per vacancy.

Transitional Housing and Rapid Rehousing

When issuing a referral to Transitional Housing or Rapid-Re-housing when there are no vacancies, the *Coordinated Access Network* will assign the person/household seeking services to the priority list for TH or RR using the prioritization criteria described above.

When a vacancy becomes available, the *Coordinated Access Network* will, within one business day of receiving the vacancy notification, based on the prioritization criteria, determine the next single/family on the applicable priority list and refer them to the program. To ensure that vacancies are promptly filled, the CAN may, at its discretion, issue up to 3 referrals per vacancy.

Transitioning from existing wait lists to CA priority lists CT BOS suggests that Sub CoCs use the following process for the transition from existing wait lists to the new priority lists that will be used to determine referrals under a Coordinated Access system. 1) CANs choose a date to close the existing waitlists 2) CANs work with providers to review and purge current lists of households who are no longer eligible or cannot be found 3) CANs work with providers to administer the common assessment form for all households that remain on the wait list 4) CANs assemble a new unified priority list combining households from the previous waitlist with those assessed since wait lists were closed and determining priority order using eligibility and priority standards as adopted by the CoC/CAN.

G. Client/Consumer Choice – Preferences and Decline Policy

Consumers may decline a referral because of program requirements that are inconsistent with their needs or preferences. There is no limitation on this decline. For example, consumers may decline participation in programs requiring sobriety. The *Receiving Program* must document the reason for client rejections.

The *Coordinated Access Network* will, at their discretion, require a case conference to review and resolve rejection decisions by consumers. The purpose of the case conference will be to resolve barriers to the client receiving the indicated and desired level of service.

H. Provider Decline Policy – Information to be provided, rules regarding rates of acceptance

Emergency Shelter

Emergency Shelters may only decline individuals and families found eligible for and referred by the *Coordinated Access Network* under limited circumstances, such as there is no actual vacancy available, the household presents with more people than referred by the *Coordinated Access Network*, or based on their individual program policies and procedures the Emergency Shelter has determined that the individual or family cannot be safely accommodated. The Emergency Shelter must report the reason for any decisions to reject a client. If the rejected client has not otherwise been accommodated for the night, the Emergency Shelter must refer the client back to the *Coordinated Access Network*, and document that outcome in HMIS.

Transitional Housing, Rapid Rehousing and Permanent Supportive Housing

Receiving Programs may only decline individuals and families found eligible for and referred by the *Coordinated Access Network* under limited circumstances, such as there is no actual vacancy available, the individual or family missed two intake appointments, the household presents with more people than referred by the *Coordinated Access Network*, or based on their individual program policies and procedures the *Receiving Program* has determined that the individual or family cannot be safely accommodated or cannot meet tenancy obligations with the supports provided by the program. Programs may not decline persons with psychiatric disabilities for refusal to participate in mental health services except as required by a funder. Providers must accept at least 2 of 3 referrals.

An intake decision notification will include at a minimum:

- first available move-in date, if applicable
- if applicable, reason the client cannot enter the program, including reason for rejection by client or program, if applicable
- alternative recommendation regarding indicated housing model/exit option for the client with justification, if applicable, instructions for appealing the decision,

including the contact information for the person to whom and time frame under which the appeal should be submitted.

If the homeless individual or family is accepted, the *Receiving Program* must document that acceptance and notify applicant of acceptance within one business day. In all cases, best faith effort for prompt unit turnover should be made and, on average, units should be turned over within 5 business days.

If the homeless family or individual referred by the *Coordinated Access Network* has not presented at the *Receiving Program* within 3 business days from the intake appointment the *Receiving Program* must notify the *Coordinated Access Network* and document the no show. Should the client present at or call the *Receiving Program* after more than 3 days from the appointment, the *Receiving Program* must refer the client back to the *Coordinated Access Network*.

I. Clients declined by all referrals

The *Coordinated Access Network* may convene a case conference in the event that a client is declined by 3 programs. The purpose of the case conference will be to resolve barriers to the client receiving the indicated level of service. The *Coordinated Access Network* will determine, which parties will attend the case conference, including but not limited to the *Assessment Entity*, the *Receiving Programs*, the Funding Agency, the Client, and other Collateral Contacts as determined necessary.

J. Returns to Shelter or the Streets

If a household can no longer be served by a housing program, the CAN should be notified at the earliest possible point to see if an intervention can help to preserve the placement. In the event that the household will need to return to shelter, the CAN must be notified prior to the HH leaving the program, whenever possible. The CAN may convene a case conference to evaluate the situation and plan for the best possible outcome and try to prevent a return to shelter or the streets.

K. Holding Beds/Units to Locate People

Emergency Shelter

Once a referral is made to emergency shelter, the provider is required to hold a bed until 7pm (or the latest time possible given staffing limitations).

Transitional Housing, Rapid Rehousing and Permanent Supportive Housing

Once referral/s have been made by the Coordinated Access Network, the Receiving Program is required to hold the unit vacant for 5 days in order to locate and inform the individual/household of the availability of housing and arrange the intake.

L. Grievance and Appeal Policies

All households shall have the right to appeal eligibility determinations and individual program acceptance decisions. Appeals of program acceptance decisions should be first made to the receiving agency using their grievance process. The entity receiving the appeal must respond in writing to all appeals within 14 days.

All appeals of eligibility decisions made by a CAN and appeals of receiving program acceptance decisions that could not be resolved to the satisfaction of the applicant through the receiving agency's grievance process shall be managed in accordance with the CT Department of Mental Health and Addiction Services Appeals Process. That process entails these steps: 1) Informal conference with the Shelter Plus Care Screening Committee or an equivalent body that replaces S+C Screening Committees post full CAN implementation 2) Hearing with the DMHAS Appeal Panel 3) Final review with the Director of Housing and Homeless Services. Each step is available to the applicant if the previous step did not result in satisfactory resolution. (Final Decision TBD based on outcome of statewide CAN planning meeting – CT DMHAS policy to be updated to conform with CAN process)

DMHAS funded programs must comply with their appeals process. (See Section O for the CT Department of Mental Health and Addiction Services Appeals Process)

M. Process for Referrals to DV, VA and other non-HMIS programs including paper referrals

DV: See policy drafted by CCEH and the CT DV Network (See Section P). If the household does not wish to seek DV specific services, the household will have full access to the Coordinated Access Network programs and services.

Veterans: To be developed

N. Definitions

Chronically Homeless (HUD Definition):

(1) An individual who: (i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and (iii) Can be diagnosed with one or more of the following

conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;

(2) 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 (1) of this definition, before entering that facility; or

(3) 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 (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Disability (HUD Definition):

A Physical, Mental or Emotional Impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that is expected to be long-continuing or of indefinite duration, substantially impedes the individual's ability to live independently, and could be improved by the provision of more suitable housing conditions; includes:

Developmental Disability Defined in §102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 USC 15002). Means a severe, chronic disability that is attributable to a mental or physical impairment or combination AND is manifested before age 22 AND is likely to continue indefinitely AND reflects need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. An individual may be considered to have a developmental disability without meeting three or more of the criteria listed previously, if Individual is 9 years old or younger AND has a substantial developmental delay or specific congenital or acquired condition AND without services and supports, has a high probability of meeting those criteria later in life.

HIV/AIDS Criteria Includes 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).

Literally Homeless (HUD Homeless Definition Category 1):

(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

O. DMHAS - Shelter Plus Care Appeal Process

Ineligibility for Admission and Appeal Process

A. Introduction

1. If the Shelter Plus Care Screening Committee finds that the applicant is not eligible, the applicant has the right to appeal the ineligibility decision. There are several levels of appeal set out below.
2. At all stages of the appeal process, factual findings relating to the individual circumstances of the applicant shall be based on a preponderance of the evidence presented.
3. At all stages of the appeal process, any deadlines for the applicant will be liberally construed.

B. Informal Conference with the Shelter Plus Care Screening Committee

1. If the Shelter Plus Care Screening Committee finds that the applicant is not eligible, it will notify the applicant in writing, clearly stating the specific reasons for the ineligibility determination and informing the applicant that he/she has the right to appeal the ineligibility decision.
2. The appeal process may begin with an informal conference with the Shelter Plus Care Screening Committee. The Screening Committee shall provide the applicant with a conference request form and a list of available advocates when it notifies the applicant of the ineligibility determination. The ineligibility determination letter must be mailed to the applicant by first class mail.
3. When an applicant requests an informal conference with the Screening Committee, the informal conference shall be held within thirty (30) working days of the receipt of the request.
4. The Housing Coordinator shall mail a notice of the informal conference to the applicant. The notice of the informal conference with the Shelter Plus Care Screening Committee shall include the date, time and place for the conference and a clear and specific statement of the issues presented and shall include a list of available advocates. The notice of the conference shall be mailed to the applicant by first class mail.
5. The notice of informal conference with the Shelter Plus Care Screening Committee shall contain the following advisements:
 - b. The applicant has a right to review and receive (free of charge before the informal conference) photocopies of the documents in the Shelter Plus Care file upon which Shelter Plus Care based its determination.
 - c. The applicant has the right to have a representative or advocate present at the informal conference with the Screening Committee. A list of

available advocates shall be provided to the applicant with the notice of the informal conference.

- d. The applicant will be given the opportunity to present written or oral objections at the informal conference.
 - e. The applicant has the right to question any witnesses who may be present at the informal conference and to be informed in advance who those witnesses will be.
 - f. The applicant has the right to bring his/her own witnesses and/or advocates to the informal conference.
 - g. If the applicant has any special needs or accommodations or transportation problems which may affect his/her ability to attend the informal conference, he/she should contact the Housing Coordinator and/or his/her case manager.
6. The Shelter Plus Care Screening Committee shall conduct an informal conference with the applicant.
 7. At the conference, the applicant and the committee may make an agreement.
 8. If the Screening Committee and the applicant do not reach an agreement, the Screening Committee will inform the applicant, in writing (mailed first class) the specific reason(s) for the ineligibility determination, the applicant's rights to a formal conference with the DMHAS Appeal Panel, along with a list of advocates.
 9. The Shelter Plus Care Screening Committee shall make its determination and mail the notice of the determination to the applicant within fifteen (15) working days following the informal conference.
 10. The Shelter Plus Care Screening Committee shall provide the applicant with a hearing request form which contains the name and address of the DMHAS Housing Director.

C. Hearing with DMHAS Appeal Panel This panel will have three members, one representing the DMHAS Housing Staff, one representing the DMHAS Recovery Community Affairs staff, and one representing Shelter Plus Care Coordinator staff (as long as the representative is not from the city from which the appeal originated).

1. When an applicant requests a hearing with the DMHAS Appeal Panel, the hearing shall be held within thirty (30) working days of the receipt of the request.
2. The notice of hearing shall include the date, time, and place of the hearing and a clear statement of the issues presented. The notice of the hearing shall be mailed to the applicant by first class mail not less than 10 days before the scheduled hearing. The notice of hearing with the DMHAS Appeal

Panel shall contain the same advisements as described in above section.
(Section VI, Part A 4)

3. At the hearing, evidence may be considered without regard to admissibility under the rules of evidence applicable to judicial proceedings. However, a decision to deny or terminate eligibility cannot be based on hearsay evidence alone. Applicants or participants must have the opportunity to confront and cross examine adverse witnesses.
4. The DMHAS Housing staff shall keep a sign-in sheet of those who attended the hearing and a list of the documents discussed and witnesses present.
5. Within ten (10) working days of the hearing, the DMHAS Appeal Panel shall issue a written decision specifying the reasons for the decision and informing the applicant that he/she can request a final review by the Review Panel. The decision shall be mailed to the applicant by first class mail.
6. DMHAS Housing staff shall provide the applicant with a request form for the final review with the Review Panel which contains the name and address of the Review Panel contact.

D. Final Review by Director of Housing and Homeless Services

1. When an applicant requests a final review from the Director of Housing and Homeless Services, the final hearing shall be held within fifteen (15) working days of the receipt of the request.
2. The final review will be conducted by the Director of Housing and Homeless Services:
3. The notice of the final review shall include the date, time and place for the hearing and a clear and detailed statement of the issues. The notice of the hearing shall be mailed to the applicant by first class mail not less than ten (10) days before the scheduled hearing. The notice shall contain the same advisements as stated above Section VI, Part B (5)
4. The Director of Housing and Homeless Services shall keep a sign-in sheet of those who attended the final review and a list of documents discussed and witnesses present.
5. The final review shall be governed by the process described above including Section VI, Parts A and C (3).
6. The Director of Housing and Homeless Services shall issue a written decision within (15) working days of the final review, giving a short statement of the facts on which the decision is based.
7. A copy of the Director of Housing and Homeless Services decision shall be mailed to the applicant or participant by first class mail.

P. Domestic Violence Protocol

An effective Coordinated Access System in CT:

- Includes domestic violence service providers in the coordinated access systems in every community:
 - Domestic violence providers are engaged in all phases of the Coordinated Access process from planning through implementation and evaluation.
 - Domestic violence providers are included in the day to day operations of the Coordinated Access system, including daily identification and coordination of services for domestic violence survivors.
- Has safety assessment options for survivors of domestic violence and offers immediate referral to domestic violence services if needed;
 - 211 call specialists, trained in working with survivors of domestic violence, will continue to serve as a front door for screening of domestic violence survivors and will make immediate referral to domestic violence services when needed.
- Provides an option for survivors to access the statewide network of domestic violence providers;
- Takes a trauma-informed approach;
 - Recognizes the prevalence of trauma and how it impacts people and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings.
 - Takes a thoughtful perspective on how assessment is completed and how many times survivors may be asked to tell their stories, the impact of these questions and the potential for re-traumatizing survivors in this process
- Screens for domestic violence in the initial steps of the coordinated access process;
 - CCADV or their member agencies will provide training on how to best screen for DV issues.
 - Screening questions for DV will be included in the HMIS Intake, that will indicate when referral to DV services may be needed
- Allows self-certification of homelessness for survivors of domestic violence (in accordance with federal law around eligibility for services that indicate that domestic violence survivors are considered homeless if they are actively fleeing)
- Provides for training of all coordinated access staff in the confidentiality and privacy rights of domestic violence survivors, included in the federal Violence Against Women Act (VAWA) and CT state law;
 - To be provided by CCADV or their member agencies
- Permits survivors and others to decline having their personal information entered into HMIS, and maintains confidentiality, without limiting their access to programs and services, in accordance with the Violence Against Women Act;

- Allows for anonymous entry of domestic violence survivors into HMIS in order to meet funder data entry requirements with a protocol to be determined.
- Encourages referrals for domestic violence survivors that are made based on knowledge of the programs and program types that are most appropriate for survivors of domestic violence;
- Provides for training of coordinated access staff on issues related to domestic violence survivors, including risk assessment and delivery of trauma-informed services;
 - Training will be provided by CCADV
- And recognizes that survivors connect to housing services most successfully when domestic violence service providers work in conjunction with homeless services providers.
 - Rapid rehousing, transitional housing and permanent supportive housing resources are critical for all homeless households entering the services system including survivors of domestic violence.