

CT Balance of State (CT BOS) Continuum of Care Policies
Revised 6/16/17
By CT BOS CoC Steering Committee

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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, Litchfield, New Haven, New London, Windham, Tolland, Middlesex and the City of Danbury.
- 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, Sub-CoCs and CANs 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 operation of and ongoing planning for 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 a regular point-in-time count of homeless persons in the CT BOS CoC region at intervals that are at least as frequent as required by HUD.

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 Regional Planning Bodies

- A. CT BOS is comprised of the following regions: Bristol, Danbury, Greater Hartford, Greater New Haven, Litchfield County, Manchester, New Britain, New London/Norwich, Middletown/Middlesex, Waterbury, and Windham/Tolland. Many of these regions have their own planning groups, known as Coordinated Access Networks (CANs) and/or Sub-CoCs, which guide the community's work around homeless housing and services. Each region is eligible to have one representative on the BOS Steering Committee. The Sub-CoCs and CANs are the core organizing and implementation entities for local implementation of housing and service initiatives intended to help to end homelessness. The Sub-CoCs and CANs bring local providers and stakeholders together to collaboratively address homelessness and plan for housing and services in their region.
- B. The Sub-CoCs and CANs 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 Representative from each region shares 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 CoC Program funding known as the Consolidated CoC application. 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 CoC Program NOFA is released.
 - ii. Once the CoC Program 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 a non-renewal vote by the CT BOS Steering Committee.
- 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 CoC Consolidated 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 CoC Consolidated Application to HUD 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 Steering 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 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 CoC Program 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. Appeals of any Evaluation (Scoring) Committee decisions shall be referred to the Grievance Committee (See Section 8 below).

Section 5: The Opening Doors CT Retooling the Crisis Response and CAN Leadership Committees oversee the implementation of coordinated entry systems (CES) for the State of CT. These committees coordinate efforts with the CT BOS CoC Steering Committee around policy and procedure development for CES in CT.

Section 6: Youth Advisory Board (YAB)– The Institute for Community Research (ICR) Youth Action Hub serves as the Youth Advisory Board for the CT Balance of State CoC. CT BOS CoC consults with the YAB on relevant policy decisions.

Section 7: Grievance Committee - The purpose of the CT BOS Grievance Policy is to ensure that there is a fair and accessible process for providers and Steering Committee members to file a grievance with the CoC. The Grievance Committee shall be made up of a minimum of three members of the CT BOS CoC Steering Committee. Members shall be appointed by the CT BOS CoC Steering Committee Co-Chairs. In all instances when a conflict of interest is present, parties shall recuse themselves from voting on and otherwise influencing the outcome of matters referred to the Grievance 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 Regions on the Steering Committee

Each region is 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 (i.e. Sub-CoC and/or CAN) 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 at a minimum 6 times per year.
- B. Upon a request, in writing, by at least five members of the Steering Committee, 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 Steering Committee 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 Governance Charter (b) approve Steering Committee members and (c) elect co-chairs.

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 one Co-Chair will take place annually.
- C. The Co-Chairs will serve two-year staggered terms and can serve unlimited consecutive terms.
- D. Election of the Co-Chairs will be by simple majority vote of Members present (Quorum required) annually .
- 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 and shall be ratified by the Steering Committee.

Article VII – Consultant Functions

- A. A Consultant manages the day-to-day operations of the CT BOS Continuum of Care and writes the annual HUD Continuum of Care Application.
- B. A 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 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 Balance of State CoC Governance Charter

The CT BOS By-Laws are attached as an Appendix to this document and include additional sections on Membership, Leadership, Selection of Steering Committee, Conflict of Interest for Steering Committee members; Proceedings, Committees and Work groups and Full Membership. The by-laws and this charter provide the core governance and operating policies for the CT BOS CoC.

The charter was 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.

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 CT HMIS Steering 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, ESG, and PATH 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.
- Determines 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 – do we still want this? Most do not
- 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 Children and Family Services, CT

Department of Corrections, 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, Greater Hartford, New Haven, and Litchfield/Torrington, Manchester, Middlesex, Norwich/New London, Waterbury, and Windham/Tolland counties.

Intermediaries/advocates on the CT BOS Steering Committee include the Corporation for Supportive Housing, CT Coalition Against Domestic Violence, Partnership for Strong Communities, 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.

Regional Representation Requirements

CT BOS is comprised of the following regions: Bristol, Danbury, Greater Hartford, Greater New Haven, Litchfield County, Manchester, New Britain, New London/Norwich, Middletown/Middlesex, Waterbury, and Windham/Tolland. Many of these regions have their own local planning groups, known as Coordinated Access Networks (CANs) and/or Sub-CoCs, which guide the community's work around homeless housing and services. Each region is eligible to have one representative on the BOS Steering Committee. To maintain a representative on the BOS Steering Committee, a Sub-CoC or CAN must meet the following requirements:

- In order to be a member of the BOS CoC Steering Committee, the region must have a functioning and active local planning body (i.e., Sub-CoC or CAN), 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, all Regions are required to submit the name of their appointed Steering Committee representative, Sub-CoC/CAN minutes, and member list to the Steering Committee.
- Each year, all regions of CT BOS 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.

- Regional 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 relevant local planning bodies.
- Collaborate with local educational agencies in identification of homeless children and youth.
- Develop and implement local Coordinated Access policies and procedures in the CAN.

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. 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

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 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.
 - a. 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.
 - b. 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.

- c. 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.
- d. 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.
 - a. Leases do not include stipulations beyond those that are customary, legal, and enforceable under Connecticut law.
 - b. 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.
 - c. 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.
 - a. Property management and support service functions are provided either by separate legal entities or by staff members whose roles do not overlap.
 - b. There are defined processes for communication and coordination across the two functions to support stable tenancy.
 - c. 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.

2. Housing First Requirements

- All CT BOS projects (Permanent Supportive Housing Rapid Re-Housing, and Transitional Housing) 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. 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).

4. 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 or Next Step Tool for transition aged youth 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. RRH grant recipients and subrecipients shall determine whether households

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.

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. HUD regulations 24 CFR Part 578 also indicate:
 - Services may be provided to current residents of permanent housing who were homeless in the prior 6 months, for no more than 6 months after leaving homelessness to assist their adjustment to independent living; and

- Rapid rehousing projects must require the program participant to meet with a case manager not less than once per month to assist the program participant in maintaining long-term housing stability.

As such, participants may receive eligible supportive services alone (i.e. without receiving rental assistance) for up to 6 months after leaving homelessness.

Participants may also receive short-term (up to 3 months) and/or medium-term (for 3 to 12 months) tenant-based rental assistance alone or in combination with eligible supportive services.

- 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 rental assistance of no more than the following percentages of FMR for each of the indicated time frames (security deposits are excluded from these limits):
 - Months 1-3 – 100% of FMR
 - Months 4 to 6 - 80% of FMR
 - Months 7 to 9 - 60% of FMR
 - Months 10 to 12 - 40% of FMR
- 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.

5. Educational Services for Children

BACKGROUND

Federal law ensures educational rights and protections for children and young adults 18-24 experiencing homelessness. Protections apply to children and youth who are living with a parent or guardian and those who are not. Every school district and public charter school in CT is required to designate a homeless liaison who is responsible for ensuring the identification, school enrollment and stability, attendance and opportunities for academic success of students in homeless situations using a child-centered, best interest framework for decision-making. In addition, HUD establishes requirements for CoCs and project applicants through the annual CoC competition and the CT Balance of State Continuum of Care (CT BOS) has established related requirements. This document summarizes basic information about the responsibilities of sub CoCs and recipients/sub-recipients of CoC and ESG funds. For more information or to find contact information for you local homeless liaison please visit: <http://youth-help.org>

Information is also available at the National Center for Homeless Education: <http://center.serve.org/nche/briefs.php>

RESPONSIBILITIES OF SUB-COCS

CT BOS Sub CoCs are responsible for coordinating with your local school district(s), charter school(s), and Coordinated Access Network (CAN) in the following ways:

- Helping to identify children and young adults who are eligible for educational services. If a child or young adult does not have a fixed, regular, and adequate place to sleep at night, he or she is eligible. This includes those living in places not meant for human habitation, emergency shelters, transitional housing, motels/hotels, campgrounds, in doubled-up situations, or in housing that lacks utilities, is infested or has other dangerous conditions.
- Helping to ensure that all families with children and young adults who qualify in your area are informed about their educational rights and their eligibility for educational services and they receive those services.
- Attending relevant meetings and planning events held by your local school district.
- Ensuring that the local school districts' homeless liaisons are aware of 211 and CAN processes for connecting homeless families and young adults to ESG & CoC resources and helping to resolve any issues that might arise in linking eligible households to those resources.
- Helping to ensure that when placing families in emergency, transitional or permanent housing, consideration is given to the educational needs of children, including placing children as close as possible to schools of origin and early

childhood education programs.

RESPONSIBILITIES OF RECIPIENTS/SUB-RECIPIENTS & SAMPLE POLICY

Recipients and sub-recipients of CoC and ESG funds serving families with children and/or young adults 18-24 are responsible for the things outlined in the sample policy below, which is intended to help providers comply with requirements established under federal law, by HUD through the annual CoC project application, and by CT BOS. All projects receiving CoC funds that are serving families with children and/or young adults 18-24 are required to have similar policies. Projects may opt to adapt this sample policy or to adopt a different policy that fulfills the requirements.

Purpose:

To ensure that participants in (INSERT CoC PROJECT NAME) are helped to understand their educational rights established under Subtitle VII-B of the McKinney-Vento Homeless Assistance Act and most recently reauthorized by the Every Student Succeeds Act; To ensure that children and young adults are immediately enrolled in school, as required by federal and State law, & to ensure that they are connected to transportation and educational services to help them succeed in school.

Policy:

1. All housing, whether temporary or permanent, provided by the CoC project shall be located in neighborhoods that are accessible to community resources and services, including schools, libraries, and other educational services.
2. The Program Director and/or his/her designee is responsible for:
 - a. Ensuring that all families with children and young adults participating in this project are informed about their educational rights and their eligibility for educational services at intake and as necessary thereafter.
 - b. Ensuring that no matter where they live, how long they have lived there, or how long they plan to stay, all children and young adults participating in the project are enrolled in school immediately, even if they lack the paperwork normally required (e.g., school records, records of immunization, and other required health records, proof of residency, guardianship, and other documents), are unable to pay fines or fees, or have missed application or enrollment deadlines. Students have the right to enroll in school and attend classes while the school gathers needed documents. Enrollment shall occur as quickly as possible and within no more than 48 hours of project entry. Children and young adults who are not required by State law to enroll in school shall be encouraged and assisted but not required to enroll. Families shall be encouraged and assisted to enroll children in early childhood education programs. Enrollment includes attending

- classes and participating fully in school activities and applies to youth without a parent or guardian.
- c. Assist unaccompanied youth to choose and enroll in a school, giving priority to his/her wishes and assisting to exercise his/her right to appeal.
 - d. Advocating as necessary to ensure that homeless students are able to continue to attend their school of origin (i.e., where they went before becoming homeless or the school in which they were last enrolled) the entire time they are homeless and until the end of the academic year during which they find permanent housing. This includes pre-schools and the designated receiving school at the next grade level when a student completes the final grade level served by the school of origin. Remaining in the school of origin should be presumed to be in the best interest of the student unless contrary to the request of the parent, guardian or unaccompanied youth.
 - e. Assisting, as necessary, to ensure that the parent, guardian, or unaccompanied youth is provided with the required written explanation of decisions made by school districts/charter schools and how to appeal them and that they are referred to the local school district's homeless liaison who must carry out the dispute resolution process as expeditiously as possible.
 - f. Assisting, as necessary, to appeal any decision by the local school district or charter school that it is not in the student's best interest to attend the school of origin or the school where they currently live if requested by the parent, guardian or unaccompanied youth.
 - g. Advocating, as necessary, to ensure that if a dispute arises over eligibility, school selection, or enrollment, the student is immediately enrolled in the school in which enrollment is sought, pending resolution of all available appeals.
 - h. Advocating, as necessary, to secure the transportation services to which students are entitled (i.e., to and from the school or preschool of origin, including until the end of the year when the student obtains permanent housing).
 - i. Assisting, as necessary, to secure temporary transportation services through other means, if possible, when school districts/charter schools are unable to immediately provide such required services.
 - j. Advocating on behalf of homeless students as necessary to ensure that they receive the services for which they are eligible according to their needs and comparable to those provided to other students, including assistance from the local school district's homeless liaison, Early Intervention Program for Infants and Toddlers with Disabilities, Head Start, other preschool programs, services for disabled students, free school meals, services for English language learners, gifted and talented services, before and after school care, career and technical

education, summer learning, online learning, and referrals to health, mental health, dental and other services.

- k. Advocating as necessary to ensure that homeless students who meet the relevant eligibility criteria do not face barriers to accessing academic and extracurricular activities, including magnet and charter schools, summer school, career and technical education, advanced placement, online learning, and athletic programs.
- l. Advocating, as necessary, to ensure that students receive appropriate full or partial credit for coursework, including consulting with the prior school about partial coursework completed, evaluating students' mastery of partly completed courses, and offering credit recovery.
- m. Advocating as necessary to ensure that all homeless youth receive information and individualized counseling regarding college readiness, college selection, the application process, financial aid, and the availability of on-campus supports; and that unaccompanied homeless youths are informed of their status as independent students for the purposes of Federal financial aid for postsecondary education and assisted in receiving verification of such status.
- n. Advocating as necessary to ensure that records, including information about a student's living situation, are kept private.
- o. Helping homeless students to succeed in school and to get help from the local homeless education liaison, as necessary.
- p. Developing relationships with colleges to access higher education services specifically for homeless young adults.
- q. Designating a staff person who is responsible for:
 - Helping participants to understand their educational rights
 - Ensuring that children and young adults are enrolled in school and early childhood education
 - Ensuring that students get access to all services, programs, and extracurricular activities for which they are eligible
 - Ensuring that children and young adults receive the transportation services to which they are entitled

These need not be the only responsibilities of the designated staff person.

- r. Ensuring that the designated staff person is involved in the development of participants' service plans where there are extensive or significant unmet educational needs.
 - Ensuring that no policies, procedures, or practices that are inconsistent or interfere with the educational rights established under federal law are adopted by the project.

6. 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.

7. Participant/Applicant Bill of Rights

Emergency shelter, transitional housing, rapid re-housing, and permanent supportive housing projects operating within CT BOS must review with and provide a written copy of the *CT BOS CoC Participant/Applicant Bill of Rights* (see appendix) to all participants and applicants.

8. Grant Amendments

- Grant recipients are required to submit any proposed CoC project grant amendments to the relevant sub-CoC for approval prior to submission to HUD.
- Grant recipients are also required to notify the CT BOS Steering Committee of any approved amendments.

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.

3. Underspending

- If a project is underspent by more than 20% or \$50,000 for 2 years, the project is at risk of partial or complete reallocation.

VII. Grievances

1. Purpose

The purpose of the CT BOS Grievance Policy is to ensure that there is a fair and accessible process for providers and Steering Committee members to file a grievance with the CoC. For example, a provider might have a grievance with how their renewal evaluation results are scored or rejection of a project application for funding.

2. Composition of Grievance Committee

The Grievance Committee shall be made up of a minimum of three members of the CT BOS CoC Steering Committee. Members shall be appointed by the CT BOS CoC Steering Committee Co-Chairs.

4. Filing a Grievance

Grievances shall be submitted in writing to the Grievance Committee via e-mail (ctboscoc@gmail.com).

5. Resolution of a Grievance

Written grievances will be reviewed within 30 days of receipt. The committee will issue a written decision that specifies the resolution of the grievance and any actions that need to be taken. The decision may be appealed to the CT BOS Steering Committee Co-Chairs within 10 days of the written decision. The decision of the Co-Chairs is final. In all instances when a conflict of interest is present, parties shall recuse themselves from voting on and otherwise influencing the outcome of matters referred to the Grievance Committee. (see CT BOS Policies, Article VIII, Section 1).

VIII. 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).
- The CT BOS CoC recognizes that household composition may change during the course of a homeless episode. (For example, a family may enter emergency shelter as a parent with two teenage children but the plan is to re-unite in permanent housing with a younger child who is currently staying with a relative.) To the greatest extent possible, the CoC wants to accommodate changes in family composition.
- In accordance with the CT BOS Client Bill of Rights (see Appendix), participants in or applicants to any emergency shelter, transitional housing, rapid re-housing, or permanent supportive housing project operating within the CT BOS CoC have the right to decide for themselves who is a member of their families and to be served together with their families. A family may include adults and children or just adults of any age, disability, marital status, actual or perceived sexual orientation or gender identity. This requirement applies whether the family initially presented together upon admission or the family composition changed post admission. It is the intent of the CT BOS CoC to allow families to form and change composition during their participation in projects, however that may not be feasible in every situation.
- Projects may restrict changes to family composition in the following situations:
 - Unit is not large enough to accommodate additional family members in accordance with applicable federal, state, and local standards (Note that

CoC-funded programs are required to have at least one bedroom or living/sleeping room for each two persons and may not require children of the opposite sex, other than very young children, to occupy the same bedroom or living/sleeping room); and/or

- The services required to meet the needs of a new family member are not available; and/or
 - Housing the family together would present an imminent health and/or safety risk.
- When circumstances prevent a project from accommodating changes to family composition, projects should assist the family in accessing a different unit or work with their CAN and assist the family in accessing a different project that meets their needs and can accommodate them together as a family.

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. CT BOS will use the Next Step Tool for transition aged youth.

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

Veterans ineligible for VA Services – Veterans who are ineligible for U.S. Department of Veterans Affairs housing and services shall be prioritized in CT BOS CoC funded projects.

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 – Transitional Housing – Applicants must be screened for diversion and admitted only if no other options are available. Projects may serve only participants coming from emergency shelter and unsheltered locations, including those who have 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 who were residing in an emergency shelter or unsheltered location immediately before entering that facility. Projects may serve only participants 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. Rapid rehousing projects must serve only individuals or families coming from emergency shelters or the streets, with the exception of youth under age 25 who may also qualify under HUD Category 4 (i.e., fleeing domestic violence).

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

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

needs are prioritized for PSH and to support progress towards ending chronic homelessness in Connecticut.

- **Requirement to dedicate or prioritize PSH beds to people experiencing chronic homelessness:**
 - All CT BOS CoC-funded PSH beds are required to dedicate or prioritize 100% of their beds to people experiencing chronic homelessness. When filling vacant beds, CoC-funded PSH projects must seek referrals only through their local CAN from the *Statewide By-Name List* maintained by the local CANs and monitored by the Connecticut Department of Housing (CT DOH) and should be filtered for each CAN's homeless population for prioritization decisions.
 - This by-name list uses the order of priority established in HUD Notice CPD-16-11: *Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing*. Relevant guidance from the Notice appears below, and the full Notice is available at: <https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>
 - The notice defines which chronically homeless people get priority access to PSH beds and how to prioritize PSH beds when no chronically homeless persons exist within the geographic area.
- **Accepting Referrals through a Single Prioritized List for PSH**
 - All CoC-funded PSH projects are required to accept referrals ONLY from the *Statewide By-Name List* that is maintained by each CAN and monitored by CT DOH, and should be filtered for each CAN's homeless population for prioritization decisions. The single prioritized list is updated frequently to reflect the most up-to-date and real-time data as possible.
 - This requirement does not include homeless veterans or homeless youth, who have separate processes for prioritization for PSH projects that are dedicated to these populations.
- **Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic Homelessness:**
 - When selecting participants for housing, CANs and CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness are required to use the following order of priority that has been established by the CT BOS 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.

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

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

- Recipients must exercise due diligence when conducting outreach and assessment to ensure that chronically homeless individuals and families are prioritized for assistance based on their total length of time homeless and/or the severity of their needs. CT BOS recognizes that some persons—particularly

those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients of CoC Program-funded PSH are not required to allow units to remain vacant indefinitely while waiting for an identified chronically homeless person to accept an offer of PSH. CANs and providers should continue to make attempts to engage those persons that have not accepted an offer of PSH and these chronically homeless persons must continue to be prioritized for PSH until they are housed.

- **Prioritizing access to PSH when participants are transferred from a different PSH project:**
 - Existing PSH participants being transferred from a different CTBOS 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 BOS PSH participant households exchange units. In all cases, PSH units must be prioritized for eligible applicants residing in the CT BOS covered geography over eligible applicants residing in another CoC.

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

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

➤ **(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.

➤ **(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.

- **Projects that serve 100% CH Veterans**, and are unable to locate a CH Veteran to fill a vacancy, will follow the prioritization process detailed in the CT BOS Policies and Procedures which are based on *Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons* (<http://www.csh.org/wp-content/uploads/2015/04/CT-BOS-Policies-revised-4.6.15.pdf>) to house a NON-CHRONIC homeless Veteran. For projects that have dedicated units for Veterans, but do not serve 100% Veterans, and are unable to locate a chronically homeless Veteran to fill a vacancy, the project will follow the prioritization process noted above to house a chronically homeless non-veteran.”
- **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 Homelessness and Discharges without a Stable Placement

If an individual or family residing at a permanent housing project is at risk of returning to homelessness or an individual or family is being discharged from a transitional housing project or shelter without a stable placement, the service provider is required to notify the local CAN at the earliest possible point in the process. The CAN will convene a case conference to evaluate the situation, determine intervention(s) that might help to preserve housing or secure an alternative placement, plan for the best possible outcome and try to prevent a return to homelessness. This requirement does not apply in situations of imminent risk to self or others.

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):

HUD Released the Final Rule on Homeless Emergency Assistance and Rapid Transition to Housing: Defining "Chronically Homeless" on 12/4/15. The final rule defines chronic homelessness as follows:

(1) A “homeless individual with a disability”:

- 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 (1)(i) above continuously for at least 12 months or on at least 4 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 (1)(i) above. 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 the institutional care facility;

(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) or (2) 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 CoC Rental Assistance Appeal Process – excerpted from the DMHAS Permanent Supportive Housing Rental Assistance Administrative Plan (updated June 16, 2016)

Introduction

1. Any participant determined to be ineligible for or being terminated from CoC Rental Assistance has the right to appeal. 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.

Informal Conference with the relevant CAN

1. If the relevant CAN 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 relevant CAN. The CAN shall provide the applicant/participant with a conference request form and a list of available advocates when it notifies the applicant/participant of the determination. The determination letter must be mailed to the applicant by first class mail and a copy will be maintained in the applicant/participant's file
3. When an applicant/participant requests an informal conference with the CAN, the informal conference shall be held within thirty (30) working days of the receipt of the request.
4. The CoC Rental Assistance Housing Office or CAN shall mail a notice of the informal conference to the applicant/participant. The notice of the informal conference 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/participant by first class mail.
5. The notice of informal conference with the CAN shall contain the following advisements:

- b. The applicant/participant has a right to review and receive (free of charge before the informal conference) photocopies of the documents in the CoC Rental Assistance file upon which the determination being appealed is based.
 - c. The applicant/participant has the right to have a representative or advocate present at the informal conference with the CAN. A list of available advocates shall be provided with the notice of the informal conference.
 - d. The applicant/participant will be given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the initial decision at the informal conference.
 - e. The applicant/participant 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/participant has the right to bring his/her own witnesses and/or advocates to the informal conference.
6. If the applicant/participant 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 CoC Rental Assistance Housing Office. The relevant CAN shall conduct an informal conference with the applicant/participant.
 7. At the conference, the applicant/participant and the CAN may make an agreement.
 8. If the CAN and the applicant/participant do not reach an agreement, the CAN will inform the applicant/participant, in writing (mailed first class) of the specific reason(s) for the determination, and the applicant/participant's right to a formal conference with the DMHAS Appeal Panel. That written notification will include a list of advocates.
 9. The CAN shall make its determination and mail the notice of the determination to the applicant/participant within fifteen (15) working days following the informal conference.
 10. The Housing Office staff CAN shall provide the applicant/participant with a hearing request form, which contains the name and address of the DMHAS Housing Director, and instructions for requesting a hearing orally.

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 a CoC Rental Assistance Housing Office outside of the CAN from which the appeal originated.

1. When an applicant/participant 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/participant 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 XIV, Part B 5)

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/ 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/participant that he/she can request a final review by the Review Panel. The decision shall be mailed to the applicant by first class mail and a copy will be maintained in the applicant/participant file.
6. DMHAS Housing staff shall provide the applicant/participant with a request form for the final review with the Review Panel, which contains the name and address of the Review Panel contact, and instructions for requesting a final review orally.

Final Review by Review Panel

1. When an applicant/participant requests a final review from the Review Panel, 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 a Review Panel composed of three individuals:
 - a. The first Review Panel member will be the DMHAS Team Leader.
 - b. The second Review Panel member will be a participant/applicant Advocate (not representing applicant), including but not limited to, NAMI, Legal Services, Connecticut Legal Rights Project, CT Community for Addiction Recovery (CCAR) and Advocacy Unlimited.
 - c. The DMHAS Team Leader and the Advocate will select a third Review Panel member. To qualify as a Review Panel member, the individual must have participated in the training workshop regarding this Administrative Plan and must not be a person (or a subordinate of a person) who made or approved the decision being appealed;
 - d. The Review Panel members will serve pro bono.
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/participant 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 XIV, Part B 5) and a copy will be maintained in the applicant/participant file.
4. The Review Panel 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 in Section XIV Part C.
6. The Review Panel 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. Copies of the Review Panel's decision shall be mailed to the applicant or participant by first class mail and retained in the applicant/participant's file.

Disputes/Complaints Regarding CoC Rental Assistance

When a participant has a dispute (complaint) about the administration of the CoC Rental Assistance Program (e.g., rent calculation, repair issues, mistreatment by the Housing Office, etc.) he/she may use the review process described in Section XIV of the administrative plan, including: A) Informal Conference with CAN; B) Hearing with DMHAS Appeal Panel C) Final Review by Review Panel

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.

IX. Appendix

CT BOS CoC Participant/Applicant Bill of Rights

Adopted April 22, 2016

As a participant in or applicant to any emergency shelter, transitional housing, rapid re- housing, or permanent supportive housing project operating within the Connecticut Balance of State Continuum of Care (CT BOS CoC), **YOU HAVE THE RIGHT TO:**

- Not be discriminated against based on race, color, national origin, religion, sex, actual or perceived sexual orientation, gender identity/expression, disability or marital status.
- Not be denied admission or separated from members of your family based on any of these things.
- To decide for yourself who is a member of your family and to be served together with those people whether your family includes adults and children or just adults, or the age, disability, marital status, actual or perceived sexual orientation, or gender identity of any member of your family.
- To be placed in a shelter based on the gender with which you identify.
- If at any time you express safety or privacy concerns, the project must take reasonable steps to address your concerns.
- Not to be sexually harassed.

In addition, as a participant in any transitional housing, rapid re-housing, or permanent supportive housing project funded by CT BOS CoC **YOU HAVE THE RIGHT:**

- To be treated with respect and dignity and in a way that honors differences.
- To get services that meet your needs with a focus on helping you to get and keep permanent housing and achieve the things that are important to you.
- To not be physically, sexually, verbally and/or emotionally abused or threatened.
- To receive services that are consistent with the Housing First model (See details attached).

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- To receive a written statement describing the services provided by the project, any rules and your responsibilities and to receive an updated written statement if any changes are made.
- To have your personal information and records kept private and not shared without your written permission and to say with whom the information can be shared.
- To be informed of situations when your personal information can be shared without your permission, for example, when there is a medical emergency, when a clear and immediate danger to you or to others exists, when there is possible child or elder abuse, or when ordered by a court of law.
- To make suggestions and complaints about services or denial of services.
- To receive a prompt and reasonable response to requests and complaints.
- To have the freedom to participate in or choose not to participate in services and activities offered by the CoC project or by any other organization in the community.
- If you are no longer going to get services and/or housing, to get a written notice that includes a clear statement of the reasons, an opportunity to appeal the decision, and the right to receive a written notification of the final decision. This right applies whether you decide you no longer want the services or the project decides they can no longer serve you.
- If you are a participant in a tenant-based rental assistance program, you have the right to choose the housing unit you will live in and to move within the CT BOS CoC area when your lease expires. All housing units must meet HUD standards, and you may be directed to a smaller geographic area, if necessary, to ensure that you can get services, unless that would put you at likely threat of violence or stalking.
- To receive a copy of these rights and to have someone review them with you when you enter the project.

Please sign below to indicate that you received a copy of these rights and someone reviewed them with you. More information about your rights and what you can do if you believe your rights have been violated is attached.

Participant/Applicant Name	Participant/Applicant	Signature	Date
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Staff Name	Staff Signature	Date
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CT BOS CoC Participant/Applicant Bill of Rights

ADDITIONAL INFORMATION ABOUT YOUR RIGHTS

- A shelter or housing program is allowed to limit assistance to households with children; however, it may not limit assistance to only women with children and must also serve the following family types:
 - o Single men with minor children; and
 - o Any household made up of two or more adults with minor children, regardless of sexual orientation, marital status, or gender identity,
- Projects may not ask about your sexual orientation or gender identity to determine if you are eligible. This does not mean that you cannot choose to share that information. Emergency shelters may ask about your sex if they have shared sleeping areas or bathrooms. Other types of projects may also ask about your family members' sex to determine the number of bedrooms you need.
- There, generally, is no reason for a provider to request documentation of your sex in order to determine where to place you. You should not be denied access to a single- sex emergency shelter because your documents indicate a sex different than the gender with which you identify. The provider may not ask you questions or seek information or documentation about your anatomy or medical history. The provider also may not consider you ineligible for an emergency shelter or other facility because your appearance or behavior does not conform to gender stereotypes.
- Reasonable steps that a provider must take to address a transgender client's safety or privacy concerns, include, for example: adding a privacy partition or curtain; allowing you to use a nearby private restroom or office; or having a separate changing schedule. The provider must permit any transgender clients expressing concern to use bathrooms and dressing areas at a separate time from others in the facility. The provider should work with the layout of the facility to provide for privacy in bathrooms and dressing areas, if possible. For example, toilet stalls should have doors and locks and there should be separate showers stalls to allow for privacy. The provider should ensure that its policies do not isolate or segregate you based upon your gender identity.

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WHAT CAN I DO IF I FEEL MY RIGHTS HAVE BEEN VIOLATED?

- If your family has been separated or you believe your rights have been violated in any other way, you can submit a complaint to the CT BOS CoC at ctboscoc@gmail.com
- You can also contact the HUD Hartford Field Office at (860) 240-4800.
- If you believe you have been discriminated against based on race, color, national origin, religion, sex, disability, or familial status, you can file a fair housing complaint with HUD by telephone (800-669-9777) or via the Internet. Follow this link to fill out a fair housing complaint form [online](#).

Connecticut's anti-discrimination laws also protect people who are gay, lesbian, bi-sexual, and transgender. You may file a complaint in person or in writing at the [Connecticut Commission on Human Rights and Opportunities \(CHRO\)](#). The main office of the CHRO is at 21 Grand St., Hartford, CT 06106. You should call them because they will want you to file your case in the appropriate regional office. Their number is (800) 477-5737 and you can visit their website at www.state.ct.us/chro

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 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."

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- 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.

- a. 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.
- b. 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.
- c. 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.
- d. 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.

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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.
 - a. Leases do not include stipulations beyond those that are customary, legal, and enforceable under Connecticut law.
 - b. 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.
 - c. 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

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Separation of housing and services eviction process

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.

- a. Property management and support service functions are provided either by separate legal entities or by staff members whose roles do not overlap.
- b. There are defined processes for communication and coordination across the two functions to support stable tenancy.
- c. 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.