

## 1A. Continuum of Care (CoC) Identification

### Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the e-snaps help desk.

**CoC Name and Number (From CoC Registration):** CT-500 - Danbury CoC

**CoC Lead Organization Name:** Western Connecticut Mental Health Network-Danbury

## 1B. Continuum of Care (CoC) Primary Decision-Making Group

### Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:

- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

**Name of primary decision-making group:** Greater Danbury Continuum of Care Steering Committee

**Indicate the frequency of group meetings:** Monthly or more

**If less than bi-monthly, please explain (limit 500 characters):**

**Indicate the legal status of the group:** Not a legally recognized organization

**Specify "other" legal status:**

**Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)** 80%

**\* Indicate the selection process of group members: (select all that apply)**

|                   |                                     |
|-------------------|-------------------------------------|
| <b>Elected:</b>   | <input type="checkbox"/>            |
| <b>Assigned:</b>  | <input checked="" type="checkbox"/> |
| <b>Volunteer:</b> | <input checked="" type="checkbox"/> |
| <b>Appointed:</b> | <input type="checkbox"/>            |
| <b>Other:</b>     | <input type="checkbox"/>            |

**Specify "other" process(es):**

**Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):**

The leading entity of the Greater Danbury CoC is the Western Connecticut Mental Health Network-Danbury. The City of Danbury is a major collaborative partner. The Greater Danbury CoC is comprised of members representing social service agencies, local government agencies, the community hospital, foundations, public housing authority, banks, developers, public housing providers and formerly homeless individual. With each agency, the director/designee attends and serves on the CoC. The CoC members are assigned by their agencies or are volunteers to serve on the CoC. The CoC has structured its body and assigns workgroups to address its goals and action plans. The workgroup chairs are assigned. All CoC members can vote.

**\* Indicate the selection process of group leaders: (select all that apply):**

|                   |                                     |
|-------------------|-------------------------------------|
| <b>Elected:</b>   | <input checked="" type="checkbox"/> |
| <b>Assigned:</b>  | <input type="checkbox"/>            |
| <b>Volunteer:</b> | <input type="checkbox"/>            |
| <b>Appointed:</b> | <input type="checkbox"/>            |
| <b>Other:</b>     | <input type="checkbox"/>            |

**Specify "other" process(es):**

**If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):**

The Greater Danbury CoC would be willing to explore the possibility of having a designated agent be responsible for applying for HUD funding, serving as grantee and provide project oversight should administrative funds in addition to the Greater Danbury CoC Pro-Rata allocation be provided. We estimate this would cost an additional \$100,000 per year.

# 1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

**Instructions:**

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

**Committees and Frequency**

| Name of Group                         | Role of Group (limit 750 characters)   | Meeting Frequency |
|---------------------------------------|--|-------------------|
| Point In Time Count                   | Committee meets to plan, coordinate and conduct annual point in time sheltered and unsheltered homeless count for the Greater Danbury CoC  | Quarterly         |
| Employment Committee                  | Committee meets to develop linkages and referrals for vocational/employment opportunities for persons and families experiencing homelessness and identify barriers to employment for the Greater Danbury Continuum of Care   | Quarterly         |
| HMIS Steering Committee               | Planning and Coordination Committee for statewide and local HMIS implementation and oversight for the Greater Danbury CoC  | Bi-monthly        |
| Social and Support Services Committee | Committee of the City of Danbury Ten Year Plan to End Homelessness. Group meets to assess and plan for needed housing and support services for homeless individuals, families and young adults. Committee with the CoC coordinates needed meetings for planning and collaboration for the Homeless Prevention and Rapid Re-Housing stimulus for the Greater Danbury CoC. | Monthly or more   |
| Project Homeless Connect              | Planning and coordinating committee for annual Danbury Project Homeless Connect. Third annual event is scheduled for 12/11/09  | Monthly or more   |

**If any group meets less than quarterly, please explain (limit 750 characters):**

## 1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

| Organization Name                                 | Membership Type | Organization Type | Organization Role  | Subpopulations  |
|---|-----------------|-------------------|--|-----------------|
| Western Connecticut Mental Health Network-Danbury | Public Sector   | State g...        | Primary Decision Making Group, Committee/Sub-committee/Wo... | Seriously Me... |
| City of Danbury Dept of Welfare & Social Services | Public Sector   | Local g...        | Lead agency for 10-year plan, Attend 10-year planning mee... | NONE            |
| Housing Authority City of Danbury                 | Public Sector   | Public ...        | Attend Consolidated Plan planning meetings during past 12... | NONE            |
| Danbury Public Schools                            | Public Sector   | School ...        | Primary Decision Making Group, Committee/Sub-committee/Wo... | Youth           |
| Veteran's Administration                          | Public Sector   | Other             | Primary Decision Making Group, Committee/Sub-committee/Wo... | Veterans        |
| United Way of Northwest Connecticut               | Private Sector  | Non-pro..         | Attend 10-year planning meetings during past 12 months, C... | NONE            |
| Shelter of the Cross                              | Private Sector  | Non-pro..         | Primary Decision Making Group, Committee/Sub-committee/Wo... | NONE            |
| Amos House, Inc.                                  | Private Sector  | Non-pro..         | Primary Decision Making Group, Committee/Sub-committee/Wo... | NONE            |
| Catholic Charities of Fairfield County            | Private Sector  | Non-pro..         | Primary Decision Making Group, Committee/Sub-committee/Wo... | Seriously Me... |
| Aids Project Greater Danbury                      | Private Sector  | Non-pro..         | Primary Decision Making Group, Committee/Sub-committee/Wo... | HIV/AIDS        |
| Interlude Inc                                     | Private Sector  | Non-pro..         | Primary Decision Making Group, Committee/Sub-committee/Wo... | Seriously Me... |
| Midwestern CT Council on Alcoholism               | Private Sector  | Non-pro..         | Primary Decision Making Group, Committee/Sub-committee/Wo... | Substance Abuse |
| CHD/Connecticut Outreach West                     | Private Sector  | Non-pro..         | Primary Decision Making Group, Committee/Sub-committee/Wo... | Seriously Me... |
| Danbury Youth Services                            | Private Sector  | Non-pro..         | Primary Decision Making Group, Committee/Sub-committee/Wo... | Youth           |

|   |                |            |  |                 |
|---|----------------|------------|--|-----------------|
| Families Network                          | Private Sector | Non-pro..  | Primary Decision Making Group                                | Youth           |
| Dream Homes Community Center              | Private Sector | Non-pro..  | Primary Decision Making Group, Committee/Sub-committee/Wo... | NONE            |
| Ability Beyond Disability                 | Private Sector | Non-pro..  | Committee/Sub-committee/Work Group                           | Seriously Me... |
| Association of Religious Communities      | Private Sector | Faith-b... | Primary Decision Making Group, Committee/Sub-committee/Wo... | NONE            |
| Christian Community Outreach Ministries   | Private Sector | Faith-b... | Primary Decision Making Group, Attend 10-year planning me... | NONE            |
| Connecticut Coalition to End Homelessness | Private Sector | Non-pro..  | Primary Decision Making Group, Committee/Sub-committee/Wo... | NONE            |
| Housing Development Fund                  | Private Sector | Funder...  | Committee/Sub-committee/Work Group                           | NONE            |
| Danbury Hospital                          | Private Sector | Hospita..  | Primary Decision Making Group, Committee/Sub-committee/Wo... | NONE            |
| Citizen                                   | Individual     | Homeles..  | Primary Decision Making Group                                | NONE            |
| Community Action Committee ,Danbury       | Private Sector | Non-pro..  | Primary Decision Making Group                                | NONE            |
| The Connection Inc                        | Private Sector | Non-pro..  | Committee/Sub-committee/Work Group                           | Seriously Me... |
| New Opportunities Inc                     | Private Sector | Non-pro..  | Primary Decision Making Group, Committee/Sub-committee/Wo... | Seriously Me... |
| Women's Center Inc                        | Private Sector | Non-pro..  | Primary Decision Making Group                                | Domestic Vio... |
| Family and Children's Aid/Harmony House   | Private Sector | Non-pro..  | Primary Decision Making Group, Committee/Sub-committee/Wo... | NONE            |
| Community Health Center Inc.              | Private Sector | Hospita..  | Committee/Sub-committee/Work Group                           | NONE            |
| Danbury Police Department                 | Public Sector  | Law enf... | Committee/Sub-committee/Work Group                           | NONE            |

# 1E. Continuum of Care (CoC) Project Review and Selection Process

## Instructions:

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess all new and renewal project(s) performance, effectiveness, and quality. In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

### Open Solicitation Methods: (select all that apply)

f. Announcements at Other Meetings, a. Newspapers, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

### Rating and Performance Assessment Measure(s): (select all that apply)

b. Review CoC Monitoring Findings, g. Site Visit(s), k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, h. Survey Clients, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

### Voting/Decision-Making Method(s): (select all that apply)

c. All CoC Members Present Can Vote, a. Unbiased Panel/Review Committee, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest

Were there any written complaints received by the CoC regarding any matter in the last 12 months?

No

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

## 1F. Continuum of Care (CoC) Housing Inventory--Change in Beds Available

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

**Emergency Shelter:** No

**Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):**

**Safe Haven:** No

**Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):**

**Transitional Housing:** Yes

**Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):**

The Midwestern Council on Alcoholism has opened Sunrise Terrace, a new Transitional Housing Program that serves persons that are homeless with a disability of substance abuse and/or co-occurring disorders of mental health and substance abuse. This development has added an additional 16 beds for individuals that are homeless. This has increased the Transitional Housing beds for individuals that are homeless from 29 in 2008 to 45 in 2009.

**Permanent Housing:** Yes

**Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):**

The bed count for individuals for permanent housing beds has increased from 51 to 57 for homeless individuals. This is due to two new permanent supportive housing programs serving 6 chronically homeless individuals being implemented in 2009.

**CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding:** Yes

## 1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

### Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document . Each CoC is responsible for reading the instructions in the e-HIC carefully.

| Document Type           | Required? | Document Description | Date Attached |
|-------------------------|-----------|----------------------|---------------|
| Housing Inventory Chart | Yes       | Housing Inventory... | 11/23/2009    |

## Attachment Details

**Document Description:** Housing Inventory Chart

# 1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

**Instructions:**

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2009.

**Indicate the date on which the housing inventory count was completed:** 01/28/2009  
(mm/dd/yyyy)

**Indicate the type of data or methods used to complete the housing inventory count:** Housing inventory survey  
(select all that apply)

**Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart:** Follow-up, Instructions, Updated prior housing inventory information, Confirmation, Training  
(select all that apply)

**Must specify other:**

**Indicate the type of data or method(s) used to determine unmet need:** HUD unmet need formula  
(select all that apply)

**Specify "other" data types:**

**If more than one method was selected, describe how these methods were used together (limit 750 characters):**

## 2A. Homeless Management Information System (HMIS) Implementation

### Intructions:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

**Select the HMIS implementation type:** Statewide

**Select the CoC(s) covered by the HMIS:** CT-503 - Bridgeport/Stratford/Fairfield CoC, CT-500 - Danbury CoC, CT-502 - Hartford CoC, CT-506 - Norwalk/Fairfield County CoC, CT-508 - Stamford/Greenwich CoC, CT-510 - Bristol CoC, CT-504 - Middletown/Middlesex County CoC, CT-512 - City of Waterbury CoC, CT-509 - New Britain CoC, CT-507 - Norwich/New London City & County CoC, CT-505 - Connecticut Balance of State CoC  
(select all that apply)

**Does the CoC Lead Organization have a written agreement with HMIS Lead Organization?** Yes

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

**Is the HMIS Lead Organization the same as CoC Lead Organization?** No

**Has the CoC selected an HMIS software product?** Yes

**If "No" select reason:**

**If "Yes" list the name of the product:** Service Point

**What is the name of the HMIS software company?** Bowman Internet Systems Inc.

**Does the CoC plan to change HMIS software within the next 18 months?** Unknown/Unsure

**Indicate the date on which HMIS data entry started (or will start):** 05/02/2004  
(format mm/dd/yyyy)

**Is this an actual or anticipated HMIS data entry start date?** Actual Data Entry Start Date

**Indicate the challenges and barriers impacting the HMIS implementation:** HMIS is unable to generate data for PIT counts for sheltered persons, HMIS unable to generate AHAR table shells  
(select all the apply):

**If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).**

**If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).**

The Continuum is actively engaging in on-going discussions with all homeless non-HUD funded providers to gain support in utilizing the HMIS. Currently we have 13 providers entering data into HMIS, four are HUD funded. The Continuum will continue to work with the sheltered providers to enter data in a timely manner in order to be able to generate the next PIT Sheltered count.

## 2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

**Organization Name** Connecticut Coalition To End Homelessness

**Street Address 1** 77 Buckingham Street

**Street Address 2**

**City** Hartford

**State** Connecticut

**Zip Code** 06106

**Format:** xxxxx or xxxxx-xxxx

**Organization Type** Non-Profit

**If "Other" please specify**

**Is this organization the HMIS Lead Agency in more than one CoC?** Yes

## **2C. Homeless Management Information System (HMIS) Contact Person**

**Enter the name and contact information for the primary contact person at the HMIS Lead Agency.**

**Prefix:** Ms.  
**First Name** Natalie  
**Middle Name/Initial**  
**Last Name** Matthews  
**Suffix**  
**Telephone Number:** 860-721-7876  
**(Format: 123-456-7890)**  
**Extension**  
**Fax Number:** 860-257-1148  
**(Format: 123-456-7890)**  
**E-mail Address:** NMatthews@cceh.org  
**Confirm E-mail Address:** NMatthews@cceh.org

## 2D. Homeless Management Information System (HMIS) Bed Coverage

**Instructions:**

HMIS bed coverage measures the level of participation in a CoC's HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

**Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.**

|                                  |                |
|----------------------------------|----------------|
| * Emergency Shelter (ES) Beds    | 86%+           |
| * Safe Haven (SH) Beds           | No beds in CoC |
| * Transitional Housing (TH) Beds | 86%+           |
| * Permanent Housing (PH) Beds    | 86%+           |

**How often does the CoC review or assess its HMIS bed coverage?**      Annually

**If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:**

## 2E. Homeless Management Information System (HMIS) Data Quality

**Instructions:**

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2009.**

| Universal Data Element               | Records with no values (%) | Records where value is refused or unknown (%) |
|--------------------------------------|----------------------------|---|
| * Social Security Number             | 1%                         | 21%   |
| * Date of Birth                      | 2%                         | 0%  |
| * Ethnicity                          | 0%                         | 0%  |
| * Race                               | 0%                         | 0%  |
| * Gender                             | 2%                         | 1%  |
| * Veteran Status                     | 0%                         | 1%  |
| * Disabling Condition                | 1%                         | 3%  |
| * Residence Prior to Program Entry   | 0%                         | 1%  |
| * Zip Code of Last Permanent Address | 1%                         | 6%  |
| * Name                               | 0%                         | 0%  |

**Instructions:**

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories; i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM) to be eligible to participate in AHAR 4.

**Did the CoC or subset of CoC participate in AHAR 4?** No

**Did the CoC or subset of CoC participate in AHAR 5?** No

**How frequently does the CoC review the quality of client level data?** Monthly

**How frequently does the CoC review the quality of program level data?** Monthly

**Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):**

CCEH sub contracts with Nutmeg Consulting to provide the following assistance and tools to improve data quality for agencies participating in the HMIS:  
- HMIS Help Desk and a monthly HMIS training schedule that is implemented statewide via a mobile training unit; Quarterly data reports on Universal Data Elements; An interactive and frequently updated website ([www.cthmis.com](http://www.cthmis.com)).  
Dream Homes Community Center who is the CoC's HMIS System Administrator is a member of the CT HMIS Steering committee. DHCC runs reports monthly for each participating agency outlining data that was entered including admissions, discharges, and universal data elements. Reports are reviewed with each provider with corrective action requested as needed.

**Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):**

The CT HMIS Policies and Procedures manual states that "A client is to be exited from a program if that client has not been in the program for 15 consecutive calendar days. In addition, at the end of every monthly reporting period, individual programs will check to ensure that every client who has been out of the program for 15 consecutive days has been exited from the program. The exit date should be set as the date that the client left the program and stopped receiving services".

## 2F. Homeless Management Information System (HMIS) Data Usage

### Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:

- Data integration/data warehousing to generate unduplicated counts; Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement; Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management; Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system; Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

**Indicate the frequency in which each of the following activities is completed:**

|   |           |
|---|-----------|
| <b>Data integration/data warehousing to generate unduplicated counts:</b> | Quarterly |
| <b>Use of HMIS for point-in-time count of sheltered persons:</b>          | Never     |
| <b>Use of HMIS for point-in-time count of unsheltered persons:</b>        | Never     |
| <b>Use of HMIS for performance assessment:</b>                            | Never     |
| <b>Use of HMIS for program management:</b>                                | Never     |
| <b>Integration of HMIS data with mainstream system:</b>                   | Never     |

## 2G. Homeless Management Information System (HMIS) Data and Technical Standards

**Instructions:**

- For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.
- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
  - Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
  - Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
  - Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
  - Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
  - Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
  - Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
  - Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

**Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following HMIS privacy and security standards:**

|   |          |
|---|----------|
| * Unique user name and password                     | Never    |
| * Secure location for equipment                     | Never    |
| * Locking screen savers                             | Annually |
| * Virus protection with auto update                 | Annually |
| * Individual or network firewalls                   | Annually |
| * Restrictions on access to HMIS via public forums  | Never    |
| * Compliance with HMIS Policy and Procedures manual | Annually |
| * Validation of off-site storage of HMIS data       | Annually |

**How often does the CoC assess compliance with HMIS Data and Technical Standards?** Never

**How often does the CoC aggregate data to a central location (HMIS database or analytical database)?** Monthly

**Does the CoC have an HMIS Policy and Procedures manual?** Yes

**If 'Yes' indicate date of last review or update by CoC:** 10/01/2008

**If 'No' indicate when development of manual will be completed (mm/dd/yyyy):**

## 2H. Homeless Management Information System (HMIS) Training

### Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:

- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients' PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

**Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:**

|   |          |
|---|----------|
| Privacy/Ethics training                           | Monthly  |
| Data Security training                            | Monthly  |
| Data Quality training                             | Monthly  |
| Using HMIS data locally                           | Annually |
| Using HMIS data for assessing program performance | Monthly  |
| Basic computer skills training                    | Never    |
| HMIS software training                            | Monthly  |

## 2I. Continuum of Care (CoC) Point-in-Time Homeless Population

**Instructions:**

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

**Indicate the date of the most recent point-in-time count (mm/dd/yyyy):** 01/28/2009

**For each homeless population category, the number of households must be less than or equal to the number of persons.**

| Households with Dependent Children                        |           |              |             |       |
|---|-----------|--------------|-------------|-------|
|   | Sheltered |              | Unsheltered | Total |
|   | Emergency | Transitional |             |       |
| <b>Number of Households</b>                               | 7         | 5            | 0           | 12    |
| <b>Number of Persons (adults and children)</b>            | 20        | 15           | 0           | 35    |
| Households without Dependent Children                     |           |              |             |       |
|   | Sheltered |              | Unsheltered | Total |
|   | Emergency | Transitional |             |       |
| <b>Number of Households</b>                               | 65        | 26           | 9           | 100   |
| <b>Number of Persons (adults and unaccompanied youth)</b> | 65        | 26           | 9           | 100   |
| All Households/ All Persons                               |           |              |             |       |
|   | Sheltered |              | Unsheltered | Total |
|   | Emergency | Transitional |             |       |
| <b>Total Households</b>                                   | 72        | 31           | 9           | 112   |
| <b>Total Persons</b>                                      | 85        | 41           | 9           | 135   |

## 2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

**Instructions:**

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

|   | Sheltered | Unsheltered | Total |
|---|-----------|-------------|-------|
| * Chronically Homeless (Federal definition) | 13        | 0           | 13    |
| * Severely Mentally Ill                     | 43        | 0           | 43    |
| * Chronic Substance Abuse                   | 54        | 0           | 54    |
| * Veterans                                  | 6         | 0           | 6     |
| * Persons with HIV/AIDS                     | 3         | 0           | 3     |
| * Victims of Domestic Violence              | 8         | 0           | 8     |
| * Unaccompanied Youth (under 18)            | 0         | 0           | 0     |

## **2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count**

### **Instructions:**

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:

- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

CoCs will separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

**How frequently does the CoC conduct a point-in-time count?**      Annually

**Enter the date in which the CoC plans to conduct its next point-in-time count:**      01/27/2010  
(mm/dd/yyyy)

**Indicate the percentage of homeless service providers supplying population and subpopulation data that was collected via survey, interview, and/or HMIS.**

**Emergency shelter providers:**      100%

**Transitional housing providers:**      100%

## 2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

### Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:

- Survey Providers: Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS: The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation: The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:  
(Select all that apply):

|                   |                                     |
|-------------------|-------------------------------------|
| Survey Providers: | <input checked="" type="checkbox"/> |
| HMIS:             | <input type="checkbox"/>            |
| Extrapolation:    | <input type="checkbox"/>            |
| Other:            | <input type="checkbox"/>            |

If Other, specify:

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

The sheltered count was done on the evening of 1/28/09. Using standardized paper survey forms, providers reported the number of people and households residing at ES & TH programs. Those data were collected by the research team, entered into a database and aggregated to derive population counts. Individual surveys were completed with each client.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

There was an increase in the sheltered count from 116 in 2008 to 126 in 2009. The increase was due to the Transitional Housing programs both for individuals and families were full and at capacity this year.

## 2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

### Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.

- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD's Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: *¿A Guide for Counting Sheltered Homeless People¿* at [http://www.hudhre.info/documents/counting\\_sheltered.pdf](http://www.hudhre.info/documents/counting_sheltered.pdf).

**Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):**

|  |                                     |
|--|-------------------------------------|
| HMIS   | <input type="checkbox"/>            |
| HMIS plus extrapolation:                     | <input type="checkbox"/>            |
| Sample of PIT interviews plus extrapolation: | <input type="checkbox"/>            |
| Sample strategy:                             | <input type="checkbox"/>            |
| Provider expertise:                          | <input type="checkbox"/>            |
| Non-HMIS client level information:           | <input checked="" type="checkbox"/> |
| None:  | <input type="checkbox"/>            |
| Other:                                       | <input type="checkbox"/>            |

**If Other, specify:**

**Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):**

ES and TH providers administered surveys to every resident. The sheltered population count was done at the City Shelters and Transitional Housing Programs on the evening of 1/28/09 between the hours of 7pm and 11pm. Clients were presented with individual surveys which included subpopulation questions on mental health, substance abuse, veteran status, physical disabilities, length of homelessness, place of birth.

**Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):**

Our sheltered count for chronically homeless persons decreased from 22 in 2008 to 13 in 2009. Decrease is due to 23 chronically homeless persons housed through S+C and other permanent supportive housing options. Another factor in the decrease continues to be the difficulty in completing surveys with persons that have undocumented status and therefore the inability to document homeless status.

## 2N. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

### Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:

- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

**Indicate the steps used by the CoC to ensure the data quality of the sheltered persons count:  
 (select all that apply)**

|  |                                     |
|--|-------------------------------------|
| <b>Instructions:</b>                       | <input type="checkbox"/>            |
| <b>Training:</b>                           | <input checked="" type="checkbox"/> |
| <b>Remind/Follow-up</b>                    | <input checked="" type="checkbox"/> |
| <b>HMIS:</b>                               | <input type="checkbox"/>            |
| <b>Non-HMIS de-duplication techniques:</b> | <input checked="" type="checkbox"/> |
| <b>None:</b>                               | <input type="checkbox"/>            |
| <b>Other:</b>                              | <input checked="" type="checkbox"/> |

### If Other, specify:

The Connecticut Coalition to End Homelessness (CCEH) convened a series of meetings across the state to engage key stakeholders in the count and to ensure broad participation and implementation of a standardized methodology. CCEH also staffed a toll-free hotline to answer questions and resolve logistical issues. To improve data accuracy, a web-based survey was available for submission of sheltered count data

### Describe the non-HMIS de-duplication techniques, if selected (limit 1000 characters):

To minimize the possibility of double counting, programs in Danbury conducted the count on the same day from 7-11pm. Interviewers also asked each person who completed a survey if s/he had already been interviewed. All data were centrally collected and analyzed. Count organizers used several strategies to de-duplicate data including, discarding data from surveys in which the respondent indicated being previously interviewed, discarding duplicate data submitted on-line and in paper format by the same provider, discarding photocopied submissions that were identical to original surveys also received.

## 20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

### Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:

- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see  
¿A Guide to Counting Unsheltered Homeless People¿ at:  
[http://www.hudhre.info/documents/counting\\_unsheltered.pdf](http://www.hudhre.info/documents/counting_unsheltered.pdf).

### Indicate the method(s) used to count unsheltered homeless persons: (select all that apply)

Public places count:

Public places count with interviews:

Service-based count:

HMIS:

Other:

If Other, specify:

## **2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage**

### **Instructions:**

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.

¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.

¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

**Indicate the level of coverage of unsheltered homeless persons in the point-in-time count:** Probability Sampling

**If Other, specify:**

## 2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

### Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:

- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see [A Guide for Counting Unsheltered Homeless People](http://www.hudhre.info/documents/counting_unsheltered.pdf) at: [www.hudhre.info/documents/counting\\_unsheltered.pdf](http://www.hudhre.info/documents/counting_unsheltered.pdf).

**Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count. (select all that apply)**

|                            |                                     |
|----------------------------|-------------------------------------|
| Training:                  | <input checked="" type="checkbox"/> |
| HMIS:                      | <input type="checkbox"/>            |
| De-duplication techniques: | <input checked="" type="checkbox"/> |
| Other:                     | <input checked="" type="checkbox"/> |

**If Other, specify:**

The Connecticut Coalition to End Homelessness (CCEH) convened a series of meetings across the state to engage key stakeholders in the count and to ensure broad participation and implementation of a standardized methodology. CCEH also staffed a toll-free hotline to answer questions and resolve logistical issues. Density ratings were assigned to each census tract or block group based on the number of homeless people expected to be found in each area. To determine density ratings the CoC consulted with key informants, such as outreach teams, service providers, and government agencies. Teams canvassed 100% of areas designated as certain and high and a statistically valid sample of areas designated as low or extremely low. The research team used a web-based randomization calculator to assign the areas to be included in the sample.

**Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):**

To minimize the possibility of double counting, staff and volunteers conducted the count on at the same time as the sheltered count on the evening of 1/28/09 between the hours of 7pm-11pm. Interviewers asked each person who completed a survey if s/he had already been interviewed. All data were centrally collected and analyzed. Count organizers used several strategies to de-duplicate data including, discarding data from surveys in which the respondent indicated being previously interviewed, discarding duplicate data submitted via surveys and tally sheets, and discarding photocopied submissions that were identical to original surveys also received.

**Describe the CoCs efforts to reduce the number of unsheltered homeless household with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):**

An unsheltered family in the Danbury area is eligible for services from several local agencies. When a homeless family is identified by a local agency, that agency facilitates referrals to appropriate services. If an unsheltered family presents to an emergency shelter after all other supportive services are closed, the family is permitted to stay in one of the adult emergency shelters for one night. During normal operating hours homeless families are referred to appropriate shelters and placed on lists for transitional housing for families. School age children are connected with education services and parents are referred to appropriate case management services. Dream Homes Community Center is the City of Danbury's point of entry for all homeless referrals and the Continuum's HMIS System Administrator. Dream Homes Community Center provides an assessment of family needs and makes appropriate referrals for services including housing and financial resources and employment services.

**Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):**

In the Greater Danbury area Catholic Charities Homeless Outreach Team (HOT) engages clients living in the shelters and on the streets and works towards connecting to needed services. To do this HOT works with shelter staff, soup kitchen staff, local social service offices, crisis intervention teams, psychiatric units and substance abuse facilities to identify the homeless and their needs. HOT also goes out into the woods, under bridges, in abandoned buildings and cars and outreaches to those most in need. HOT also chairs the Homeless Consortium meeting monthly that is comprised of providers in the Continuum of Care that provide services to those that are homeless. The meeting takes place at the City Shelter and assists in identifying those that are homeless both sheltered and unsheltered and assists in coordination of services. The Continuum is aware of a large population of undocumented workers that are unsheltered and due to a tense political climate, do not want and/or trust involvement from agencies. Due to this it is difficult to estimate whether Greater Danburys unsheltered numbers have increased or decreased. In Addition, Dream Homes Community Center is the City of Danbury's point of entry for all homeless referrals and the Continuum's HMIS System Administrator. Dream Homes Community Center provides an assessment of the homeless individual's needs and makes appropriate referrals for services including housing, financial resources and employment.

**Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):**

The survey instrument used in 2009 was revised in 2008 to include an additional question about the specific location where the respondent slept on the night of the count.

Respondents who cited sheltered locations were excluded from the unsheltered count. The survey was also revised to collect additional information about unsheltered families with children. That data was used to exclude families whose children did not meet the HUD definition of homelessness, e.g., if a respondent reported that his/her children were residing with a relative on the night of the count, the respondent was counted as a single adult and the children were excluded. There was no significant change in this year's unsheltered count.

### 3A. Continuum of Care (CoC) Strategic Planning Objectives

#### Objective 1: Create new permanent housing beds for chronically homeless individuals.

##### Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

##### In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

New Neighborhoods opened its 28 unit supportive housing development 10/1/09. Eleven of the 28 units will serve individuals who are chronically homeless. The Western Connecticut Mental Health Network was awarded a S+C grant to serve one chronically homeless individual and will be implementing the grant in the next two months. The Greater Danbury CoC will submit an additional S+C grant in this funding cycle to house one additional chronically homeless individual.

##### Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

The Greater Danbury CoC with the City of Danbury Housing Partnership Committee on Housing and Community Development and the Danbury Housing Authority will continue to apply for available state and federal funding to create new and expand existing housing units for the chronically homeless.

How many permanent housing beds do you currently have in place for chronically homeless persons? 22

How many permanent housing beds do you plan to create in the next 12-months? 11

How many permanent housing beds do you plan to create in the next 5-years? 2

How many permanent housing beds do you plan to create in the next 10-years? 5

### 3A. Continuum of Care (CoC) Strategic Planning Objectives

#### Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.

##### Instructions:

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

**In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?**

The current CoC Threshold for persons remaining in permanent supportive housing over 6 months is 86%. The CoC through its S+C Screening Committee will continue to meet monthly to review its program admission and discharges and reviews status of current participants. The Committee will continue to review service provision and needs and makes referrals to appropriate services as needed. The CoC Committee will continue to provide oversight of the programs. In addition the CoC in conjunction with the City of Danbury Housing Partnership will review service needs and identify any gaps in services that will assist individuals in remaining in permanent housing over 6 months.

**Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).**

The Greater Danbury CoC in conjunction with the Danbury Housing Partnership Social Services Committee will continue to identify service needs and identify gaps in services that would assist individuals in remaining in permanent housing to at least six months. The Greater Danbury CoC with the City of Danbury Ten Year Plan to End Homelessness will research best practices for service provision and apply for available state and federal funding to add additional services.

**What percentage of homeless persons in permanent housing have remained for at least six months?** 86

**In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months?** 86

**In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months?** 87

**In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months?** 88

### 3A. Continuum of Care (CoC) Strategic Planning Objectives

**Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.**

**Instructions:**

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

**In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?**

Even though the Greater Danbury CoC's Transitional Housing Programs do not receive McKinney Vento Funding for which APR's needed to be submitted, the CoC collects data for this objective of persons moving from Transitional Housing to Permanent Housing. The CoC considers this data in identifying gaps in needed housing and services. The CoC with the City of Danbury Housing Partnership Social Services Committee will continue to identify barriers and solutions to persons being able to move from Transitional Housing to permanent housing.

**Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).**

The CoC with the City of Danbury Housing Partnership will work with the Housing Committee to apply for all available state, private and federal funding to create new and existing affordable housing units which would enable individuals to move from Transitional Housing to permanent housing. In addition, the CoC will identify gaps in service needs to assist homeless persons to move into permanent housing and remain there.

**What percentage of homeless persons in transitional housing have moved to permanent housing?** 0

**In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing?** 0

**In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?** 0

**In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?** 0

### 3A. Continuum of Care (CoC) Strategic Planning Objectives

**Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.**

**Instructions:**

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

**In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?**

The Greater Danbury Continuum of Care Employment Committee will review and monitor number of employed persons in permanent supportive housing and numbers employed at exit. The CoC employment committee will hold its annual employment/education fair directed to individuals and families in permanent supportive housing as well for those that are experiencing homelessness. The fair will have local employment providers and agencies that will assist individuals in applying for employment, resume writing and interviewing skills. Individuals will be assisted in obtaining valid identification that can be used for job applications and interviews. In addition eligible persons will be referred to and connected with supported employment and educational agencies that can assist with job search and job placement skills.

**Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).**

The CoC with the City of Danbury Housing Partnership Social Services Committee will continue to identify barriers to employment and apply for any state, private or federal funding that would assist individuals in job training and placement.

- What percentage of persons are employed at program exit?** 30
- In 12-months, what percentage of persons will be employed at program exit?** 30
- In 5-years, what percentage of persons will be employed at program exit?** 32
- In 10-years, what percentage of persons will be employed at program exit?** 33

### 3A. Continuum of Care (CoC) Strategic Planning Objectives

**Objective 5: Decrease the number of homeless households with children.**

**Instructions:**

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

**In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?**

The CoC with the City of Danbury Housing Partnership Social Services Committee will convene focus meetings with area service providers to identify barriers to housing and employment for homeless families and identify housing and service needs. In addition the CoC has implemented the Homeless Prevention and Rapid Rehousing Program effective 10/1/09 which will serve families in shelters and prevent families from becoming homeless. The Housing Authority, City of Danbury in partnership with the Department of Children and Families has submitted a grant application for Family Unification. If funded, this grant will unite families and provide them with needed housing.

**Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?**

The CoC with the City of Danbury Housing Partnership will apply for available state, private and federal dollars to create new and existing housing units for homeless families provide needed services. The CoC will work with the Danbury Housing Authority in the development of an additional 7-10 units acquired through the Neighborhood Stabilization Program that will serve families currently on the existing Housing Authority waiting lists, some who may be homeless.

**What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)?** 12

**In 12-months, what will be the total number of homeless households with children?** 11

**In 5-years, what will be the total number of homeless households with children?** 10

**In 10-years, what will be the total number of homeless households with children?** 8

### 3B. Continuum of Care (CoC) Discharge Planning

#### Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly-funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

- ¿ What? Describe the policies that have been developed or are in the process of being developed.
- ¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
- ¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

**For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).**

#### Foster Care:

The discharge planning protocol for foster care is in the Policy Manual of the CT State Department of Children & Families (DCF). Sect 42-10-3 says that a discharge conference is required for all youth 18 years of age or older at least 180 days prior to the anticipated discharge. The Plan includes the living arrangement for the youth & connection to aftercare services. Housing is a key component of DCF Treatment Planning, is included in all administrative case reviews and is the responsibility of the Adolescent Specialist. Youth are routinely discharged into: group homes; the Community Housing Assistance Program (includes a rent subsidy), & independent housing with community supports. DCF receives \$1.3 million from the Chafee Foster Care Independence Program to provide housing, & other appropriate support & services to former foster care recipients between 18 & 21 years of age. In Danbury the Department of Children and Families is a member of the Greater Danbury Continuum of Care Discharge Planning Workgroup. The discharge protocol developed states that DCF will contact Dream Homes Community Center, Danbury's Point of Entry for homeless referrals and work collaboratively in appropriate housing and services referrals for those that are aging out, no longer eligible for DCF services and are homeless.

#### Health Care:

The Department of Public Health (DPH) licenses & regulates hospitals in the state of CT. Section 19a-504c-1 of the Public Health Code outlines the requirements for hospitals regarding discharge planning. It says, every hospitalized patient shall have a written discharge plan, which shall be given to the patient or family or representative prior to discharge. If a determination is made that the patient cannot return home or cannot care for oneself, the patient is referred to the Social Work Department of the hospital. This department assists patients & families in completing & processing applications for extended care, rehabilitation, group homes, substance treatment facilities, & other residential placements. Danbury Hospital is a member of the Greater Danbury Continuum of Care and a member of the Greater Danbury Continuum of Care Discharge Planning workgroup. A homeless hospitalized individual is referred to the Danbury Hospital Social Work Department for assessment and discharge planning. Danbury Hospital will contact Dream Homes Community Center, Danbury's Point of Entry for homeless referrals and begin planning for needed services. If secure housing cannot be arranged, the social worker provides information to the individual and refers to area social service providers including area shelters and Transitional Housing Programs.

**Mental Health:**

The State of CT Department of Mental Health & Addiction Services (DMHAS) discharge policy states, under no circumstances shall an emergency shelter be considered appropriate housing disposition, & patients shall not be directly discharged by the inpatient facility to an emergency shelter. No patient shall be discharged from a DMHAS facility without documented evidence that discharge & aftercare plans have been an integral part of the treatment plan. Persons discharged from DMHAS facilities are routinely discharged into: supportive housing; housing with short or long-term subsidies & independent living depending on the intensity of on-going service needs. The Western Connecticut Mental Health Network (WCMHN) who is the system's lead Mental Health Authority co-chairs the Greater Danbury Continuum of Care and chairs the Greater Danbury Continuum of Care Discharge Planning workgroup. The WCMHN provides direct linkages with the area and state inpatient psychiatric units and identifies persons who are homeless and pending discharge. Treatment planning begins prior to discharge and continues to follow the individual after discharge. The WCMHN works with Dream Homes Community Center, Danbury's Point of Entry in referring homeless persons with psychiatric disabilities for appropriate housing and services.

**Corrections:**

The Connecticut Department of Corrections re-entry model focuses on provision of services that facilitate the transition between incarceration and successful community adjustment, an initiative that spans the period from initial incarceration to community placement. A standardized discharge plan is completed with inmates at the end of sentence, addressing issues including housing, identification and community resource needs. The agency funds two eligibility specialists in the Department of Social Services to help obtain benefits for appropriate inmates prior to end of sentence. In conjunction with the Department of Labor, a Job Center assists offenders with resumes, job skills and employment searches. The Department has significantly increased staffing and the number of halfway house beds for parole and community services, and contracts for a wide variety of residential and non-residential services in the community. The Danbury police is a member of the Greater Danbury Continuum of Care Discharge Planning workgroup. The Danbury police receive list of persons being released from prisons into the Danbury area identifying those that may be homeless and share this list with the City Shelter. Dream Homes Community Center, Danbury's Point of Entry for homeless referrals will work with DOC staff in discharge planning and referral process for persons that are homeless while person is still incarcerated and provide a smooth transition to the community.

### 3C. Continuum of Care (CoC) Coordination

**Instructions:**

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

**Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?** Yes

**If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:**

1. Expand existing programs of assessment and outreach targeted to serve homeless families, individuals and persons with special needs, as well as programs which are designed to prevent at-risk populations from becoming homeless.
2. Increase the provision of permanent supportive housing and permanent housing for homeless families, individuals and persons with special needs.
3. Pursue new opportunities for transitional shelter, permanent supportive and permanent housing for formerly homeless.
4. Increase the provision of permanent supportive housing and permanent housing for the homeless.
5. Expand existing programs of transitional housing targeted to serve homeless.

**Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):**

The Greater Danbury Coc in conjunction with the City of Danbury Housing Partnership coordinated regional meetings with collaborative agencies to plan and submit a regional application for the HPRP. As a result, a successful application was submitted with New Opportunities, Inc., of Waterbury as lead applicant and grant administrator for the Waterbury, Danbury and Torrington areas. The Dream Homes Community Center and Community Action Center of Danbury have subcontracted to provide HPRP services effective 10/1/09. The Greater Danbury CoC has a HPRP screening committee where all applications are reviewed and approved. The HPRP agencies are members of the Greater Danbury CoC and report progress at monthly meetings.

**Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?**

The Greater Danbury CoC in conjunction with the City of Danbury and its Housing Partnership collaborated with the Danbury Housing Authority in applying for and receiving NSP funding. The Housing Authority is a member of the City's Housing Partnership and the Greater Danbury CoC reports on progress at the Partnership meetings bi-monthly. The Housing Authority is in the process of purchasing 3 properties through the NSP which will result in additional 7-10 units for families who are currently on the Housing Authority waiting lists. In addition the Nonprofit Development Corporation received VA funding to develop 6 units of Transitional Housing for homeless veterans as well as 4 units of permanent supportive housing. The NonProfit Development Corporation partnered with the Danbury Housing Authority who is providing the Section 8 Rental Subsidies for these units. Both buildings are currently under development with anticipated occupancy in 12/09. In addition the VA Connecticut is a member of the CoC and is working with the local Housing Authorities in implementing the VASH program regionally including the Danbury CoC.

## 4A. Continuum of Care (CoC) 2008 Achievements

### Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

| Objective  | Proposed 12-Month Achievement<br>(number of beds or percentage) |            | Actual 12-Month Achievement<br>(number of beds or percentage) |  |
|--|---|------------|---|--|
| Create new permanent housing beds for the chronically homeless.  | 15  | Beds       | 22  | B<br>e<br>d<br>s                               |
| Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.            | 78  | %          | 86  | %  |
| Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%. | 0   | %          | 0   | %  |
| Increase percentage of homeless persons employed at exit to at least 19%   | 19  | %          | 30  | %  |
| Decrease the number of homeless households with children.  | 11  | Households | 12  | H<br>o<br>u<br>s<br>e<br>h<br>o<br>l<br>d<br>s |

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

The CoC has far exceeded its 12 month achievements for the creation of new permanent housing beds for the chronically homeless and increasing the percentage of homeless persons staying in permanent housing over 6 months and the percentage of homeless persons employed at exit. As mentioned previously, even though the Greater Danbury CoC's Transitional Housing Programs do not receive McKinney Vento Funding for which APR's need to be submitted, the CoC collects data for Objective number 3 in the percentage of persons moving from Transitional Housing to Permanent Housing. The CoC considers this important data in planning for needed housing and services and in identifying barriers to permanent housing. The proposed 12 month achievement for decreasing the number of homeless households with children was 11. There were 12 sheltered homeless families at our annual point in time count. This is due to our Transitional Housing Program and emergency shelter program for homeless families were full and at capacity during our Point In Time Count.

## 4B. Continuum of Care (CoC) Chronic Homeless Progress

### Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year's Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

### Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.

| Year | Number of CH Persons | Number of PH beds for the CH |
|------|----------------------|------------------------------|
| 2007 | 40                   | 12                           |
| 2008 | 22                   | 14                           |
| 2009 | 13                   | 22                           |

### Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009.

### Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2008 and January 31, 2009.

| Cost Type   | HUD McKinney-Vento | Other Federal | State | Local | Private |
|-------------|--------------------|---------------|-------|-------|---------|
| Development |                    |               |       |       |         |
| Operations  | \$157,740          |               |       |       |         |
| Total       | \$157,740          | \$0           | \$0   | \$0   | \$0     |

**If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):**

## 4C. Continuum of Care (CoC) Housing Performance

### Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

**Does CoC have permanent housing projects for which an APR should have been submitted?** Yes

| Participants in Permanent Housing (PH)  |           |
|---|-----------|
| a. Number of participants who exited permanent housing project(s)                   | 10        |
| b. Number of participants who did not leave the project(s)                          | 49        |
| c. Number of participants who exited after staying 6 months or longer               | 10        |
| d. Number of participants who did not exit after staying 6 months or longer         | 41        |
| e. Number of participants who did not exit and were enrolled for less than 6 months | 8         |
| <b>TOTAL PH (%)</b>   | <b>86</b> |

### Instructions:

HUD will be assessing the percentage of all transitional housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

**Does CoC have any transitional housing programs for which an APR should have been submitted?** No

| Participants in Transitional Housing (TH)   |          |
|---|----------|
| a. Number of participants who exited TH project(s), including unknown destination | 0        |
| b. Number of participants who moved to PH   | 0        |
| <b>TOTAL TH (%)</b>   | <b>0</b> |

## 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

**Instructions:**

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

**Total Number of Exiting Adults: 10**

| Mainstream Program           | Number of Exiting Adults | Exit Percentage (Auto-calculated) |   |
|------------------------------|--------------------------|-----------------------------------|---|
| SSI                          | 2                        | 20                                | % |
| SSDI                         | 5                        | 50                                | % |
| Social Security              | 0                        | 0                                 | % |
| General Public Assistance    | 4                        | 40                                | % |
| TANF                         | 1                        | 10                                | % |
| SCHIP                        | 1                        | 10                                | % |
| Veterans Benefits            | 0                        | 0                                 | % |
| Employment Income            | 3                        | 30                                | % |
| Unemployment Benefits        | 0                        | 0                                 | % |
| Veterans Health Care         | 0                        | 0                                 | % |
| Medicaid                     | 10                       | 100                               | % |
| Food Stamps                  | 6                        | 60                                | % |
| Other (Please specify below) | 0                        | 0                                 | % |
|                              |                          |                                   |   |
| No Financial Resources       | 0                        | 0                                 | % |

**The percentage values will be calculated by the system when you click the "save" button.**

**Does CoC have projects for which an APR Yes  
 should have been submitted?**

## **4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy**

### **Instructions:**

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on Energy Star initiative go to: <http://www.energystar.gov>

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

**Has the CoC notified its members of the Energy Star Initiative?** Yes

**Are any projects within the CoC requesting funds for housing rehabilitation or new construction?** No

## 4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

**Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs?** Yes

If 'Yes', describe the process and the frequency that it occurs.

Dream Homes Community Center is the Danbury CoC HMIS System Administrator. Dream Homes Community Center runs APR's for all participating service agencies. These reports are reviewed by the Greater Danbury CoC and the City of Danbury Housing Partnership Social Services Committee. The committee reviews the data on participation and access to mainstream programs. This information is shared with the Housing Partnership and also reviewed by the Continuum. The CoC reviews project APR's annually where service needs and gaps are reviewed as well as access to mainstream programs.

**Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs?** No

If "Yes", indicate all meeting dates in the past 12 months.

**Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?** Yes

**Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs?** Yes

If yes, identify these staff members Both

**Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff.** Yes

If "Yes", specify the frequency of the training. Annually

**Does the CoC use HMIS as a way to screen for mainstream benefit eligibility?** No

**If "Yes", indicate for which mainstream programs HMIS completes screening.**

**Has the CoC participated in SOAR training? No**

**If "Yes", indicate training date(s).**

## 4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

**Indicate the percentage of homeless assistance providers that are implementing the following activities:**

| Activity  | Percentage |
|---|------------|
| <b>1. Case managers systematically assist clients in completing applications for mainstream benefits.</b><br><b>1a. Describe how service is generally provided:</b>   | 100%       |
| Staffs of homeless programs and social service providers remain abreast of mainstream resources available to their clients. A thorough assessment of mainstream resources is completed by social workers and case managers in all housing programs and community social service agencies, as well as the chronically homeless identified by the Homeless Outreach Team to identify client need as well as eligibility for mainstream programs. Case managers and social service providers work collaboratively with the entitlement specialists at the State of Connecticut Department of Social Services (DSS) the agency that administers the majority of mainstream resources in the Greater Danbury area and local city social service agencies to identify eligible participants. Information is provided at shelters, transitional programs, local social service offices and support service locations. The City of Danbury Department of Social Services has a medical caseworker assigned to the Wellness On Wheels Van at least one morning per week. This caseworker and other van staff provide persons living on the streets with medical care and referrals to other medical services and mainstream resources. |            |
| <b>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</b>  | 95%        |
| <b>3. Homeless assistance providers use a single application form for four or more mainstream programs:</b><br><b>3.a Indicate for which mainstream programs the form applies:</b>  | 100%       |
| SAGA, Medicaid, Food Stamps, Cash Assistance  |            |
| <b>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</b>   | 90%        |
| <b>4a. Describe the follow-up process:</b>  |            |
| Providers of homeless services and social service agencies conduct ongoing assessments of clients enrolled in programs. Entitlement Specialists at DSS (with client consent) send redetermination, spend down notices and pertinent information to case managers to ensure that the client is assisted and there is no lapse in benefits. Eligibility Specialists at Social Security Offices also work collaboratively with social service providers and keep them informed of changes in benefits that may affect assistance received.   |            |

## **Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)**

**Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction)).**

**Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.**

**Indicate the section applicable to the CoC Lead Agency: Part A**

## Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

### Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

|  |     |
|--|-----|
| <p>*1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?</p> <p>A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.</p>   | Yes |
| <p>2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?</p>   | Yes |
| <p>3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a) sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan?</p> <p>(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.</p> | Yes |
| <p>4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?</p>  | No  |
| <p>*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?</p> <p>If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.</p>  | Yes |
| <p>6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?</p>  | No  |

## Part A - Page 2

|  |            |
|--|------------|
| <p>*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?</p>  | <p>No</p>  |
| <p>*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings?</p> <p>Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (<a href="http://www.huduser.org/publications/destech/smartcodes.html">http://www.huduser.org/publications/destech/smartcodes.html</a>.)</p>   | <p>No</p>  |
| <p>*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.</p> <p>In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?</p> | <p>Yes</p> |
| <p>Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.</p>   |            |
| <p>*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?</p>  | <p>Yes</p> |
| <p>*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?</p>   | <p>Yes</p> |
| <p>*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)</p>   | <p>No</p>  |
| <p>*13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?</p>   | <p>No</p>  |

## Part A - Page 3

|  |     |
|--|-----|
| <p><b>*14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?</b></p> <p>(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)</p> | Yes |
| <p><b>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</b></p> <p>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>   | Yes |
| <p><b>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</b></p>  | No  |
| <p><b>*17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?</b></p>   | Yes |
| <p><b>*18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?</b></p>  | Yes |
| <p><b>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</b></p>  | No  |
| <p><b>*20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?</b></p>   | No  |

## Continuum of Care (CoC) Project Listing

**Instructions:**

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

| Project Name         | Date Submitted       | Grant Term | Applicant Name       | Budget Amount | Proj Type       | Prog Type | Comp Type | Rank |
|----------------------|----------------------|------------|----------------------|---------------|-----------------|-----------|-----------|------|
| Housing Authority... | 2009-11-10 09:30:... | 1 Year     | Housing Authority... | 213,480       | Renewal Project | S+C       | TRA       | U    |
| Danbury Shelter P... | 2009-11-09 09:38:... | 1 Year     | Connecticut Depar... | 453,204       | Renewal Project | S+C       | TRA       | U    |
| Housing Authority... | 2009-11-10 09:06:... | 1 Year     | Housing Authority... | 142,320       | Renewal Project | S+C       | TRA       | U    |
| Danbury Family Grant | 2009-11-09 09:36:... | 1 Year     | Connecticut Depar... | 57,732        | Renewal Project | S+C       | TRA       | U    |
| HMIS                 | 2009-11-19 11:27:... | 1 Year     | Association of Re... | 8,065         | Renewal Project | SHP       | HMIS      | F    |
| Danbury S+C Chron... | 2009-11-12 09:32:... | 5 Years    | Connecticut Depar... | 71,160        | New Project     | S+C       | TRA       | P1   |

## Budget Summary

|                                |           |
|--------------------------------|-----------|
| <b>FPRN</b>                    | \$8,065   |
| <b>Permanent Housing Bonus</b> | \$71,160  |
| <b>SPC Renewal</b>             | \$866,736 |
| <b>Rejected</b>                | \$0       |

## Attachments

| Document Type   | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| Certification of Consistency with the Consolidated Plan | Yes       | Certificate of Co... | 11/17/2009    |

## Attachment Details

**Document Description:** Certificate of Consistency