#1

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Tuesday, May 31, 2016 12:05:12 PM
Last Modified: Tuesday, May 31, 2016 12:42:16 PM
Time Spent: 00:37:04

PAGE 2: Part 1: Demographics

Q1: Choose your Continuum of Care Code:	(CT-503) Bridgeport/Norwalk/Stamford/Fairfield County CoC
Q2: If you serve a Balance of State CoC, which counties is this update for?	*Respondent skipped this question*
Q3: If you are submitting a plan for CA-600, what is the SPA number associated with your update?	*Respondent skipped this question*

Q4: Contact Information

Name	Joyce Barcley
Organization	The WorkPlace, Inc.
Email Address	jbarcley@workplace.org

PAGE 3: Part 2: Coordination

Q5: Does your community have a written plan to end Veteran homelessness?	Yes
Q6: If you answered "Yes" to the previous question, have community stakeholders (e.g. local VA Medical Center, VA, SSVF grantees, etc.) provided input into the plan development and implementation?	Yes

Q7: Who is the CoC point of contact?

Name:	Pamela Ralston
Email:	pralston@cceh.org
Organization:	CT Coalition to End Homelessness
Phone #:	203-464-3254

Q8: Are representatives from the following VA funded programs present at community planning meetings/events?

	Strategic Meetings	Case Conferencing/Master List
HUD and Veterans Affairs Supportive Housing (HUD-VASH)	Yes	Yes
Healthcare for Homeless Veterans (HCHV)	Yes	Yes
Grant and Per Diem (GPD) VAMC Liaison	Yes	Yes
Grant and Per Diem (GPD) Providers	Yes	Yes
Community Resource and Referral Center (CRRC)	Yes	Yes
Domiciliary Care for Veterans (VA-Dom)	Yes	No
Veterans Justice Outreach (VJO)	Yes	Yes
Safe Haven	Not Applicable	Not Applicable

Q9: What types of data are community providers able to share with their local VA Medical Center(s)? (Select all that apply)	Client-level information (e.g. data from the HMIS system; includes identifying information such as the key elements for the by name/master list)
Q10: What types of data can local VA Medical Center staff share with community providers? (Select all that apply)	Client-level information (e.g. data from the HOMES system such as key elements for the by name/master list)
Q11: Does your community have a standardized Release of Information (ROI) form for data sharing between the local VA Medical Center(s) and other relevant stakeholders?	Yes
Q12: If VA and non-VA homeless assistance providers are not able to share/receive data, which of the following would be helpful? (Select all that apply)	*Respondent skipped this question*
Q13: Is there a community-wide coordinated entry/assessment process for Veterans? Note: Participation in coordinated entry is a requirement of the SSVF program.	Yes

Q14: Who is lead point of contact for coordinated entry?

Name:	Lauren Zimmerman
Organization:	Supportive Housing Works
Organization Type (VAMC, CoC, SSVF Grantee, etc.)	CoC
Phone #:	203-767-4035
Email:	lauren@supportivehousingworks.org

Q15: Is the HUD-VASH program integrated into coordinated entry?	Yes
Q16: If the answer was "Yes" to the previous question, please select the response that best describes this integration:	HUD-VASH receives referrals from coordinated entry but also allows for direct entry into their program through other means

Q17: Is the GPD program integrated into coordinated entry?	Yes
Q18: If the answer to the previous question was "Yes", please select the response that best describes this integration:	GPD receives referrals from coordinated entry but also allows for direct entry into their program through other means
Q19: Is GPD providing bridge housing in the community? (Please note that they must have submitted a change of scope to the GPD Program Office or are currently in the process to select "Yes".)	Yes

Q20: Please list the GPD providers currently serving your community.

List of Agency Names	Homes for the Brave, Spooner House, Danbury City Shelter, Vet House, Forgotten Soldiers/Female Heroes
Total Number of Beds	57

Q21: Have any GPD providers in your community submitted a change of scope to the GPD Program Office?	Yes, If "Yes", please list the agency names. Homes for the Brave, Danbury City Shelter
Q22: If "No" to question 21, are any GPD providers planning to submit a change of scope?	If "Yes", please provide the agency name. Spooner House

PAGE 4: Part 3: Master List

Q23: Does the community have a master list?	Yes
Q24: If "Yes" to the previous question, is the list one complete document (not multiple parts)?	Yes

Q25: Who manages the master list?

Name:	Katie Durand
Role:	Co-Chair, Reaching Home Veteran Workgroup
Organization:	CT Dept. of Housing
Organization Type (VAMC, CoC, SSVF Grantee, etc.):	State Agency

Q26: Does your list have the following elements? (Select all that apply.)	Includes all unsheltered Veterans, Includes all Veterans in emergency shelter (regardless of shelter funding source) , Includes all Veterans in transitional housing (GPD, community TH, regardless of funding source)
Q27: How often do you meet to review and update the master list?	Bi-Monthly

Q28: **Currently what are your community's top 3 priorities for ending Veteran homelessness?**

Sustainability: Evaluating data on a regular basis to track any new trends, make modifications, and assess sustainability
,

GPD change of scope.,

Increasing permanent housing options (e.g. landlord engagement, etc.)

PAGE 5: Part 4: Meetings and Strategy

Q29: **What types of meetings does your community have?**

	(no label)
Case Conferences	Bi-Weekly
Strategic Planning/CoordinationMeetings (Bigger Picture)	Monthly

Q30: When are your next three strategic planning/coordination meetings? (Include date, time)	*Respondent skipped this question*
Q31: Would you like your Regional Coordinator and/or TA representative to participate in one of these meetings?	Yes, If you selected "Yes" please provide the call In information Always invited and participates telephonically.

PAGE 6: Part 5: Federal Criteria/Benchmarks and Support

Q32: Has your community decided to pursue the federal partners' process?	Yes
Q33: If the answer to the previous question was "No", why have you decided not to pursue the process?	*Respondent skipped this question*
Q34: Has your community submitted a claim to the federal partners (USICH, VA, HUD)?	Yes

Q35: If the answer to Question 34 was "Yes", please provide the date the claim was submitted and its current status (pending, approved, denied).

Date:	12/15/2015
Status:	Approved

Q36: List any technical assistance needs. (Select all that apply.)	*Respondent skipped this question*

PAGE 7: Part 6: Sustainability

Q37: **Has your community begun sustainability planning efforts?**	Yes
Q38: **What resource gaps (if any) have you identified that may hinder sustainability? Select all that apply**	Need for additional prevention/rapid re-housing funds (non-SSVF) , Need for additional HUD-VASH vouchers , Need for additional Section 8 (non-VA) housing vouchers , Need for additional VA funded prevention/rapid re-housing (SSVF) , Need for income support / financial management services (e.g. Rep Payee) , Need for additional permanent supportive housing resources (VA and/or non-VA) , Need for affordable, permanent housing options
Q39: **Does your community currently have Priority 1 (aka "Surge") SSVF funding?**	No
Q40: **If the answer to the previous question is "yes", does your community have adequate funding resources in place to sustain your system when "surge" funding ends?**	*Respondent skipped this question*
Q41: **Does your community regularly follow-up with rapid re-housing clients to ensure housing stabilization?**	No
Q42: **Do you have a system in place to ensure rapid re-housing clients experiencing new housing crises are routed to prevention/other stabilization services?**	Yes, If yes, please describe this process. RRH veterans are provided resource information including SSVF contact information in the event a new housing crisis develops. If not meeting Prevention Threshold, light touch case managment provided to support household and connect with services.

#2

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Friday, June 03, 2016 11:46:53 AM
Last Modified: Friday, June 03, 2016 12:13:23 PM
Time Spent: 00:26:29

PAGE 2: Part 1: Demographics

Q1: Choose your Continuum of Care Code:	(CT-505) Connecticut Balance of State CoC
Q2: If you serve a Balance of State CoC, which counties is this update for?	Hartford, Litchfield, Middlesex, New Haven, New London, Tolland and Windham Counties
Q3: If you are submitting a plan for CA-600, what is the SPA number associated with your update?	N/A

Q4: Contact Information

Name	Andrew Black
Organization	Columbus House, Inc
Email Address	ablack@columbushouse.org

PAGE 3: Part 2: Coordination

Q5: Does your community have a written plan to end Veteran homelessness?	Yes
Q6: If you answered "Yes" to the previous question, have community stakeholders (e.g. local VA Medical Center, VA, SSVF grantees, etc.) provided input into the plan development and implementation?	Yes

Q7: Who is the CoC point of contact?

Name:	Juakia Inabinet
Email:	Juakia.Inabinet@libertycs.org
Organization:	Liberty Community Services
Phone #:	203-495-1770

Q8: Are representatives from the following VA funded programs present at community planning meetings/events?

	Strategic Meetings	Case Conferencing/Master List
HUD and Veterans Affairs Supportive Housing (HUD-VASH)	Yes	Yes
Healthcare for Homeless Veterans (HCHV)	Yes	Yes
Grant and Per Diem (GPD) VAMC Liaison	Yes	Yes
Grant and Per Diem (GPD) Providers	Yes	Yes
Community Resource and Referral Center (CRRC)	Yes	Yes
Domiciliary Care for Veterans (VA-Dom)	Yes	Yes
Veterans Justice Outreach (VJO)	Yes	Yes
Safe Haven	Not Applicable	Not Applicable

Q9: What types of data are community providers able to share with their local VA Medical Center(s)? (Select all that apply)	Client-level information (e.g. data from the HMIS system; includes identifying information such as the key elements for the by name/master list) , Aggregate performance information (e.g. housing placement numbers; length of time homeless, does not include identifying information)
Q10: What types of data can local VA Medical Center staff share with community providers? (Select all that apply)	Client-level information (e.g. data from the HOMES system such as key elements for the by name/master list) , Aggregate performance information (e.g. HUD-VASH placement numbers; length of time homeless, GPD information, does not include identifying information
Q11: Does your community have a standardized Release of Information (ROI) form for data sharing between the local VA Medical Center(s) and other relevant stakeholders?	Yes
Q12: If VA and non-VA homeless assistance providers are not able to share/receive data, which of the following would be helpful? (Select all that apply)	*Respondent skipped this question*
Q13: Is there a community-wide coordinated entry/assessment process for Veterans? Note: Participation in coordinated entry is a requirement of the SSVF program.	Yes

Q14: Who is lead point of contact for coordinated entry?

Name:	Jason Martinez
Organization:	United Way of Greater New Haven
Organization Type (VAMC, CoC, SSVF Grantee, etc.)	Non-Profit
Phone #:	203-691-4220
Email:	jmartinez@uwgnh.org

Q15: Is the HUD-VASH program integrated into coordinated entry?
Yes

Q16: If the answer was "Yes" to the previous question, please select the response that best describes this integration:
HUD-VASH receives referrals from coordinated entry but also allows for direct entry into their program through other means

Q17: Is the GPD program integrated into coordinated entry?
Yes

Q18: If the answer to the previous question was "Yes", please select the response that best describes this integration:
GPD receives referrals from coordinated entry but also allows for direct entry into their program through other means

Q19: Is GPD providing bridge housing in the community? (Please note that they must have submitted a change of scope to the GPD Program Office or are currently in the process to select "Yes".)
Yes

Q20: Please list the GPD providers currently serving your community.

List of Agency Names	Harkness house, New London Hospitality Center, South Park Inn, Community Renewal Team, Friendship Center, Spooner House, McCall, Mercy Housing, VSF (City of Manchester), VSF (City of West Haven), FISH Torrington and Veterans inc
Total Number of Beds	105

Q21: Have any GPD providers in your community submitted a change of scope to the GPD Program Office?
Yes,

If "Yes", please list the agency names.
Harkness House (Columbus House), New London Hospitality Center, South Park Inn, Community Renewal Team, Friendship Center

Q22: If "No" to question 21, are any GPD providers planning to submit a change of scope?
If "Yes", please provide the agency name. N/A

PAGE 4: Part 3: Master List

Q23: Does the community have a master list?
Yes

Q24: If "Yes" to the previous question, is the list one complete document (not multiple parts)?
Yes

Q25: Who manages the master list?

Name:	Katie Durand
Role:	Ms. Durand manages the Veteran Outreach Master list. The Veteran Outreach list contains the names of veterans who have been identified as homeless or at-risk of homelessness. The list is distributed bi-weekly to SSVF Grantees and to the VA Medical Center and homeless outreach team. After the list is review, we send Ms Durand documentation of our outreach efforsts and outcomes.
Organization:	CT Dept of Housing
Organization Type (VAMC, CoC, SSVF Grantee, etc.):	state agency

Q26: Does your list have the following elements? (Select all that apply.)

Includes all unsheltered Veterans,

Includes all Veterans in emergency shelter (regardless of shelter funding source)

Q27: How often do you meet to review and update the master list?

Bi-weekly

Q28: Currently what are your community's top 3 priorities for ending Veteran homelessness?

Sustainability: Evaluating data on a regular basis to track any new trends, make modifications, and assess sustainability

,

GPD change of scope.,

Increasing permanent housing options (e.g. landlord engagement, etc.)

PAGE 5: Part 4: Meetings and Strategy

Q29: What types of meetings does your community have?

	(no label)
Case Conferences	Bi-Weekly
Strategic Planning/CoordinationMeetings (Bigger Picture)	Monthly

Q30: When are your next three strategic planning/coordination meetings? (Include date, time)

Meeting 1   06/30/2016 3:00 PM,

Meeting 2   07/28/2016 3:00 PM,

Meeting 3   08/25/2016 3:00 PM

Q31: Would you like your Regional Coordinator and/or TA representative to participate in one of these meetings?

Yes,

If you selected "Yes" please provide the call In information
dial-in information changes monthly

PAGE 6: Part 5: Federal Criteria/Benchmarks and Support

Q32: Has your community decided to pursue the federal partners' process?	Yes
Q33: If the answer to the previous question was "No", why have you decided not to pursue the process?	*Respondent skipped this question*
Q34: Has your community submitted a claim to the federal partners (USICH, VA, HUD)?	Yes

Q35: If the answer to Question 34 was "Yes", please provide the date the claim was submitted and its current status (pending, approved, denied).

Date:	December 17, 2015
Status:	approved

Q36: List any technical assistance needs. (Select all that apply.)	*Respondent skipped this question*

PAGE 7: Part 6: Sustainability

Q37: Has your community begun sustainability planning efforts?	Yes
Q38: What resource gaps (if any) have you identified that may hinder sustainability? Select all that apply	Need for additional prevention/rapid re-housing funds (non-SSVF) , Need for additional HUD-VASH vouchers , Need for additional Section 8 (non-VA) housing vouchers , Need for additional VA funded prevention/rapid re-housing (SSVF) , Need for income support / financial management services (e.g. Rep Payee) , Need for additional permanent supportive housing resources (VA and/or non-VA) , Need for affordable, permanent housing options
Q39: Does your community currently have Priority 1 (aka "Surge") SSVF funding?	No
Q40: If the answer to the previous question is "yes", does your community have adequate funding resources in place to sustain your system when "surge" funding ends?	*Respondent skipped this question*

Q41: Does your community regularly follow-up with rapid re-housing clients to ensure housing stabilization?

No

Q42: Do you have a system in place to ensure rapid re-housing clients experiencing new housing crises are routed to prevention/other stabilization services?

Yes,

If yes, please describe this process.
CT's SSVF Grantees, our local VA partners (Fed and State) and non-profit organizations have in place a system to ensure rapid re-housing clients experiencing housing crises are routed to prevention and other stabilization services. If veterans are facing a new housing crisis, they are encouraged to contact the SSVF Case Manager who they worked with. They can also stop by their local VA facility and inquire about housing assistance. The veterans can also connect with non-profit agencies, VFWs, and Human Services departments in their respective city/town. The veterans can also call United Way's 2-1-1 help-line to find information on housing, health care, mental health care, transportation and other assistance.

#3

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Tuesday, June 07, 2016 11:36:35 AM
Last Modified: Tuesday, June 07, 2016 11:56:29 AM
Time Spent: 00:19:54

PAGE 2: Part 1: Demographics

Q1: Choose your Continuum of Care Code:	(CT-502) Hartford CoC
Q2: If you serve a Balance of State CoC, which counties is this update for?	*Respondent skipped this question*
Q3: If you are submitting a plan for CA-600, what is the SPA number associated with your update?	*Respondent skipped this question*

Q4: Contact Information

Name	Steve Bigler
Organization	CRT
Email Address	biglers@crtct.org

PAGE 3: Part 2: Coordination

Q5: Does your community have a written plan to end Veteran homelessness?	Yes
Q6: If you answered "Yes" to the previous question, have community stakeholders (e.g. local VA Medical Center, VA, SSVF grantees, etc.) provided input into the plan development and implementation?	Yes

Q7: Who is the CoC point of contact?

Name:	Crane Cesario
Email:	crane.cesario@ct.gov
Organization:	CT Dept. of Mental Health
Phone #:	860-297-0874

Q8: Are representatives from the following VA funded programs present at community planning meetings/events?

	Strategic Meetings	Case Conferencing/Master List
HUD and Veterans Affairs Supportive Housing (HUD-VASH)	Yes	Yes
Healthcare for Homeless Veterans (HCHV)	Yes	Yes
Grant and Per Diem (GPD) VAMC Liaison	Yes	Yes
Grant and Per Diem (GPD) Providers	Yes	Yes
Community Resource and Referral Center (CRRC)	Yes	Yes
Domiciliary Care for Veterans (VA-Dom)	Not Applicable	Not Applicable
Veterans Justice Outreach (VJO)	No	No
Safe Haven	Not Applicable	Not Applicable

Q9: What types of data are community providers able to share with their local VA Medical Center(s)? (Select all that apply)	Client-level information (e.g. data from the HMIS system; includes identifying information such as the key elements for the by name/master list) , Aggregate performance information (e.g. housing placement numbers; length of time homeless, does not include identifying information)
Q10: What types of data can local VA Medical Center staff share with community providers? (Select all that apply)	Client-level information (e.g. data from the HOMES system such as key elements for the by name/master list)
Q11: Does your community have a standardized Release of Information (ROI) form for data sharing between the local VA Medical Center(s) and other relevant stakeholders?	Yes
Q12: If VA and non-VA homeless assistance providers are not able to share/receive data, which of the following would be helpful? (Select all that apply)	*Respondent skipped this question*
Q13: Is there a community-wide coordinated entry/assessment process for Veterans? Note: Participation in coordinated entry is a requirement of the SSVF program.	Yes

Q14: Who is lead point of contact for coordinated entry?

Name:	Crane Cesario
Organization:	CT Dept of MH
Organization Type (VAMC, CoC, SSVF Grantee, etc.)	CT Gov
Phone #:	860-297-0874
Email:	crane.cesario@ct.gov

Q15: Is the HUD-VASH program integrated into coordinated entry?	No

Q16: If the answer was "Yes" to the previous question, please select the response that best describes this integration:	*Respondent skipped this question*
Q17: Is the GPD program integrated into coordinated entry?	Yes
Q18: If the answer to the previous question was "Yes", please select the response that best describes this integration:	GPD receives referrals from coordinated entry but also allows for direct entry into their program through other means
Q19: Is GPD providing bridge housing in the community? (Please note that they must have submitted a change of scope to the GPD Program Office or are currently in the process to select "Yes".)	Yes

Q20: Please list the GPD providers currently serving your community.

List of Agency Names	Community Renewal Team (CRT)
Total Number of Beds	6

Q21: Have any GPD providers in your community submitted a change of scope to the GPD Program Office?	Yes, If "Yes", please list the agency names. CRT
Q22: If "No" to question 21, are any GPD providers planning to submit a change of scope?	*Respondent skipped this question*

PAGE 4: Part 3: Master List

Q23: Does the community have a master list?	Yes
Q24: If "Yes" to the previous question, is the list one complete document (not multiple parts)?	Yes

Q25: Who manages the master list?

Name:	Katie Durand
Role:	Director of Strategic Initiatives
Organization:	CT DOH
Organization Type (VAMC, CoC, SSVF Grantee, etc.):	CT Gov

Q26: Does your list have the following elements? (Select all that apply.)	Includes all unsheltered Veterans, Includes all Veterans in emergency shelter (regardless of shelter funding source) , Includes all Veterans in transitional housing (GPD, community TH, regardless of funding source)
Q27: How often do you meet to review and update the master list?	Bi-weekly

Q28: **Currently what are your community's top 3 priorities for ending Veteran homelessness?**

Increase use of SSVF rapid re-housing to close gaps.
,

Sustainability: Evaluating data on a regular basis to track any new trends, make modifications, and assess sustainability
,

Increasing permanent housing options (e.g. landlord engagement, etc.)

PAGE 5: Part 4: Meetings and Strategy

Q29: **What types of meetings does your community have?**

	(no label)
Case Conferences	Bi-Weekly
Strategic Planning/CoordinationMeetings (Bigger Picture)	Monthly

Q30: When are your next three strategic planning/coordination meetings? (Include date, time)

Respondent skipped this question

Q31: Would you like your Regional Coordinator and/or TA representative to participate in one of these meetings?

No

PAGE 6: Part 5: Federal Criteria/Benchmarks and Support

Q32: Has your community decided to pursue the federal partners' process?

Yes

Q33: If the answer to the previous question was "No", why have you decided not to pursue the process?

Respondent skipped this question

Q34: Has your community submitted a claim to the federal partners (USICH, VA, HUD)?

Yes

Q35: If the answer to Question 34 was "Yes", please provide the date the claim was submitted and its current status (pending, approved, denied).

Date:	February 2016
Status:	Approved

Q36: List any technical assistance needs. (Select all that apply.)

Respondent skipped this question

PAGE 7: Part 6: Sustainability

Q37: Has your community begun sustainability planning efforts?

Yes

Q38: What resource gaps (if any) have you identified that may hinder sustainability? Select all that apply	Need for additional prevention/rapid re-housing funds (non-SSVF) , Need for additional HUD-VASH vouchers , Need for additional Section 8 (non-VA) housing vouchers , Need for additional VA funded prevention/rapid re-housing (SSVF) , Need for additional permanent supportive housing resources (VA and/or non-VA) , Need for affordable, permanent housing options
Q39: Does your community currently have Priority 1 (aka "Surge") SSVF funding?	No
Q40: If the answer to the previous question is "yes", does your community have adequate funding resources in place to sustain your system when "surge" funding ends?	*Respondent skipped this question*
Q41: Does your community regularly follow-up with rapid re-housing clients to ensure housing stabilization?	No
Q42: Do you have a system in place to ensure rapid re-housing clients experiencing new housing crises are routed to prevention/other stabilization services?	Yes