

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.

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

CoC Lead Organization Name: Greater Danbury Mental Health Authority

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

Instructions:

The following questions pertain to the primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the CoC, including, but not limited to, the following types of activities: setting agendas for full Continuum of Care meetings, project monitoring, determining project priorities, and 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

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) 75%

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

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

Specify "other" process(es):

Briefly describe the selection process including why this process was established and how it works.

The Greater Danbury Continuum of Care is comprised of local coalitions 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 as a member and servis on the CoC. All CoC members can vote.

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

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

Specify "other" process(es):

If HUD could provide administrative funds 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 the grantee, providing project oversight, and monitoring? Explain.

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

List the name and role of each CoC planning committee. To add committees to this list, click on the icon and enter requested information.

Name	Meeting Frequency
Discharge Planning	Semi-annually
Point In Time Count	Monthly or more
City of Danbury H...	Monthly or more
HMIS steering Com...	Bi-monthly
Employment Workg...	Monthly or more
Consumer Focus	Quarterly
Project Homeless ...	Monthly or more

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Discharge Planning

Indicate the frequency of group meetings: Semi-annually

Describe the role of this group:

Committee meets to monitor implementation of established discharge planning protocols for Foster Care, General Hospital, State Hospital and Department of Corrections for the Greater Danbury Continuum of Care.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Point In Time Count

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Committee meets to plan, coordinate and conduct annual point in time sheltered and unsheltered homeless count for the Greater Danbury Continuum of Care.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: City of Danbury Housing Partnership

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Monitoring and oversight committee for the implementation of the City of Danbury ten year plan to end homelessness. Monitors established goals and objectives of the Ten Year Plan.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: HMIS steering Committee

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

Planning and Coordination Committee for statewide and local HMIS implementation and oversight for the Greater Danbury Continuum of Care.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Employment Workgroup

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Committee meets to develop linkages and referrals for vocational/employment opportunities for persons experiencing homelessness and identify barriers to employment for the Greater Danbury Continuum of Care. Plan an employment fair in October 2008 at the City Homeless Shelter to link people who are homeless with employment and career counseling agencies.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Consumer Focus

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Focused meetings with homeless individuals and families to assess housing and service needs and potential solutions to existing barriers. Results are reported to the Greater Danbury Continuum of Care.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Project Homeless Connect

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Planning and coordinating committee group for annual Danbury Project Homeless Connect. Second annual event is sheduled for 12/3/08.

1D. Continuum of Care (CoC) Member Organizations

Identify all organizations involved in the CoC planning process. To add an organization to this list, click on the icon.

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

Danbury Coc			COC_REG_v10_000135	
Dream Homes Community Center	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, P...	NONE
Ability Beyond Disability	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Association of Religious Communities	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Christian Community Outreach Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Connecticut Coalition to End Homelessness	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Housing Development Fund	Private Sector	Funder...	Committee/Sub-committee/Work Group	NONE
Danbury Hospital	Private Sector	Hospita..	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Citizen	Individual	Homeles..	Primary Decision Making Group	NONE
Community Action Committee ,Danbury	Private Sector	Non-pro..	Primary Decision Making Group	NONE

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

The CoC should solicit and select projects in a fair and impartial manner. For each of the following sections, select the appropriate items that indicate all of the methods and processes the CoC used in the past year to assess all new and renewal projects performance, effectiveness, and quality.

**Open Solicitation Methods:
(select all that apply)** a. Newspapers, b. Letters/Emails to CoC Membership, c. Responsive to Public Inquiries, d. Outreach to Faith-Based Groups, e. Announcements at CoC Meetings, f. Announcements at Other Meetings

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

**Voting/Decision Method(s):
(select all that apply)** a. Unbiased Panel/Review Committee, b. Consumer Representative Has a Vote, c. All CoC Members Present Can Vote, f. Voting Members Abstain if Conflict of Interest

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

For each housing type, indicate if there was an increase or reduction in the total number of beds in the 2008 electronic Housing Inventory Chart (e-HIC) as compared to the 2007 Housing Inventory Chart. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: No

Briefly describe the reasons for the change:

Safe Haven Bed: No

Briefly describe the reasons for the change:

Transitional Housing: Yes

Briefly describe the reasons for the change:

There is a new development for 16 new Transitional Housing Beds to serve persons that are homeless with a disability of substance abuse and/or co-occurring disorders of mental health and substance abuse. This development will be managed by the Midwestern Council on Alcoholism and will be available for occupancy 11/08. This will increase the Transitional Housing beds for individuals that are homeless from 29 in 2007 to 45.

Permanent Housing: Yes

Briefly describe the reasons for the change, including changes in beds designated for chronically homeless persons:

The bed count for individuals for permanent housing beds for chronically homeless increased by one from 13 beds in 2007 to 14 beds in 2008. There are two new projects under development, which will increase the beds for chronically homeless individuals by 6 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

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	Housing Inventory	10/03/2008

Attachment Details

Document Description: Housing Inventory

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

Instructions:

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

Complete the following information based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The date on which the bed inventory was completed should be one day during the last ten days of January 2008.

Indicate the date on which the housing inventory count was completed: 01/30/2008
(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: Instructions, Training, Updated prior housing inventory information, Follow-up, Confirmation
(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.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be as of the date this application is submitted.

Select the HMIS implementation type: Statewide

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

**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

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

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

**Indicate the challenges and barriers
impacting the HMIS implementation:
(select all the apply):** No or low participation by non-HUD funded
providers, HMIS is unable to generate data for
PIT counts for sheltered persons, HMIS unable to
generate AHAR table shells

**If "None" was selected, briefly describe why CoC had no challenges or
how all barriers were overcome:**

Briefly describe the CoC's plans to overcome challenges and barriers:

The Continuum is actively engaging in on-going discussions with all non-HUD funded providers to gain support in utilizing the HMIS. Currently we have 13 providers entering data into HMIS of which four are non-HUD funded. All HUD funded programs are currently entering data into HMIS.

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.

HMIS Attachment

Document Type	Required?	Document Description	Date Attached
HMIS Agreement	Yes	HMIS Agreement	10/03/2008

Attachment Details

Document Description: HMIS Agreement

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

Enter the name and contact information for the HMIS Lead Organization.

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

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

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:

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.

For each housing type, indicate the percentage of the CoC's total beds (bed coverage) in the HMIS.

* Emergency Shelter (ES) Beds	86%+
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	86%+
* Permanent Housing (PH) Beds	65-75%

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:

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 2008.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	3%	13%
* Date of Birth	3%	0%
* Ethnicity	3%	0%
* Race	2%	0%
* Gender	1%	1%
* Veteran Status	1%	2%
* Disabling Condition	1%	6%
* Residence Prior to Program Entry	1%	1%
* Zip Code of Last Permanent Address	2%	9%
* Name	0%	0%

Did the CoC or subset of the CoC participate in AHAR 3? No

Did the CoC or subset of the CoC participate in AHAR 4? 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 participating agencies.

Dream Homes Community Center who is the Greater Danbury CoC's HMIS System Administrator runs reports monthly for each participating agency outlining data that was entered including admissions, discharges, and universal data elements. Reports are sent to and reviewed with each provider on a monthly basis 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.

The current policy states: 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.

Dream Homes Community Center who is the CoC's HMIS System Administrator runs reports monthly for each participating agency outlining data that was entered including admissions, discharges, and universal data elements. Reports are sent and reviewed with each provider on a monthly basis with corrective action requested as needed.

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

Instructions:

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

Indicate the frequency in which the CoC uses each of the following items:

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

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

Instructions:

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

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

* Unique user name and password	Quarterly
* Secure location for equipment	Annually
* 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? Monthly

How often does the CoC aggregate data to a central location (HMIS database or analytical database)? Never

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

If 'Yes' indicate date of last review or update by CoC: 04/07/2008

If 'No' indicate when development of manual will be completed:

2H. Homeless Management Information System (HMIS) Training

Instructions:

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

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

Privacy/Ethics training	Monthly
Data Security training	Monthly
Data Quality training	Monthly
Using HMIS data locally	Monthly
Using HMIS data for assessing program performance	Never
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. HUD requires CoCs to conduct a point-in-time count at least every two years during the last 10 days of January - January 22nd to 31st - and requests that CoCs conduct a count annually if resources allow. The last required count was in January 2007. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January in 2007 or 2008, unless a waiver was received by HUD.

There are six (6) categories of homeless populations on this form. They are:

Households with Dependent Children - Sheltered Emergency
Households with Dependent Children - Sheltered Transitional
Households with Dependent Children - Unsheltered

Households without Dependent Children - Sheltered Emergency
Households without Dependent Children - Sheltered Transitional
Households without Dependent Children - Unsheltered

For each category, the number of households must be less than or equal to the number of persons. For example, in Households with Dependent Children - Sheltered Emergency, the number entered for ?Number of Households? must be less than or equal to the number entered for ?Number of Persons (adults with children).?

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

Indicate the date of the last PIT count: 01/31/2008

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	Transitional	Unsheltered	Total
	Emergency			
Number of Households	7	3	0	10
Number of Persons (adults and children)	18	8	0	26
	Households without Dependent Children			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	66	22	7	95
Number of Persons (adults and unaccompanied youth)	68	22	7	97
	All Households/ All Persons			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Total Households	73	25	7	105

Danbury Coc			COC_REG_v10_000135	
Total Persons	86	30	7	123

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 data from a point-in-time count conducted during the last ten days of January 2007 or January 2008. 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.

Complete the following information for the most recent point-in-time (PIT) count conducted using statistically reliable, unduplicated counts or estimates of homeless persons. Completion of the "Unsheltered" column is optional for all subpopulations, except for Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	22	0	22
* Severely Mentally Ill	62	0	62
* Chronic Substance Abuse	55	7	62
* Veterans	21	0	21
* Persons with HIV/AIDS	2	0	2
* 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:

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%.

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

Annually (every year); Biennially (every other year); Semi-annually (every six months)

How often will the CoC conduct a PIT count? Annually

Enter the date in which the CoC plans to conduct its next annual point-in-time count: 01/28/2009
(mm/dd/yyyy)

Indicate the percentage of providers supplying population and subpopulation data 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:

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 most emergency shelters and transitional housing programs.

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

**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: (Extrapolation attachment is required)	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe how the sheltered population data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered count.

The sheltered count was done on the evening of 1/30/08. Using standardized paper or web-based 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. There was a decrease in the sheltered count from 127 in 2007 to 116 in 2008. The decrease was due to surveys not being completed with clients residing at the Transitional Housing Programs (Amos House, THP, Shelter of the Cross) when they were out for the evening but still maintained possession of their bed. In addition, in October, 2007, the City Shelter revised admission policies pertaining to length of stay, person's probation status, sex offender status, and acceptable state identification that limited person's ability to utilize the facility.

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

Instructions:

HMIS:

Only HMIS used for subpopulation data on sheltered persons (no extrapolation for missing data).

HMIS plus extrapolation:

Extrapolation to account for missing HMIS data and HUD's extrapolation tool completed.

Sample of PIT interviews plus extrapolation:

Interviews conducted with a random or stratified sample of sheltered adults and unaccompanied youth and appropriate HUD extrapolation tool completed.

Interviews:

Interviews conducted with every person staying in an emergency shelter or transitional housing program on the night of the point-in-time count.

Non-HMIS client level information:

Providers used individual client records to provide subpopulation data for each sheltered adult and unaccompanied youth for the night of the point-in-time count.

Other:

CoC used a combination of methods.

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

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: (PIT attachment is required)	<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 the sheltered subpopulation data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered subpopulation counts, particularly the chronically homeless count.

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 1/30/08 between the hours of 9pm 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. Some chose not to participate. Our sheltered count for chronically homeless persons decreased from 48 to 22. Decrease is due to 16 chronically person housed through S+C and other permanent supportive housing options, and several people who were chronically homeless entered long-term treatment. In addition there were several deaths of individuals who were chronically homeless. Another factor was the difficulty and inability in completing surveys with persons that had undocumented status.

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

Instructions:

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

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

Instructions:	<input checked="" type="checkbox"/>
Training:	<input checked="" type="checkbox"/>
Remind/Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
None:	<input 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. To improve data accuracy, a web-based survey was available for submission of sheltered count data

Describe the non-HMIS de-duplication techniques (if Non-HMIS de-duplication was selected):

To minimize the possibility of double counting, programs in Danbury conducted the count on the same day from 9-11pm. 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:

Public places count:

Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:

Interviewed either all unsheltered persons encountered during public places count or a sample

Service-based count:

Counted homeless persons using non-shelter services based on interviews.

HMIS:

HMIS used to collect, analyze or report data on unsheltered persons.

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

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

Public places count:	<input type="checkbox"/>
Public places count with interviews:	<input checked="" type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

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

Instructions:

Complete coverage:

Every part of a specified geography (e.g. entire city, downtown area, etc.) is covered by enumerators.

Known locations:

Counting in areas where unsheltered homeless people are known to congregate or live.

Combination:

Conducting counts for every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.

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

Indicate the level of coverage of the PIT count of unsheltered homeless people: Probability Sampling

If Other, specify:

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

Instructions:

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

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 to reduce duplication.

To minimize the possibility of double counting, staff and volunteers conducted the count on the morning of 1/31/08. 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, including outreach plan, to reduce the number of unsheltered homeless households with dependent children.

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 routinely sleeping on the streets and other places not meant for human habitation. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the unsheltered population (especially the chronically homeless and families with children).

The survey instrument 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 2008 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. These changes likely resulted in a decrease in the overall unsheltered count and in the count of unsheltered families. 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. Greater Danburys unsheltered numbers are difficult to track due to the large amount of woods located in the city. 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.

Attachment Details

Document Description:

Attachment Details

Document Description:

3A. Continuum of Care (CoC) 10-Year Plan, Objectives and Action Steps

Click on the icon and add requested information for each of the national objectives.

Objective
Create new PH beds for chronically homeless persons
Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%
Increase percentage of homeless persons moving from TH to PH to at least 63.5%
Increase percentage of homeless persons employed at exit to at least 19%
Decrease the number of homeless households with children

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Create new PH beds for chronically homeless persons

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Implement new S+C grant for one to two chronically homeless individuals	Milena Sangut, Assistant Director Greater Danbury Mental Health Authority
Action Step 2	Designate 2 PILOTS PH beds for chronically homeless individuals	Mark Define, Program Coordinator, CT Outreach West
Action Step 3	Apply for new project funding through the Samaritan Bonus Initiative for a new S+C TRA Certificates to serve two CH Individuals	Milena Sangut, Assistant Director, GDMHA

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	14
Numeric Achievement in 12 months	15
Numeric Achievement in 5 years	16
Numeric Achievement in 10 years	20

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Continue monitoring and tracking mechanisms of PH programs within the Coc by regular review of APR's	Milena Sangut, Greater Danbury Mental Health Authority, CoC Chair
Action Step 2	Monitor services provisions to persons in permanent supportive housing	Milena Sangut, GDMHA, S+C Committee
Action Step 3	Continue to build and strengthen community landlord relations and provide community education regarding permanent supportive housing	Milena Sangut Housing Partnership, Shelter Plus Care

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	78
Numeric Achievement in 12 months	78
Numeric Achievement in 5 years	80
Numeric Achievement in 10 years	80

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Increase percentage of homeless persons moving from TH to PH to at least 63.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Continue funding for community security deposit programs	LouAnn Bloomer, TBICO
Action Step 2	Identify and address local barriers that may prevent TH participants from moving to PH	Housing Partnership, Social Services Committee Chair, Caitlin Reese
Action Step 3		

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	62
Numeric Achievement in 12 months	64
Numeric Achievement in 5 years	65
Numeric Achievement in 10 years	67

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Increase percentage of homeless persons employed at exit to at least 19%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Hold Employment Fair at the City Shelter with representative from local and state employment agencies	CoC Employment Committee, Dawn Wilson
Action Step 2	Continue CoC employment Committee to focus on employment issues, research best practices, and meet goal on increasing employment to 19%	CoC Employment Committee, Dawn Wilson
Action Step 3	Hold Project Homeless Connect which will include state and local employment agencies	Project Homeless Connect Group, Milena Sangut

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	18
Numeric Achievement in 12 months	19
Numeric Achievement in 5 years	20
Numeric Achievement in 10 years	21

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Decrease the number of homeless households with children

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

Danbury Coc		COC_REG_v10_000135
		Lead Person
Action Step 1	Establish a CoC committee to focus on homeless family issues and identify barriers to housing and employment	CoC Chair, Milena Sangut
Action Step 2	Apply for new project funding through the Rapid Re-Housing Initiative which will move one family into housing	PJ Leopold, Association of Religious Communities, Dream Homes Community Center
Action Step 3		

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	10
Numeric Achievement in 12 months	11
Numeric Achievement in 5 years	12
Numeric Achievement in 10 years	15

3B. Continuum of Care (CoC) Discharge Planning Protocols: Level of Development

Instructions:

Pursuant to the McKinney-Vento Act, to the maximum extent practicable, persons discharged from publicly funded institutions or systems of care should not be discharged into homelessness. For each system of care, the CoC should indicate the level of development for its discharge planning policy.

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

Foster Care Discharge Protocol: Formal Protocol Implemented
Health Care Discharge Protocol: Formal Protocol Implemented
Mental Health Discharge Protocol: Formal Protocol Implemented
Corrections Discharge Protocol: Formal Protocol Implemented

3C. Continuum of Care (CoC) Discharge Planning Protocols: Narratives

For each system of care describe the discharge planning protocol. For additional instructions, refer to the detailed instructions available on the left menu bar.

Foster Care Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

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 Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

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 Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

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 Greater Danbury Mental Health Authority (GDMHA) who is the systems lead Mental Health Authority co-chairs the Greater Danbury Continuum of Care and chairs the Greater Danbury Continuum of Care Discharge Planning workgroup. The Greater Danbury Mental Health Authority 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 GDMHA works with Dream Homes Community Center, Danbury's Point of Entry in referring homeless persons with psychiatric disabilities for appropriate housing and services.

Corrections Discharge

For Formal Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

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.

3D. Continuum of Care (CoC) Discharge Planning Protocol: Attachments

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	Foster Care Disch...	10/03/2008
Mental Health Discharge Protocol	No	Mental Health Dis...	10/03/2008
Corrections Discharge Protocol	No	Corrections Disch...	10/03/2008
Health Care Discharge Protocol	No	Health Care Disch...	10/03/2008

Attachment Details

Document Description: Foster Care Discharge Plan

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: Mental Health Discharge

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: Corrections Discharge

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: Health Care Discharge

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

3E. Continuum of Care (CoC) Coordination

CoCs should coordinate, as appropriate, with any existing strategic planning groups to assess the local homeless system and identify shortcomings and unmet needs. Answer the following questions regarding coordination in the CoC.

Does the CoC's Consolidated Plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals 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.

Within the CoC's geographic area, is one or more jurisdictional 10-year plan(s) being developed or implemented (separate from the CoC 10-year plan)? Yes

Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the 10-year plan(s):

1. Increase the supply of permanent units to meet the projected need of homeless persons
2. Keep people housed and reduce the number of people becoming homeless and specifically reduce the number of people being discharged into homelessness by state and local institutions and Agencies.
3. Ensure that there are adequate, appropriate and sufficient services to assist homeless at risk persons in accessing and retaining housing.
4. Develop a strategy to ensure that the plan is both implemented and monitored to completion.

3F. Hold Harmless Need (HHN) Reallocation

Instructions:

CoC's that are in Hold Harmless Need status may choose to eliminate or reduce one or more of their SHP grants eligible for renewal in the 2008 CoC competition. CoC's may reallocate the funds made available through this process to create new permanent housing projects or HMIS. Reallocation projects may be SHP (1, 2, or 3 years), SPC (5 years) or Section 8 SRO (10 years). CoC's that are in Preliminary Pro Rate Need (PPRN) status are not eligible to reallocate projects. Reallocated funds cannot be used for Samaritan Housing project(s).

Refer to the NOFA for additional guidance on reallocating projects.

Is the CoC reallocating funds from one or more expiring renewal grant(s) to one or more new project(s)? No

CoC's that are in Preliminary Pro Rata Need (PPRN) status are not eligible to reallocate projects.

4A. Continuum of Care (CoC) 2007 Achievements

Instructions:

For the five HUD national objectives in the 2007 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Chart N of the 2007 CoC application in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the numeric achievement that you CoC attained within the past 12 months that is directly related to the relevant national objective.

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new PH beds for CH	14	Beds	14	B e d s
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	75	%	78	%
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	62	%	65	%
Increase percentage of homeless persons employed at exit to at least 18%	18	%	18	%
Ensure that the CoC has a functional HMIS system	75	%	75	%

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

Complete the following fields using data from the last point-in-time (PIT) count and housing inventory count. For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in your CoC for each year

Year	Number of CH Persons	Number of PH beds for the CH
2006	40	12
2007	48	13
2008	22	14

Indicate the number of new PH beds in place ¹ and made available for occupancy for the chronically homeless between February 1, 2007 and January 31, 2008

Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2007 and January 31, 2008.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$53,520				
Operations					
Total	\$53,520	\$0	\$0	\$0	\$0

4C. Continuum of Care (CoC) Housing Performance

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients move to and stabilize in permanent housing.

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	16
b. Number of participants who did not leave the project(s)	39
c. Number of participants who exited after staying 6 months or longer	14
d. Number of participants who did not exit after staying 6 months or longer	29
e. Number of participants who did not leave and were enrolled for 5 months or less	3
TOTAL PH (%)	78
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
TOTAL TH (%)	0

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

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients access mainstream services and gain employment.

Total Number of Exiting Adults: 16

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)
SSI	2	13 %
SSDI	5	31 %
Social Security	0	0 %
General Public Assistance	3	19 %
TANF	0	0 %
SCHIP	0	0 %
Veterans Benefits	0	0 %
Employment Income	3	19 %
Unemployment Benefits	2	13 %
Veterans Health Care	0	0 %
Medicaid	11	69 %
Food Stamps	6	38 %
Other (Please specify below)		0 %
No Financial Resources	3	19 %

The percentage values are automatically calculated by the system when you click the "save" button.

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

Does the CoC systematically analyze the APRs for its projects to assess and 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 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 uses HMIS to screen for 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
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	100%
<p>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.</p>	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	80%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	100%
SAGA, Medicaid, Food Stamps, Cash Assistance	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
<p>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.</p>	

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

*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?	No
<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 (http://www.huduser.org/publications/destech/smartcodes.html)</p>	No
<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>	Yes
<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>	Yes
<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>	Yes
<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>	No
<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>	No

Part A - Page 3

<p>*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?</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>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</p> <p>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	Yes
<p>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	No
<p>*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?</p>	Yes
<p>*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?</p>	Yes
<p>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	No
<p>*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?</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
Danbury Shelter P...	2008-10-01 12:12:...	5 Years	Connecticut Depar...	68,580	New Project	S+C	TRA	S1
Danbury Shelter P...	2008-10-03 13:20:...	1 Year	Connecticut Depar...	436,824	Renewal Project	S+C	TRA	U3
Housing Authority...	2008-10-03 13:22:...	1 Year	Housing Authority...	137,160	Renewal Project	S+C	TRA	U4
Rapid Re-Entry Pr...	2008-10-03 12:46:...	3 Years	Association of Re...	25,200	New Project	SHP	TH	R2

Budget Summary

FPRN	\$0
Rapid Re-Housing	\$25,200
Samaritan Housing	\$68,580
SPC Renewal	\$573,984
Rejected	\$0

Submission Summary

Part	Last Updated
Part 1: CoC Structure	
1A. Identification	No Input Required
1B. Primary Decision-Making Group	9/29/08 10:40 AM
1C. Committees	10/9/08 9:57 AM
1D. Member Organizations	9/29/08 10:52 AM
1E. Project Review and Selection	8/7/08 11:04 AM
1F. e-HIC Change in Beds	8/25/08 2:01 PM
1G. e-HIC Attachment	10/3/08 11:34 AM
1H. e-HIC Sources and Methods	9/29/08 11:42 AM
Part 2: Data Collection and Quality	
2A. HMIS Implementation	10/8/08 10:51 AM
HMIS Attachment	10/3/08 3:12 PM
2B. HMIS Lead Organization	9/26/08 3:37 PM
2C. HMIS Contact Person	9/26/08 3:39 PM
2D. HMIS Bed Coverage	9/19/08 12:41 PM
2E. HMIS Data Quality	10/8/08 10:53 AM
2F. HMIS Data Usage	9/2/08 2:31 PM
2G. HMIS Data and Technical Standards	9/30/08 4:50 PM
2H. HMIS Training	8/29/08 4:33 PM
2I. Homeless Population	9/5/08 11:17 AM
2J. Homeless Subpopulations	7/25/08 2:54 PM
2K. Sheltered Data - PIT	9/29/08 11:43 AM
2L. Sheltered Data - Methods	9/29/08 11:40 AM
2M. Sheltered Data - Subpopulations	10/9/08 10:17 AM
2N. Sheltered Data - Quality	No Input Required
2O. Unsheltered Data - Methods	No Input Required
2P. Unsheltered Data - Coverage	9/29/08 11:54 AM
2Q. Unsheltered Data - Quality	9/29/08 12:00 PM
Extrapolation Attachment	Please Complete
PIT Attachment	Please Complete
Part 3: CoC Strategic Planning	
3A. CoC 10 Year Plan	10/8/08 11:00 AM

3B. Discharge Planning Protocol Status	7/25/08 3:22 PM
3C. Discharge Planning Narratives	10/8/08 11:05 AM
3D. Discharge Planning Attachments	10/3/08 2:39 PM
3E. CoC Coordination	7/25/08 3:31 PM
3F. HHN Reallocation	7/25/08 3:31 PM
3G. HHN Eliminated Grants	Please Complete
3H. HHN Reduced Grants	Please Complete
3I. New Projects Requested	Please Complete
Part 4: CoC Performance	
4A. 2007 CoC Achievements	10/9/08 10:44 AM
4B. Chronic Homeless Progress	9/5/08 12:21 PM
4C. Housing Performance	9/5/08 12:21 PM
4D. Mainstream Services Enrollment	9/2/08 3:05 PM
4E. Energy Star & Section 3	7/25/08 3:53 PM
4E. Section 3 Employment Policy Detail	No Input Required
4F. CoC Mainstream Programs	9/9/08 12:14 PM
4G. Provider Mainstream Programs	8/29/08 4:38 PM
Regulatory Barriers	
4I. Removing Regulatory Barriers	
Page 1	No Input Required
Page 2	No Input Required
Page 3	No Input Required
4H. Removing Regulatory Barriers - B	
Page 1	No Input Required
Page 2	No Input Required
Submission Summary	No Input Required

Notes:

3G. HHN Eliminated Grants list must include at least 1 item(s).

3H. HHN Reduced Grants list must include at least 1 item(s).

3I. New Projects Requested list must include at least 1 item(s).