Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.

2. Ensuring all questions are answered completely.

3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.

4. Ensuring all imported responses in the application are fully reviewed and updated as needed.

5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.

6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.

- Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: VT-500 - Vermont Balance of State CoC

1A-2. Collaborative Applicant Name: Vermont State Housing Authority

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Institute for Community Alliances

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organization(s) and/or person(s) that participate in CoC meetings. Using the drop-down boxes, indicate if the organization(s) and/or person(s): (1) participate in CoC meetings; and (2) vote, including selection of CoC Board members. Responses should be for the period from 5/1/16 to 4/30/17.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	No
Local Jail(s)	No	No
Hospital(s)	Yes	No
EMT/Crisis Response Team(s)	Yes	Yes
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	No
CoC Funded Victim Service Providers	Not Applicable	No
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	No	No
LGBT Service Organizations	No	No
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

United Ways, 211, Early Childhood Providers	Yes	Yes
VA & VA-Funded Veteran Homeless Organizations	Yes	Yes
Legal Aid, Fair Housing	Yes	No

Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.

1B-1a. Describe the specific strategy(s) the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 1000 characters)

VT BoS CoC strategy/method to consider opinions focuses on open input & meeting process of seeking opinions from all interested parties (former/current homeless persons, providers [MH/CSA, DV, VA/Vets, Youth/Family], PHAs, State/Local, etc.) via general & specialized topic solicitation via listserv/emails/public meetings/CoC website posts; outreach at non-CoC meetings & community input conveyed to BoS Board via local CoC representatives. CoC acts on info gathered by revising policy & procedures and advocating for system changes. This year: members identified CoC system gaps that informed project ranking order changes, housing staff identified a lack of affordable housing & CoC helped craft State legislation resulting in a $35 million housing bond, Veteran providers identified need to codify CoC Vet committee, CoC incorporated feedback & disability awareness from a formerly homeless board member, DV provider feedback resulted in new DV criteria for new/renewal project scoring tools.

1B-2. Describe the CoC's open invitation process for soliciting new members, including any special outreach. (limit 1000 characters)

VT BoS CoC follows an open invitation process to actively solicit new members with monthly meeting notices (includes invitation to join CoC meetings), weekly listserv emails/website postings, and at non-CoC meetings. In addition, CoC conducts at least quarterly assessments to identify & recruit individuals, organizations/providers and perspectives/voices missing in CoC planning processes & meetings. During past year, extensive special VT BoS CoC outreach efforts resulted in successful recruitment of: three new CoC board members (an additional formerly homeless person with lived experience, the VT Agency of Education-Homeless Education Liaison Coordinator, and a Child & Family Services Provider); newly returned CoC meeting participation (VT Legal Aid); significantly increased CoC member participation/feedback in NOFA Committee; and maintained diverse membership of the Project Ranking Committee (Veterans/DV/Shelter Provider/State-Services & Housing/Quasi State-Housing Funder & Finance).

1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must

include the date(s) the CoC made publicly knowing they were open to proposals.
(limit 1000 characters)

7/14/17 - VT BoS forwarded the HUD notice of FY17 CoC Program Competition Opening via the email listserv; 7/19/17 – VT BoS method notified public that CoC was accepting FY17 project applications occurred via CoC website posting, a listserv email notice and emails sent to 11 local CoCs. The posting/notices informed interested applicants that any eligible entity may electronically submit a Letter of Intent form to the Collaborative Applicant to be considered for FY17 CoC Program bonus and reallocation funding. During open meetings, CoC members determined community priorities for project types and approved Scoring Tool, Ranking Committee and Ranking & Reallocation policies which inform which project applications get included in the FY17 Submission. A Scoring team of non-funded individuals used the approved objective scoring tool to determine a score for each project and the score determine the inclusion/exclusion and ranking of each project with renewal being listed before new projects.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects.
Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	No
Housing and service programs funded through Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	No
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
Dept. of Veteran Affairs resources (VASH/SSVF/GPD)	Yes

1C-2. Describe how the CoC actively consults with Emergency Solutions Grant (ESG) recipient's in the planning and allocation of ESG funds. Include in the response: (1) the interactions that occur between the CoC and the ESG Recipients in the planning and allocation of funds; (2) the CoCs participation in the local Consolidated Plan jurisdiction(s) process by providing Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions; and (3) how the CoC ensures local homelessness information is clearly communicated and addressed in Consolidated Plan updates.
(limit 1000 characters)

VT BoS CoCs only ESG recipient (VT Office of Economic Opportunity-OEO) is an active member (CoC Board/Coordinated Entry Lead) & solicits quarterly input on ESG performance measures/funding priorities/reports via

meetings/online needs survey/listserv emails/CoC website from CoC membership. VT BoS has one Con Plan jurisdiction, led by DHCD which is a member of the CoC Board & Project Ranking Committee. There is monthly collaboration via phone/email/in-person meetings to identify gaps, develop & modify Plan, and annual project review for consistency with Con Plan Goals. CoC Collaborative Applicant (VSHA), ESG Recipient (OEO) & 2 other CoC Board Members are on Con Plan-Citizen Advisory Group; CoC members actively participated during at least two dates (January & April 2017) to develop 2017 Action Plan, provide VT BoS CoC PIT/HIC data (highlighting slight increase in homeless count & lack of shelter beds in all CoC areas), and review final Action Plan to ensure CoC-identified needs are met.

1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants.
(limit 1000 characters)

DV survivors seek assistance via a statewide DV hotline, 13 DV agencies, CES, entry points, and VT211 to access housing & services (CoC/ESG/Other) including hotel vouchers. Non-DV providers use a screening tool to assess needs/safety and offer survivors a voluntary referral to a DV agency. Survivors needs are met with a connection to mainstream benefits, employment services, legal aid, DV shelters & mental health services. VT BoS CoC CES policies & procedures incorporate DV survivor-centered prioritization points, safe engagement practices, and access choice of where/type of services & housing resources. Records are confidential unless a survivor requests them to be shared and information is kept in a HMIS-comparable database. VT Legal Aid trains DV providers in VAWA rules & regs. VT Network Against DV/SV providers protect client confidentiality by controlling personally identifying information access to authorized staff, and serve on CoC Board to educate & inform policy and decisions.

1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment.
(limit 1,000 characters)

Trainings occur annually from local providers or at statewide conferences. 2017 Poverty & Opportunity Training featured Trauma-Informed Care on: trauma response, identifying triggers, & empowering clients with past trauma. 6-months of training & technical assistance for shelter directors (also CES partners) focused on trauma-informed shelter strategies. DV agencies provided CES staff training on victim-centered best practices. CoC uses “# of New Households” in DV shelters and statewide GA Motel Program to assess need. The State created “DV Motel Pool” due to high usage data in 1 region (Brattleboro) adding a case manager to assist with faster PH location. CES policies require that

survivors have immediate access to emergency services such as a DV hotline/shelter, and choose where to be assessed/served to maintain safety. DV providers do not enter survivor data into HMIS but may be placed on CE by-name list with non-identifiable unique ID to access housing while maintaining safety.

1C-4. Using the chart provided, for each of the Public Housing Agency's (PHA) in the CoC's geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA's that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.
Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Vermont State Housing Authority	40.70%	Yes-HCV
Montpelier Housing Authority	20.00%	Yes-Both
Bennington Housing Authority	7.00%	Yes-Both
Rutland Housing Authority	1.79%	Yes-Both
Brattleboro Housing Authority	0.00%	No

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy.
(limit 1000 characters)

Brattleboro Housing Authority (dba Brattleboro Housing Partnerships-BHP) is the only PHA with active participation within the VT BoS CoC that does not maintain an approved Homeless Preference within their Admin Plan; as part of the FY17 CoC Application process, BHP reported zero (0) Homeless Admissions for entry into their HCV/PH projects during FY16. Both the local community (Brattleboro CoC) and VT BoS CoC Collaborative Applicant (VT State Housing Authority) conduct annual outreach with BHP to encourage Homeless Preference approval.

1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effecctively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Idenity,

**including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy.
(limit 1000 characters)**

7/18/17 – VT BoS implemented a CoC Anti-Discrimination policy to ensure equal access for LGBT households to homeless-dedicated housing & services. A VT Human Rights Commission in person training on final rule 'Equal Access in Accordance with an Individual's Gender Identity' & on how to comply & meet LGBT needs was done 4 times for homeless providers & ongoing access to online training. The ESG and Veteran projects have dedicated staff providing education and oversight to ensure needs of LGBT population are identified and met. Other projects receive information from DV Network, Coalition of Runaway/Homeless Youth Programs or Human Rights commission to ensure policies allow access & needs assessment. DV Network (CoC Board), partners with Pride Center of VT, to oversee equal access for LGBT DV Survivors (advocacy/services/trainings). VT Coalition for Runaway/Homeless Youth Programs (CoC Board/Youth Cte Chair) ensures equal access for LGBT Youth with services, advocacy & legal referrals.

1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	
Engaged/educated local business leaders	
Implemented communitywide plans:	
No strategies have been implemented	
Other:(limit 50 characters)	
Engaged Legal Services – VT Legal Aid	X

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs. (limit 1000 characters)

N/A

1D-2. Discharge Planning: Select the system(s) of care within the CoC's geographic area the CoC actively coordinates with to ensure persons who have resided in any of the institutions listed below longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	X
Health Care:	X

Mental Health Care:	X
Correctional Facilities:	X
None:	

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Using the drop-down menu, select the appropriate response(s) that demonstrate the process the CoC used to rank and select project applications in the FY 2017 CoC Program Competition which included (1) the use of objective criteria; (2) at least one factor related to achieving positive housing outcomes; and (3) included a specific method for evaluating projects submitted by victim service providers.

Attachment Required: Public posting of documentation that supports the process the CoC used to rank and select project application.

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

1E-2. Severity of Needs and Vulnerabilities
CoCs must provide the extent the CoC considered the severity of needs and vulnerabilities experienced by program participants in their project ranking and selection process. Describe: (1) the specific vulnerabilities the CoC considered; and (2) how the CoC takes these vulnerabilities into account during the ranking and selection process. (See the CoC Application Detailed Instructions for examples of severity of needs and vulnerabilities.)
(limit 1000 characters)

VT BoS CoCs project ranking & selection process prioritized vulnerabilities/specific needs of participants for new and renewal Project Scoring Tools. The following percentage of total points available were included for serving Chronic Homeless=10%; new PSH=20%; Youth 5%; Families=4%; Veterans=1% & implementing Low Barrier/Housing First Practices (10%=serve high % of people with little/no income, active/history of substance abuse, criminal records & terminating for being DV victims). Projects are ranked in score order to determine which who will be on the CoC Project list. Project Ranking Committee members include agencies serving vulnerable populations (DV/Youth/Families/Vets/SMI-CSA) to allow for informed project design assessments. Coordinated Entry (CE) participation is a threshold requirement and CE referrals prioritize those with highest needs via scoring criteria (DV victims, CH status, high crisis/emergency service utilization, no cash resources,

length of time homeless, etc.).

1E-3. Using the following checklist, select: (1) how the CoC made publicly available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.

Attachment Required: Documentation demonstrating the objective ranking and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available. Attachments must clearly show the date the documents were publicly posted.

Public Posting	
CoC or other Website	X
Email	X
Mail	
Advertising in Local Newspaper(s)	
Advertising on Radio or Television	
Social Media (Twitter, Facebook, etc.)	

1E-4. Reallocation: Applicants must demonstrate the ability to reallocate lower performing projects to create new, higher performing projects. CoC's may choose from one of the following two options below to answer this question. You do not need to provide an answer for both.

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.
Attachment Required - Option 1: Documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.
No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

Reallocation: Option 1

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps. **Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.**	08/18/2017
1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps. **Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing.**	09/12/2017

Reallocation Supporting Documentation

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Document Type	Required?	Document Description	Date Attached
Reallocation Supporting Documentation	No	VT500 Reallocatio...	09/21/2017

Attachment Details

Document Description: VT500 Reallocation Supporting Documentation

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? **Attachment Required: If "Yes" is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.**	Yes
2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA.	One file for CoC Governance – p11, HMIS Governance – p16-19
2A-2. Does the CoC have a HMIS Policies and Procedures Manual? Attachment Required: If the response was "Yes", attach a copy of the HMIS Policies and Procedures Manual.	Yes
2A-3. What is the name of the HMIS software vendor?	Mediware [Bowman Systems]-ServicePoint
2A-4. Using the drop-down boxes, select the HMIS implementation Coverage area.	Statewide HMIS (multiple CoC)

2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells

in that project type.

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	429	93	296	88.10%
Safe Haven (SH) beds	4	0	4	100.00%
Transitional Housing (TH) beds	238	21	149	68.66%
Rapid Re-Housing (RRH) beds	588	0	255	43.37%
Permanent Supportive Housing (PSH) beds	444	0	255	57.43%
Other Permanent Housing (OPH) beds	0	0	0	

2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.
(limit 1000 characters)

VT BoS outreach to TH/RRH/PSH non-participating projects is done by VT HMIS Lead agency who reports to the CoC Board. Outreach to TH providers increased the number of HMIS-participating projects but did not bring CoC above 85%. Quarterly, outreach is conducted to the VT Agency of Human Services(AHS)'s non-participating RRH project (VT Rental Subsidy) & White River Junction VA Medical Center's non-participating PSH-VASH project to increase HMIS bed coverage. Other outreach included multiple in-person/email/phone requests; public CoC meeting discussions; HMIS Lead advocacy letter sent to AHS; and a strategic planning meeting with CoC Veterans Committee Chair/WRJ VAMC, Collaborative Applicant, VT HMIS Lead and HUD TA. Outreach efforts to TH projects, AHS RRH and VA VASH will continue with phone & in-person meetings to identify barriers and find solutions to increase participation; CoC will also work with HUD VASH to determine if PHA instead of VA can enter data to increase participation.

2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR? 12

2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 04/27/2017

2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception.	01/24/2017
2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy)	04/27/2017

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specifically, how those changes impacted the CoCs sheltered PIT count results.
(limit 1000 characters)

VT BoS CoC did not make any changes to methodology for the 2017 sheltered PIT count, although it did make the following data quality changes: increased technical assistance by VT HMIS to increase HMIS use by ES/TH providers (44% more projects) to reduce human error when completing hard copy surveys; VT Coalition of Runaway & Homeless Youth Program led the CoC Youth Homeless Committee with additional training & technical assistance to Youth providers as part of the baseline count of unaccompanied & parenting youth households; and reviewed completed paper surveys at five different levels (provider, local CoC, Collaborative Applicant, PIT data entry staff, and VT HMIS staff) followed by data entry into VT HMIS (by Vermont 211/United Ways of VT) for de-duplication/reports and reviewed by the CoC membership before HUD submission into HDX.

2C-2. Did your CoC change its provider coverage in the 2017 sheltered count? Yes

2C-2a. If "Yes" was selected in 2C-2, enter the change in provider coverage in the 2017 sheltered PIT count, including the number of beds added or removed due to the change.

Beds Added:	
Beds Removed:	
Total:	0

2C-3. Did your CoC add or remove emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially declared disaster resulting in a change to the CoC's 2017 sheltered PIT count? No

2C-3a. If "Yes" was selected in 2C-3, enter the number of beds that were added or removed in 2017 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017?
CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.

Yes

2C-4a. Describe any change in the CoC's unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specify how those changes impacted the CoC's unsheltered PIT count results. See Detailed Instructions for more information.
(limit 1000 characters)

VT BoS CoC did not make any changes to methodology for the 2017 unsheltered PIT count, although did make the following data quality changes: additional technical assistance conducted by VT HMIS Lead to improve data quality of street outreach providers (PATH/SSVF/Other) serving unsheltered persons; VT Coalition of Runaway & Homeless Youth Program led the CoC Youth Homeless Committee with enhanced training & technical assistance to Youth providers as part of federal baseline campaign to count unaccompanied & parenting Youth households; a few local communities increased volunteer participation to conduct the unsheltered count (Rutland, etc.); and VT BoS CoC reviewed completed paper surveys at five different levels (provider, local CoC, Collaborative Applicant, PIT data entry staff, and VT HMIS staff) followed by data entry into VT HMIS (by Vermont 211/United Ways of VT) for de-duplication/reports and reviewed by the CoC membership before HUD submission into HDX.

2C-5. Did the CoC implement specific measures to identify youth in their PIT count?

Yes

2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the CoC; (1) took to identify homeless youth in the PIT count; (2) during the planning process, how stakeholders that serve homeless youth were engaged; (3) how homeless youth were engaged/involved; and (4) how the CoC worked with stakeholders to select locations where homeless youth are most likely to be identified.
(limit 1000 characters)

VT BoS CoC prepared for 2017 baseline Youth PIT count with Assistant

Director (CoC Board/PIT Committee Member) of VT Coalition of Runaway/Homeless Youth Programs (VCRHYP) leading a robust planning process for homeless youth identification including coordination of 14 VCRHYP member agencies in all 11 local CoCs. Although homeless youth did not directly participate in PIT Count process, VCRHYP and its member agencies conducted email/phone outreach to entities that come into contact with youth to effectively identify locations & count youth; entities included VT Youth Development Program Coordinators at 11 agencies that serve youth who were in Foster Care or Juvenile Justice/Diversion programs within the AHS-VT Dept. for Children & Families, 7 Parent Child Centers, 4 Teen Centers, Homeless Liaisons at all school districts CoC-wide, Youth-in-Transition programs thru VT Federation of Families & Children's Mental Health, and AmeriCorps*VISTAs at youth-focused agencies.

2C-6. Describe any actions the CoC implemented in its 2017 PIT count to better count individuals and families experiencing chronic homelessness, families with children, and Veterans experiencing homelessness. (limit 1000 characters)

In coordination with 2017 CoC PIT committee: VT Coalition of Runaway/Homeless Programs, as part of national Youth count baseline campaign, enhanced outreach to parenting Youth with increased coordination/trainings to 7 Parent Child Centers/VT Federation of Families & Children's Mental Health/VT Youth Development Program; UVM-SSVF (Veterans) & VT PATH (Chronic Homeless/Mental Health) providers conducted statewide (all counties) outreach to homeless families & individuals; White River Junction VA Medical Center (CoC Board/Vet Committee member) provided feedback & technical assistance of VA definition of Veterans status to improve accurate PIT survey count; VT BoS CoC Collaborative Applicant (VSHA) and VT Agency of Human Services (GA/EA Program Director) partnered to ensure an accurate count of families & individual participants in the state's largest ES Program (GA Motel Vouchers), including extensive follow-up with all local CoCs/AHS Districts & review of completed hard copy PIT forms.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.
(limit 1000 characters)

VT BoS CoC 1st time homeless in ES/SH/TH/PH increased from 1504 to 2632. Part of increase was due to new HMIS implementation for 29 ES/TH/RRH projects (?? beds), giving a more accurate count of people entering for 1st time. CoC identifies risk factors by data review from: participant interviews, coordinated entry & SSVF screening forms, housing needs assessments and a Self Sufficiency Outcomes Matrix. CoC strategies to reduce/end 1st time homeless are: PREVENTION resources of risk mitigation funds & rehousing funds for hospitalized/at-risk of homelessness persons, building awareness of risk factors thru Early Childhood Council/LGBT Foster Care Program/Governor's Opiate Council. INCOME/EMPLOYMENT linkages for persons presenting as at-risk of homelessness. SERVICES connection to maintain housing with benefits/housing counselors, tenant-landlord mediation, money management, substance disorder/mental health). VT Council on Homelessness is responsible entity to oversee these strategies.

3A-2. Performance Measure: Length-of-Time Homeless.
CoC 's must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC's strategy to reduce the length-of-time individuals and families remain homeless.
(limit 1000 characters)

VT BoS CoC length-of-time homeless (LOT) average days for ES/SH decreased (-3), but increased a little in ES/SH/TH (+5) with predominant cause being low statewide housing vacancy rates, low wages & frozen PHA waitlists. As active members of VT Council on Homelessness/Roadmap to End

Homelessness Cte, VT BoS advocated to identify needs & develop plan to increase affordable housing (VT Legislature approved $35 million housing bond) & successfully implement VT Agency of Human Services (AHS)-new Risk Mitigation Program/expand Landlord Liaison Program. VT BoS Coordinated Entry policies & waitlists prioritize households with longest LOT; Veterans LOT prioritization (By-Name List/bi-weekly case review); local Housing Review Teams (case reviews/prioritization/referrals to ESG-CoC projects); review of individual CoC-PSH applications to ensure LOT prioritization. All systems have priority points for longest homelessness to access resources first. AHS is responsible entity for these strategies.

3A-3. Performance Measures: Successful Permanent Housing Placement and Retention

Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC's strategy for retention of, or placement in permanent housing.
(limit 1000 characters)

VT BoS CoC data showed decrease in street outreach PH placements (47% to 45%), increase in ES/TH/RRH/SH PH placements (60% to 61%) & slight increase in PSH PH retention/placement (96.14% to 96.5%). The CoC used multiple strategies in past 12 months including increasing income, care coordination, retention specialists & landlord liaisons by ensuring appropriate levels of voluntary services to address participant needs and ensure low barrier/housing first practices. Others include: VT BoS Written Standards policy to terminate only as a last resort option; State approval of $35m Housing Bond; local-level housing retention performance outcomes review; Back Rent & Utility/Deposits & Vacancy funds (new AHS Risk Mitigation Fund, CoC-PSH policy, SSVF/state ESG/DMH CRT prevention & PSH subsidy funds). Strategies are shared with providers & targeted technical assistance/cross-training of best practices from CoC staff and local CoCs is available. VT Agency of Human Services is responsible entity.

3A-4. Performance Measure: Returns to Homelessness.

Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC's efforts to reduce the rate of individuals and families' returns to homelessness.
(limit 1000 characters)

VT BoS CoC total returns to homelessness increased from 10% to 15% partial due to 29 new HMIS participating projects that increased coverage rate to identify those re-entering homelessness. Current strategies to identify people returning to homelessness are: follow-up care/ongoing services after project exits; CoC advocacy to extend state-funded RRH stays to maintain participant stability; VT SOAR-trained providers increased participant incomes; Housing Resource Orientation for providers to assist those at-risk of returning. Future strategies: increasing supports to people in the 6 months after attaining PH to

improve outcomes; increasing prevention resources in coordinated entry system; expand Landlord Fairs; educate on financial assistance available to renters; increase local CoC review of HMIS reports to identify specific trends/reasons for returns to homelessness by exited participants so local strategies can be identified. Chair of VT Council on Homelessness is responsible entity.

3A-5. Performance Measures: Job and Income Growth
Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC's strategy to increase job and income growth from employment, non-employment including mainstream benefits.
(limit 1000 characters)

All VT BoS CoC-funded projects are supported by VT Agency of Human Services (AHS) to assist participants with completing VT Consolidated Benefits Application, accessing other benefits & income (SSA/VA/child support/etc.), and support attaining gainful employment & educational opportunities with: TANF, VT SOAR, VT Jump on Board for Success (J.O.B.S) Program for Youth 16-21, VT VocRehab/Creative Workforce Solutions, USDA-funded Jobs For Independence, Community Colleges of VT, and VT DOL-Career Centers. VT AHS-Dept. of Mental Health (CoC Board) oversees VT SOAR & VT PATH with online trainings and/or referrals for CoC Program-PSH projects, which also provide, or refer to, supported employment specialists to assist participants with vocational training & attain jobs. In 2017, VT BoS began planning with VT ADRC (VT AHS-DAIL/VT211) to improve coordination between CoC projects & aging/disability service providers, including coordinated entry. VT AHS is responsible entity for these strategies.

3A-6. Did the CoC completely exclude a geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined there were no unsheltered homeless people, including areas that are uninhabitable (deserts, forests).	Yes

3A.6a. If the response to 3A-6 was "Yes", what was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoCs unsheltered PIT count?
(limit 1000 characters)

During 2017 PIT count, VT BoS had a statewide PIT Committee collaboration with the other VT CoC, Local CoCs/Communities, State/Local entities, and numerous providers. Through this collaboration, street outreach workers and

other providers identified areas of inhabitability & safety risks as criteria for exclusion from the unsheltered count, which included geographic barriers - wilderness/swamps/mountains. These areas were places where no unsheltered person has been reported by a provider agency or a state partner agency such as the VT Department of Forest, Parks & Recreation or the VT Fish & Wildlife Department (Vermont Wardens). All known locations and regular outreach areas were included in the count based on provider knowledge within each community and their extensive street outreach systems.

3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2016. (mm/dd/yyyy)	06/02/2017

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. Compare the total number of PSH beds, CoC program and non CoC-program funded, that were identified as dedicated for yes by chronically homeless persons in the 2017 HIC, as compared to those identified in the 2016 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	226	234	8

3B-1.1. In the box below: (1) "total number of Dedicated PLUS Beds" provide the total number of beds in the Project Allocation(s) that are designated ad Dedicated PLUS beds; and (2) in the box below "total number of beds dedicated to the chronically homeless:, provide the total number of beds in the Project Application(s) that are designated for the chronically homeless. This does not include those that were identified in (1) above as Dedicated PLUS Beds.

Total number of beds dedicated as Dedicated Plus	0
Total number of beds dedicated to individuals and families experiencing chronic homelessness	88
Total	88

3B-1.2. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. Yes

3B-2.1. Using the following chart, check each box to indicate the factor(s) the CoC currently uses to prioritize households with children based on need during the FY 2017 Fiscal Year.

History of or Vulnerability to Victimization	X
Number of previous homeless episodes	X

Unsheltered homelessness	X
Criminal History	X
Bad credit or rental history (including not having been a leaseholder)	X
Head of Household with Mental/Physical Disability	X

3B-2.2. Describe: (1) the CoCs current strategy and timeframe for rapidly rehousing every household of families with children within 30 days of becoming homeless; and (2) the organization or position responsible for overseeing the CoC's strategy to rapidly rehouse families with children within 30 days of becoming homeless.
(limit 1000 characters)

VT BoS CoC strategy to rapidly rehouse households with children within 30 days of becoming homeless includes a multi-prong approach illustrated by the VT Council on Homelessness (VCH)-Plan to End Family Homelessness overseen by the VT Agency of Human Services (AHS) as the responsible entity. The Plan includes improved SERVICES: CoC maintained Family Supportive Housing Program & state ESG, expanded Landlord Liaisons, new Landlord Risk Mitigation Funds & Risk Pools); improved ACCESS & PRIORITIZATION: RRH coordinated entry prioritization policy, housing review team case conferencing, partner agreements, data review/planning with increased project implementation of VT HMIS); and state & federal advocacy for SUBSIDIES & UNITS: CoC preserved state-funded RRH & PSH, maintained PHA-Sect. 8 HCV homeless preferences, successful VT legislative approval of $35m housing bond due to CoC support & participation in statewide Roadmap to End Homelessness committee.

3B-2.3. Compare the number of RRH units available to serve families from the 2016 and 2017 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	106	176	70

3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination policies by not denying admission to, or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status or disability when entering a shelter or Housing.
(limit 1000 characters)

ESG recipient, VT Legal Aid, and VT Human Rights Commission conducted online & four in-person trainings & technical assistance to 45 homeless providers on anti-discrimination policy & compliance around not denying admission or separating family members. All ESG/CoC Program providers must

comply with approved VT BoS CoC Anti-Discrimination Policy. All ESG/CoC Program-funded units are required to be accessible to persons with disabilities or have an accessibility plan to ensure equal access to the resource in another location. Local WRJ-VAMC (CoC Board/Vet Cte Member) oversees a LGBTQ Veteran Care Coordinator & Compliance Officer to ensure VA homeless programs (HCHV/GPD/VASH) adhere to Federal law & VA Policy Directive 1162.05. All persons CoC-wide may submit discrimination complaints to the VT Human Rights Commission related to a denial of admission or separation from family, with legal action taken if necessary.

3B-2.5. From the list below, select each of the following the CoC has strategies to address the unique needs of unaccompanied homeless youth.

Human trafficking and other forms of exploitation?	Yes
LGBT youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes

3B-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	X
Number of Previous Homeless Episodes	X
Unsheltered Homelessness	X
Criminal History	X
Bad Credit or Rental History	X

3B-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC's efforts. (limit 1500 characters)

CoC strategies to increase housing & services for homeless youth include increasing RRH set-asides for persons 18-24, service expansion to parenting youth (VT Family Supportive Housing program), & successful advocacy for future unit production ($35m housing bond). CoC long-term strategy includes systems-level planning, resource allocation to high-needs areas/effective

projects thru a new statewide Youth Homeless Committee. The CoC adopted the USICH Framework to End Youth Homelessness Outcomes because they are objective, connect to broader youth outcomes, and focus on strengthening protective factors & decreasing risk factors: stable housing (% exits to stable housing: 90% target), well-being (% accessing healthcare provider: 60% target; % attain well-being indicators from resiliency assessment), education/employment (% access education/vocation support: 80% target), & permanent connections (% under 18 exit to family: target 60%; % report connection to 1+ adult at exit: 75% target).

3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services.
(limit 1000 characters)

VT Agency of Education/McKinney-Vento State Coordinator (SC) is a new CoC Board member, connects CoC providers & local Homeless Liaisons, and is a Youth Homeless Committee member. SC, CoC Collaborative Applicant & ESG Administrator are on VT Interagency Council on Homelessness, meeting bi-monthly to implement VT Plan to End Homelessness with family & youth-specific strategies. Homeless Liaisons connect identified homeless students (youth & families) with local providers for Coordinated Entry & services. Liaisons attend bi-annual conferences to learn obligations, best practices, and CoC-wide services. CoC Governance Charter & CoC subrecipient/provider agreements "ensure children are enrolled in schools & connected to appropriate services within the community." Educational procedures in CoC Written Standards ensure individuals & families are informed of service eligibility & designated staff ensures school enrollment and a connection with service planning when education needs are unmet.

3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No".

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	Yes
Head Start	No	Yes
Early Head Start	No	Yes
Child Care and Development Fund	No	Yes
Federal Home Visiting Program	No	Yes
Healthy Start	No	Yes
Public Pre-K	No	Yes
Birth to 3	No	Yes
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		

3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 1000 characters)

VA staff, SSVF (UVM/Veterans Inc./Pathways VT/Easter Seals VT), VT PATH (5 local providers) & CoC providers conducted in-person outreach in all 251 VT towns at: shelters, laundromats, campgrounds, National Forest, under bridges, police/town offices, churches & all known locations of unsheltered persons. Additional outreach efforts to identify & assist homeless Veterans included VT BoS CoC Coordinated Entry/VT 211 (statewide) referrals; two VT Stand Downs (Hosts-Lyndon State College & Barre Area Veteran's Council); and indirect (phone calls/emails/posters). Social workers at 7 local outpatient health centers (operated by VA-White River Junction Medical Center)/and SSVF staff assess, add VA-eligible homeless Veterans to the CoC Veterans Homeless Committee/By-Name List for bi-weekly case conference calls & make referrals to appropriate services (assess needs, case management, access VA & community benefits) and housing (VASH/GPD/other). VA non-eligible Veterans are referred to the CoC CE.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC?	Yes
3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness?	Yes
3B-3.4. Does the CoC have sufficient resources to ensure each Veteran is assisted to quickly move into permanent housing using a Housing First approach?	Yes

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Select from the drop-down (1) each type of healthcare organization the CoC assists program participants with enrolling in health insurance, and (2) if the CoC provides assistance with the effective utilization of Medicaid and other benefits.

Type of Health Care	Yes/No	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, e.g. Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits

**CoC program funded projects must be able to demonstrate they supplement CoC Program funds from other public and private resources, including: (1) how the CoC works with mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits; (2) how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs); and (3) identify the organization or position that is responsible for overseeing the CoCs strategy for mainstream benefits.
(limit 1000 characters)**

VT BoS supplements CoC Program-funded projects with local, State and non-HUD federally funded resources to connect people to mainstream benefits including: VT SOAR & VT PATH services, with online provider trainings, to increase access to SSDI, health insurance & other benefits; VT Health Connect - state health insurance marketplace - to train & place Navigators at numerous VT sites (VT Medicaid); Family Supportive Housing Program and several other emergency housing/service projects (TANF/VT Medicaid/CSBG/VT State funds); VT 211-Help Me Grow (U.S. Dept. of Education); and Jobs for Independence (USDA/SNAP). CoC program staff keep current with info on mainstream benefits & other resources with VT Agency of Human Services (AHS) email notifications/extensive trainings; regular updates on mainstream resources via CoC email listserv, CoC-wide & local CoC community meetings;

etc. AHS is responsible entity for overseeing access of mainstream benefits to increase participant's income/resources.

4A-2. Low Barrier: Based on the CoCs FY 2017 new and renewal project applications, what percentage of Permanent Housing (PSH) and Rapid Rehousing (RRH), Transitional Housing (TH), Safe-Haven, and SSO (Supportive Services Only-non-coordinated entry) projects in the CoC are low-barrier?

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	8.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	8.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	100.00%

4A-3. Housing First: What percentage of CoC Program Funded PSH, RRH, SSO (non-coordinated entry), safe-haven and Transitional Housing; FY 2017 projects have adopted the Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	8.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	8.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	100.00%

4A-4. Street Outreach: Describe (1) the CoC's outreach and if it covers 100 percent of the CoC's geographic area; (2) how often street outreach is conducted; and (3) how the CoC has tailored its street outreach to those that are least likely to request assistance.
(limit 1000 characters)

The entire VT BoS CoC geographic area, except excluded geographic barriers (wilderness/swamps/mountains), is encompassed as part of the following extensive street outreach activities: SSVF (UVM/Veterans, Inc.) conducts street outreach in all 251 VT towns to access homeless Veterans (referrals to CoC CE/homeless providers for VA non-eligible & non-Veterans); VT PATH (5 providers conduct street outreach to persons experiencing chronic homelessness & mental illness); Pathways VT (Housing First Program conducts street outreach in 5 counties); annual PIT street outreach; service connections at Soup Kitchens/Food Shelves; Veteran Stand Downs (2 events in past year); and Drop-In/Teen Centers. Accessible VT BoS CoC services are ensured with language interpretation services (statewide); Vermont 211 toll-free helpline, service sites located in easily reachable areas; VT Center for Independent Living conducts trainings/monitoring of TTY devices to assist persons with hearing/speech impairments.

4A-5. Affirmative Outreach
Specific strategies the CoC has implemented that furthers fair housing as

detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach. Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)

The VT Con Plan incorporates the CoC strategy to affirmatively further fair housing for all protected categories with the VT Human Rights Commission (HRC), VT Legal Aid & ESG recipient conducting 24 trainings (5/2016-7/2017) on affirmatively marketing housing & supportive services to 588 landlords, emergency shelters, and housing & service providers. Statewide VT Tenants Inc. & Fair Housing Project conduct trainings, provide support and operate a hotline to educate both tenants & landlords on rights, responsibilities and remedies under fair housing & civil rights laws; a separate Housing Discrimination hotline is also provided to project participants at intake. PHA (all CoC RRH & PSH) policies require alternate communication methods (sign-language/language interpretation; large print/audio versions of forms) as needed. VT PATH/VA-SSVF collaborate on outreach to Veterans and people with serious mental illness or co-occurring disorder who are least likely to access housing & services.

4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	341	588	247

4A-7. Are new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction? No

4A-8. Is the CoC requesting to designate one or more SSO or TH projects to serve homeless households with children and youth defined as homeless under other Federal statues who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3). No

4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site: https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes		
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure (e.g. RFP)	Yes		
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes		
05. CoCs Process for Reallocating	Yes	VT500 CoCs Proces...	09/21/2017
06. CoC's Governance Charter	Yes	VT500 CoC's Gover...	09/20/2017
07. HMIS Policy and Procedures Manual	Yes	VT500 HMIS Policy...	09/18/2017
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes		
10. CoC-HMIS MOU (if referenced in the CoC's Goverance Charter)	No		
11. CoC Written Standards for Order of Priority	No	VT500 Written Sta...	09/21/2017
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	VT500 HDX-system ...	09/20/2017
14. Other	No		
15. Other	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

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Document Description:

Attachment Details

Document Description: VT500 CoCs Process for Reallocating

Attachment Details

Document Description: VT500 CoC's Governance Charter

Attachment Details

Document Description: VT500 HMIS Policy and Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: VT500 Written Standards for Order of Priority

Attachment Details

Document Description:

Attachment Details

Document Description: VT500 HDX-system Performance Measures

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. Identification	08/25/2017
1B. Engagement	09/20/2017
1C. Coordination	09/20/2017
1D. Discharge Planning	09/20/2017
1E. Project Review	09/20/2017
1F. Reallocation Supporting Documentation	09/21/2017
2A. HMIS Implementation	09/20/2017
2B. PIT Count	08/30/2017
2C. Sheltered Data - Methods	Please Complete
3A. System Performance	09/20/2017
3B. Performance and Strategic Planning	09/21/2017

4A. Mainstream Benefits and Additional Policies	09/21/2017
4B. Attachments	Please Complete
Submission Summary	No Input Required

Daniel Blankenship

From: Helping to House <helpingtohousevt=gmail.com@mail10.suw15.mcsv.net> on behalf of Helping to House <helpingtohousevt@gmail.com>
Sent: Wednesday, July 19, 2017 4:24 PM
To: Daniel Blankenship
Subject: Letter of Intent Form for FY17 VT Balance of State Continuum Care of Projects

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Vermont Coalition to End Homelessness

Friends,

On July 14, 2017, as part of the annual Continuum of Care Program Competition, HUD released the Notice of Funding Availability for FFY2017 funds. Over 400 HUD-designated Continuums of Care compete for approximately $2 billion as part of a community process. This Letter of Intent Form applies to the Vermont Balance of State Continuum of Care (VT BoS CoC) only, which includes all counties within the State of Vermont, except Chittenden which submits a separate CoC NOFA application to HUD.

The Vermont Coalition to End Homelessness (VCEH) is the primary decision-making body for the VT BoS CoC. The Vermont State Housing Authority acts in the role as the Collaborative Applicant to submit the CoC Consolidated Application: CoC [Community] Application, CoC Planning application, and a

CoC Priority Listing that includes/lists all project applications accepted and ranked or rejected in the CoC local competition.

The Letter of Intent form can be found here.

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forward to a friend

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To submit news, events or information for the VCEH mailing list, please email Luke Dodge.

Our mission is to end homelessness in Vermont through sharing information, developing resources, providing a forum for decision-making and to promote decent, safe, fair, affordable shelter for all.

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FY2017 HUD Continuum of Care Program - Notice of Funding Availability

VT BOS COC PROGRAM LETTER OF INTENT INSTRUCTIONS AND FORM

Vermont Coalition to End Homelessness * Primary Decision-Making Body for VT Balance of State CoC

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VT BOS CoC Program Initial Project Application FY17

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   Requested Source of Funds for Project (PICK ONE project proposal per form):

   ☐ **NEW-BONUS** CoC Permanent Supportive Housing (PSH)
   *Must be fully dedicated to individuals and/or families experiencing **chronic homelessness** OR **people meeting the Dedicated PLUS definition.** (See FY17 CoC Program NOFA)

   ☐ **NEW-BONUS** CoC Rapid Rehousing (RRH) *(Tenant-Based Rental Assistance Only)*
   Individuals*, including *unaccompanied youth, families* and persons coming directly from the **streets or **emergency shelters** or people fleeing *domestic violence**

   ☐ **NEW-BONUS** CoC Transitional Housing-Rapid Rehousing (TH-RRH)
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   ☐ **NEW-REALLOCATED** Homeless Management Information Systems (HMIS)

   ☐ **NEW-REALLOCATED** SSO-Coordinated Entry (SSO-CE) *(Tenant-Based Rental Assistance Only)*

   ☐ **RENEWAL** Current CoC Program Projects with NO changes (*PSH-Shelter+Care, Rapid Rehousing, Transitional Housing, SSO-Coordinated Entry, HMIS)*

2. **CoC Project Name** (proposed new or renewal): _____

3. **CoC Project Description:** Attach one page (max) description & design showing the project outreach plan to find participants, how it fills an identified need, project scale (# of units and participants), and services available to obtain/maintain permanent housing and mainstream resources.

4. **Name of Primary Applicant** (Direct HUD Recipient, if awarded): _____
   Subrecipient(s)-if applicable: _____

   Primary Partners/Providers-if applicable: _____

   **Eligible Project Applicants*: *nonprofit organizations, states, local governments, and instrumentalities of state and local governments. Public housing agencies are eligible without limitation or exclusion. For-profit entities are not eligible to apply for grants or to be subrecipients of grant funds.*

5. **VT BoS CoC County/Counties Served by Proposed CoC project** (list all): _____

6. **Are the recipient, subrecipient and any partner agencies in good standing with all state and federal funding sources?**
☐YES ☐ NO

7. **Match:** Applicant certifies the *availability*, if selected, to commit/provide a required, **minimum 25% match**, above HUD CoC Program funds, from other sources [i.e. Medicaid, HOP, FSH, DMH, Private, Other]?
☐YES ☐ NO (not eligible for funding)

Name all identified, potential match sources AND total amounts for the CoC Program project:
1)
2)
3)

8. **If awarded, will the CoC Program project participate in VT BoS CoC Coordinated Entry System?**
☐ YES ☐ NO (*non-eligible*)

9. **If awarded, will this CoC Program project use the VT HMIS Implementation?**
☐YES ☐ NO
OR
☐ DV project who will use a HMIS comparable *database*)

NEW PROJECTS ONLY
Do you operate any homeless dedicated projects?
☐YES ☐ NO

If yes, do they participate in the VT HMIS?
☐YES ☐ NO

10. **Low Barrier: Will participants be screened-out of HUD CoC projects due to any of the following?**
☐ *Too Little or No Income*
☐ *Active or History of Substance Abuse*
☐ *Criminal record with exceptions for state-mandated restrictions*
☐ *History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)*
☐ *None of the Above*

11. **Housing First: Will HUD CoC project participants be terminated based upon any of the following?**
☐ *Failure to participate in supportive services*
☐ *Failure to make progress on a service plan*
☐ *Loss of income or failure to improve income*
☐ *Being a victim of domestic violence*
☐ *Other activity not covered in typical lease agreement*
☐ *None of the above*

12. **CoC Project Budget**

Type of Cost	Proposed Budget	Proposed Activities Covered by Budget (i.e. number of units, staff/service details, etc.)
Housing Cost -Rental Assistance -Leasing -Operations -Capital		
Services		
HMIS		
Admin Costs		

Number and Size of Rental Subsidies: _____
County(s) Served: _____
Address-Units/Building(s): _____

Recipient Type (pick one)
☐ **Non-Profit Organization** _____
☐ **Local Government** _____
☐ **State Entity**: _____
☐ **Local PHA** _____

Rental Assistance Administrator (if applicable)
☐ **Non-Profit Organization** _____
☐ **Local Government** _____
☐ **State Entity**: _____
☐ **Local PHA** _____
☐ **VT State Housing Authority**

Subrecipient or Primary Service Provider(s): _____

ADDITIONAL QUESTIONS - NEW COC PROGRAM PROJECT PROPOSALS

13. **Eligible Component Types for NEW CoC Program projects** (PICK ONE, RRH or PSH and fill out sub-questions):

☐ **RAPID RE-HOUSING (RRH - PERMANENT HOUSING)**
(Must be *Tenant-Based Rental Assistance* and propose to serve Literal Homeless-*coming directly from Streets or Emergency Shelter (including GA motel or other eligible Emergency Shelter Program) or fleeing domestic violence*:

Subpopulation – Choose all that apply
☐ Individuals ☐ Families ☐ Youth (18-24) ☐ Veterans ☐ Other_____

Homeless Population and Percentage of Participants – Choose all that apply

☐ Persons living in places not meant for human habitation ____%
☐ Persons living in emergency shelter ____%
☐ Persons fleeing or attempting to flee DV ____%
☐ Persons residing in a TH project eliminated in the FY17 competition ____%
☐ Persons receiving services through a VA-funded homeless assistance program and med one of the above criteria at initial intake to VA homeless system ____%

Target Disability– (*not required* - choose all that apply if project is targeting)

☐ Severe/Persistent Mental Illness ☐ Substance Use ☐ Other Disability: _____

Chronic Homeless Population – (*not required* - choose if your project is targeting)

☐ Chronically Homeless (24 CFR 578.3)

☐ **PERMANENT SUPPORTIVE HOUSING (PSH)**/*Chronic Homeless only*:

Chronic Homeless Population – Must Choose One

☐ Chronically Homeless (24 CFR 578.3)

OR

☐ Chronically Homeless per Dedicated Plus (See NOFA, Section III. A.3.b)

☐ Residing in TH that will be eliminated in FY17 and met definition of chronically homeless prior to entry

☐ Residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement

☐ Residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions

☐ Receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

Target Disability– Choose all that apply

☐ Severe/Persistent Mental Illness
☐ Substance Use
☐ Other Disability: _____

Subpopulation – Choose all that apply

☐ Individuals ☐ Families ☐ Youth (18-24) ☐ Veterans ☐ Other_____

Housing Type (PICK ONE)

☐ Rental Subsidy Type – Choose one of the below

☐ Tenant-Based Rental Assistance ☐ Sponsor-Based RA ☐ Project-Based RA

☐ Leasing [Recipient/Subrecipient leases building]
☐ Project-Based/Operations [Recipient/Subrecipient owns building]

14. **Describe experience with administering PSH and RRH projects and state/federal funding.**
Attach a brief (maximum one page) summary

15. **Does applicant intend to apply for:**
- Supportive Services, ***more than 25% of CoC Project budget***? ☐ YES ☐ NO
- Administration Costs, ***more than 7% of CoC Project budget*** ☐ YES ☐ NO

16. **How will the CoC Program project quickly move participants into permanent housing?**

Explain how:

17. **Will CoC participants will be required to live in a particular structure/unit/locality?**
☐ YES ☐ NO

If "YES", where and why:

18. **Will the new CoC Program project use an existing homeless facility or activities?**
☐ YES ☐ NO

If "YES", explain:

19. **How will the new CoC Program project support participants to achieve and maintain economic independence**?

20. **How will the CoC Program project support participants to remain in or exit to a destination of permanent housing**?

Explain how:

What percentage of participants will remain in/exit to permanent housing _____ %?

How is this percentage determined?

HUD Continuum of Care # and Name: **VT 501 - Vermont Balance of State CoC**	
VT BoS CoC Primary Decision-Making Body: **Vermont Coalition to End Homelessness (VCEH)**	
Policy/Procedure: Reallocating CoC Projects Policy	
VT BoS CoC approved/revised: 9/9/16, 7/28/17	

The VT Balance of State CoC (VT BoS CoC/VT500) embarks on an annual proactive plan to assess all CoC Program-funded projects within the portfolio to strengthen our CoC's effectiveness at ending homelessness and to increase our national competitiveness. This process includes identifying projects for reallocation. The CoC has reallocated funds from projects that were under performing, using outdated program models, under spending and/or had high costs.

Local CoCs and the CoC Board are provided information on CoC priorities, best practices, review criteria, reallocation opportunities and requirements. The local CoCs make the initial recommendations of projects that might be reallocated.

As part of this process and education about best practices and CoC priorities, projects are offered a chance to voluntarily reallocate CoC Program funding in part or whole to support creation of new projects to achieve our goals to end homelessness. The CoC offers providers education and technical assistance regarding successful reallocation strategies.

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Funding from projects that are involuntarily reallocated are put up from public competition and announced through the CoC's listserv and website. The call for new projects for reallocated funds utilizes the same priorities and process in place for any available bonus funding.

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vceh
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Daniel Blankenship

From: Helping to House <helpingtohousevt=gmail.com@mail10.suw15.mcsv.net> on behalf of Helping to House <helpingtohousevt@gmail.com>
Sent: Wednesday, July 19, 2017 4:24 PM
To: Daniel Blankenship
Subject: Letter of Intent Form for FY17 VT Balance of State Continuum Care of Projects

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Vermont Coalition to End Homelessness

Friends,

On July 14, 2017, as part of the annual Continuum of Care Program Competition, HUD released the Notice of Funding Availability for FFY2017 funds. Over 400 HUD-designated Continuums of Care compete for approximately $2 billion as part of a community process. This Letter of Intent Form applies to the Vermont Balance of State Continuum of Care (VT BoS CoC) only, which includes all counties within the State of Vermont, except Chittenden which submits a separate CoC NOFA application to HUD.

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   Individuals*, including *unaccompanied youth, families* and persons coming directly from the **streets or **emergency shelters** or people fleeing *domestic violence**

   ☐ **NEW-REALLOCATED** CoC Permanent Supportive Housing (PSH)
   *Must be fully dedicated to individuals and/or families experiencing **chronic homelessness** OR **people meeting the Dedicated PLUS definition.** (See FY17 CoC Program NOFA)

   ☐ **NEW-REALLOCATED** CoC Rapid Rehousing (RRH) *(Tenant-Based Rental Assistance Only)*
   Individuals*, including *unaccompanied youth, families* and persons coming directly from the **streets or **emergency shelters** or people fleeing *domestic violence**

   ☐ **NEW-BONUS** CoC Transitional Housing-Rapid Rehousing (TH-RRH)
   Individuals*, including *unaccompanied youth, families* and persons coming directly from the **streets or **emergency shelters** or people fleeing *domestic violence**

   ☐ **NEW-REALLOCATED** Homeless Management Information Systems (HMIS)

   ☐ **NEW-REALLOCATED** SSO-Coordinated Entry (SSO-CE) *(Tenant-Based Rental Assistance Only)*

   ☐ **RENEWAL** Current CoC Program Projects with NO changes (*PSH-Shelter+Care, Rapid Rehousing, Transitional Housing, SSO-Coordinated Entry, HMIS)*

2. **CoC Project Name** (proposed new or renewal): _____

3. **CoC Project Description:** Attach one page (max) description & design showing the project outreach plan to find participants, how it fills an identified need, project scale (# of units and participants), and services available to obtain/maintain permanent housing and mainstream resources.

4. **Name of Primary Applicant** (Direct HUD Recipient, if awarded): _____
   Subrecipient(s)-if applicable: _____

   Primary Partners/Providers-if applicable: _____

   **Eligible Project Applicants*: *nonprofit organizations, states, local governments, and instrumentalities of state and local governments. Public housing agencies are eligible without limitation or exclusion. For-profit entities are not eligible to apply for grants or to be subrecipients of grant funds.*

5. **VT BoS CoC County/Counties Served by Proposed CoC project** (list all): _____

6. **Are the recipient, subrecipient and any partner agencies in good standing with all state and federal funding sources?**
☐YES ☐ NO

7. **Match:** Applicant certifies the *availability*, if selected, to commit/provide a required, **minimum 25% match**, above HUD CoC Program funds, from other sources [i.e. Medicaid, HOP, FSH, DMH, Private, Other]?
☐YES ☐ NO (not eligible for funding)

Name all identified, potential match sources AND total amounts for the CoC Program project:
1)
2)
3)

8. **If awarded, will the CoC Program project participate in VT BoS CoC Coordinated Entry System?**
☐ YES ☐ NO (*non-eligible*)

9. **If awarded, will this CoC Program project use the VT HMIS Implementation?**
☐YES ☐ NO
OR
☐ DV project who will use a HMIS comparable *database*)

NEW PROJECTS ONLY
Do you operate any homeless dedicated projects?
☐YES ☐ NO

If yes, do they participate in the VT HMIS?
☐YES ☐ NO

10. Low Barrier: **Will participants be screened-out of HUD CoC projects due to any of the following?**
☐ *Too Little or No Income*
☐ *Active or History of Substance Abuse*
☐ *Criminal record with exceptions for state-mandated restrictions*
☐ *History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)*
☐ *None of the Above*

11. Housing First: **Will HUD CoC project participants be terminated based upon any of the following?**
☐ *Failure to participate in supportive services*
☐ *Failure to make progress on a service plan*
☐ *Loss of income or failure to improve income*
☐ *Being a victim of domestic violence*
☐ *Other activity not covered in typical lease agreement*
☐ *None of the above*

12. **CoC Project Budget**

Type of Cost	Proposed Budget	Proposed Activities Covered by Budget (i.e. number of units, staff/service details, etc.)
Housing Cost -Rental Assistance -Leasing -Operations -Capital		
Services		
HMIS		
Admin Costs		

Number and Size of Rental Subsidies: _____
County(s) Served: _____
Address-Units/Building(s): _____

Recipient Type (pick one)
☐ **Non-Profit Organization** _____
☐ **Local Government** _____
☐ **State Entity:** _____
☐ **Local PHA** _____

Rental Assistance Administrator (if applicable)
☐ **Non-Profit Organization** _____
☐ **Local Government** _____
☐ **State Entity:** _____
☐ **Local PHA** _____
☐ **VT State Housing Authority**

Subrecipient or Primary Service Provider(s): _____

ADDITIONAL QUESTIONS - NEW COC PROGRAM PROJECT PROPOSALS

13. **Eligible Component Types for NEW CoC Program projects** (PICK ONE, RRH or PSH and fill out sub-questions):

☐ **RAPID RE-HOUSING (RRH - PERMANENT HOUSING)**
(Must be *Tenant-Based Rental Assistance* and propose to serve Literal Homeless-*coming directly from Streets or Emergency Shelter (including GA motel or other eligible Emergency Shelter Program) or fleeing domestic violence*:

Subpopulation – Choose all that apply
☐ Individuals ☐ Families ☐ Youth (18-24) ☐ Veterans ☐ Other_____

Homeless Population and Percentage of Participants – Choose all that apply

☐ Persons living in places not meant for human habitation ____%
☐ Persons living in emergency shelter ____%
☐ Persons fleeing or attempting to flee DV ____%
☐ Persons residing in a TH project eliminated in the FY17 competition ____%
☐ Persons receiving services through a VA-funded homeless assistance program and med one of the above criteria at initial intake to VA homeless system ____%

Target Disability– (*not required* - choose all that apply if project is targeting)

☐ Severe/Persistent Mental Illness ☐ Substance Use ☐ Other Disability: _____

Chronic Homeless Population – (*not required* - choose if your project is targeting)

☐ Chronically Homeless (24 CFR 578.3)

☐ **PERMANENT SUPPORTIVE HOUSING (PSH)**/*Chronic Homeless only*:

Chronic Homeless Population – Must Choose One

☐ Chronically Homeless (24 CFR 578.3)

OR

☐ Chronically Homeless per Dedicated Plus (See NOFA, Section III. A.3.b)

☐ Residing in TH that will be eliminated in FY17 and met definition of chronically homeless prior to entry

☐ Residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement

☐ Residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions

☐ Receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

Target Disability– Choose all that apply

☐ Severe/Persistent Mental Illness
☐ Substance Use
☐ Other Disability: _____

Subpopulation – Choose all that apply

☐ Individuals ☐ Families ☐ Youth (18-24) ☐ Veterans ☐ Other_____

Housing Type (PICK ONE)

☐ Rental Subsidy Type – Choose one of the below

☐ Tenant-Based Rental Assistance ☐ Sponsor-Based RA ☐ Project-Based RA

☐ Leasing [Recipient/Subrecipient leases building]
☐ Project-Based/Operations [Recipient/Subrecipient owns building]

14. **Describe experience with administering PSH and RRH projects and state/federal funding.**
Attach a brief (maximum one page) summary

15. **Does applicant intend to apply for:**
- Supportive Services, ***more than 25% of CoC Project budget***? ☐ YES ☐ NO
- Administration Costs, ***more than 7% of CoC Project budget*** ☐ YES ☐ NO

16. **How will the CoC Program project quickly move participants into permanent housing?**

Explain how:

17. **Will CoC participants will be required to live in a particular structure/unit/locality?**
☐ YES ☐ NO

If "YES", where and why:

18. **Will the new CoC Program project use an existing homeless facility or activities?**
☐ YES ☐ NO

If "YES", explain:

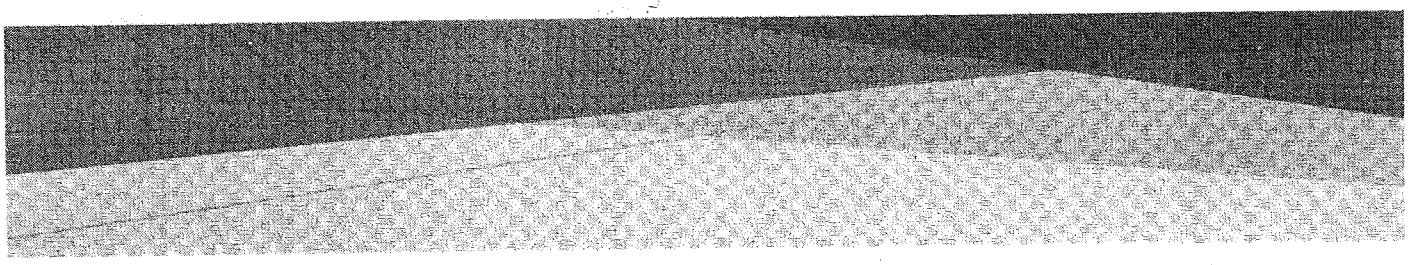
19. **How will the new CoC Program project support participants to achieve and maintain economic independence**?

20. **How will the CoC Program project support participants to remain in or exit to a destination of permanent housing**?

Explain how:

What percentage of participants will remain in/exit to permanent housing _____ %?

How is this percentage determined?



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Vermont Coalition to End Homelessness

Vermont Coalition to End Homelessness

Governance Charter

Revised 07.2017

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ARTICLE I. MISSION

The Vermont Coalition to End Homelessness (hereafter referred to as the Coalition), acting as the primary decision-making body of the Vermont Balance of State Continuum of Care (BoS CoC), shall have a mission to:

> End homelessness in Vermont through sharing information, developing resources, and providing a forum for decision making and to promote decent, safe, fair, affordable housing for all.

The Coalition will achieve this mission by:

- Creating a network of organizations, service providers, advocates, consumers, concerned citizens and policy makers committed to ending homelessness.
- Fostering communication and building local Continua and developing collaborative partnerships.
- Ensuring that all Vermonters, particularly low and moderate income persons, people with disabilities, homeless people, elders, families with children and others, have safe, adequate, physically accessible and affordable housing.
- Encouraging resident participation and control in their housing.
- Advocating for the preservation of existing housing, protection of renters, and the development of new, perpetually affordable low and moderate income housing.
- Promoting the recognition of housing as a basic right for all Vermonters through education of the public and elected officials.
- Acting as a catalyst in the exploration and development of innovative means of preserving and increasing Vermont's affordable housing stock.

ARTICLE II. MEMBERSHIP

Section 1. Eligibility. Membership shall be open to all interested individuals and organizations. All members are invited to be voting members of their local Continua of Care and of the Vermont Coalition to End Homelessness.

Section 2. Dues. All members will be requested to pay annual dues established by the Coalition. Each member shall pay dues each year to remain in good standing with voting rights in the Coalition. In no way should dues be considered a prerequisite for participation or voting at the local Continua of Care level. The CoC Board has the authority to waive dues in cases of financial hardship and to establish a dues structure that considers member organization operating budgets. Homeless/formerly homeless individuals are not required to pay dues.

No part of the assets or income of the Coalition may be distributed for the financial benefits of the officers, members, board representatives or volunteers, except as noted below for consumer assistance. Upon the dissolution of this Coalition, assets shall be distributed for one or more exempt purposes as agreed upon by the CoC Board.

All Coalition expenditures must be reviewed and approved by the Board. The following activities are eligible expenses:

- Monthly Coalition meeting space rental
- Annual membership in the Vermont Affordable Housing Coalition
- Trainings for the Coalition
- Events sponsored by the Coalition (including but not limited to the annual homeless vigil)
- Annual HUD Continuum of Care grant application preparation
- Consumer assistance for Coalition-approved expenses associated with conferences and/or trainings
- A monthly stipend (amount to be determined by the Coalition Board) paid to two consumer Board Representatives

Section 3. Fiscal Year. The Coalition shall observe a July 1st to June 30th fiscal year.

Section 4. Resignations. Members in good standing may submit resignations in writing to the Secretary.

ARTICLE III. MEETINGS

Section 1. Full Membership Meetings. A meeting of the full membership of the Coalition shall be held no fewer than twice per year, in addition to the Annual Meeting. A membership meeting may be held concurrent with a Board meeting. All membership meetings are open to the public.

Section 2. Board Meetings. Regular Board meetings shall be held on the third Tuesday of each month with no fewer than 10 meetings per year. All meetings are open to the full membership. As a preliminary goal, meeting agendas will incorporate the following topics each quarter:

1st quarter: Hold Annual Meeting, including elections. Set annual goals and propose changes to the Governance Charter. Approve an annual budget.

2nd quarter: Discuss and vote on Legislative priorities. Plan and implement annual homeless vigil. Prepare for Point-In-Time count.

3rd quarter: Conduct the Point-In-Time count, gaps analysis, housing inventory, and review/revise the Coalition's goals.

4th quarter: Complete HUD funding application and project prioritizing.

Section 3. Annual Meeting. Annual meetings of the full membership of the Coalition will be held the third Tuesday of July.

Section 4. Special Meetings. Special meetings of the Board or Membership may be called with three (3) days notice by the Co-Chairs or by a majority vote of the Board, and may also be called upon written request of ten members.

Section 5. Quorum. Twenty-five percent of the members shall constitute a quorum for membership meetings. A quorum of the Board shall consist of a majority of the filled seats.

Section 6. Notice. Except in the case of Special Meetings, all meeting information and agendas shall be noticed to the membership at least one week in advance.

ARTICLE IV. GOVERNING BOARD

Section 1. Board Composition and Nominations. The Governing Board shall be comprised of four Officers and up to twenty five representatives who are members in good standing. The following Officers and Representatives shall by nominated as stated here:

Officer or Representative	Nominating Body
A. Two Co-Chairs	A. By the Membership Committee
B. One Secretary	B. By the Membership Committee
C. One Treasurer	C. By the Membership Committee
D. One representative for each Local Continuum of Care (12 in total)	D. By each respective Local Continuum of Care
E. One representative for youth	E. By the Vermont Coalition of Runaway and Homeless Youth Programs
F. One representative for victims of domestic/sexual violence	F. By the Vermont Network Against Domestic and Sexual Violence
G. One representative for veterans	G. By the network of Veteran Service Providers, including the White River Junction Veterans Affairs Medical Center, Vermont Veteran Services, Veteran's Inc.
H. Up to two representatives who are self-identified as currently or previously experiencing homelessness	H. By the Membership Committee
I. Two representatives for the Vermont Agency of Human Services, including one representative from the Department of Mental Health	I. By the Vermont Agency of Human Services
J. One representative for Housing Partners	J. By Housing Partners, including the Vermont Housing and Conservation Board, the Vermont Housing Finance Agency, and the Department for Housing and Community Development
K. One representative for the Vermont State	K. By the Vermont State Housing Authority

Housing Authority	
L. One representative for the HMIS Lead Agency	L. By the HMIS Lead Agency
M. Up to three representatives at large	M. By the membership at large

In all cases, nominations shall be permitted from the floor.

To the extent possible, the composition of the Board should reflect the fact that the Coalition is a statewide organization and comprised of varying types of organizations and stakeholders, such as: nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, and other organizations that serve veterans and homeless and formerly homeless individuals.

Section 2. Board Duties and Power. The Board shall have general supervision of the affairs of the Coalition. The Board shall be subject to the Governance Charter of the Coalition, and none of its acts shall conflict with action taken by the Coalition. Coalition members who serve on the Board represent the greater good of the Coalition and not necessarily the interests of one specific organization.

The Board may designate Committees or Officers to undertake specific work for the Coalition.

Board representatives may be removed from office by a majority vote of the membership at a meeting warned for that purpose.

Board representatives may appoint alternates to attend in their place through written prior notice to the Co-Chairs.

ARTICLE V. VOTING

Section 1. Motions. Each item requiring Coalition approval will be formally voted on by the Board. A motion will be made by a representative of the Board, it will be seconded and a full vote will be taken with the outcomes reflected in the minutes. Warned votes may also be conducted in between regular meetings through the use of written communication or online tools. Each representative will be entitled to one vote. Votes are determined by a majority of Board representatives present.

Section 2. Notice. To the extent possible, votes will be warned as part of the notice for a meeting. For unwarned or unanticipated motions, a vote may be tabled and warned for action at the next meeting upon request by any member.

Section 3. Votes by the Membership. The Board may vote to take a motion to the full membership for a vote. In these cases, the vote will be warned as part of a membership meeting

notice. Each member in good standing will be eligible to vote. Votes will be determined by a majority of members present.

Section 4. Eligible Voters. When voting on Balance of State Continuum of Care items, the Chittenden Continuum of Care is not eligible to participate. As appropriate, this shall be duly noted in the meeting minutes.

ARTICLE VI: OFFICERS

Section 1. Officers and Duties. The Officers shall be 2 Co-Chairs, Secretary and Treasurer. The Officers may also be representatives. These officers shall perform the duties prescribed by this Governance Charter.

The Co-Chairs shall be responsible for chairing and convening all full membership meetings of the Coalition and Board Meetings. The Secretary shall assure that minutes are taken and distributed for all meetings and be responsible for keeping the attendance and membership records of the Coalition. The Treasurer shall maintain the financial records of the Coalition and report to the membership at the regular meetings on the financial condition of the Coalition.

Section 2. Terms of Office. Co-Chairs shall serve a two year staggered term. The Secretary and Treasurer shall serve a one year term and can serve consecutive terms with no limit. Terms shall begin at the close of the meeting at which they are elected.

Section 3. Nominations. The Membership Committee (described in Article VII) shall nominate candidates for the election at the annual meeting. Additional nominations shall be permitted from the floor.

Section 4. Elections. Officers shall be elected at the Annual Meeting. Elections shall be by ballot for any position with more than one nominee.

Section 5. Vacancies. A vacancy in any other office shall be filled by the Board, with inclusion in the meeting notice.

ARTICLE VII. COMMITTEES

Section 1. Special Committees. Special committees shall be appointed by the Co-Chairs as directed by the Board.

Section 2. Committee Composition and Reports. It is required that at least one Board representative actively participate in each committee formed under the Coalition. All committees shall provide reports of their activities at regular Board meetings. As appropriate, it is the intention of the Coalition that all Committees operate in a manner which is open, fair and transparent.

Section 3. Committees List. The following have been approved by the CoC Board:

A. Membership Committee. The Membership Committee will annually coordinate nominations for the election of Board representatives and officers. The committee shall also conduct membership outreach through the Coalitions website, mailing list, and in-person. Annually, mailing list registrants will be invited to become voting members of the Coalition and their local Continuum of Care. The Membership Committee shall aim to promote participation statewide and from the full diversity of organizations and stakeholders working to end homelessness.

B. Legislative Committee. A Legislative Committee shall exist to initially deliberate over any advocacy and/or legislative matters for consideration by the larger group. Recommendations to support or not support issues should be brought to a vote by the full Coalition.

C. HUD Continuum of Care Programs Committee ("NOFA Committee"). The committee shall be comprised of Coalition members with experience and willingness to work on the federal grant.

D. Point-In-Time Committee. This committee plans and supports implementation of the annual Point-In-Time Count of the Homeless, including related reports and activities such as the Housing Inventory Chart of Homeless Beds and needs analysis.

E. HMIS Advisory Board. This committee serves to inform and advise the Coalition and the HMIS Lead Agency on the Vermont Balance of State Continuum of Care HMIS implementation, including: utilization, compliance, budget, security and privacy, data quality, and HMIS activities. This charge of this committee is fully outlined in the HMIS Governance Charter. This committee will improve efficiency and opportunity for the homeless that the Coalition serves.

F. Coordinated Entry Committee. This committee plans and supports the implementation of coordinated entry and assessment across the Balance of State Continuum of Care, including ongoing evaluation of coordinated entry processes and support for local Continua of Care.

G. Veterans Committee. This committee is comprised of homeless veteran provider agencies working together to address veteran-specific housing needs throughout the state. A primary focus of the committee is to end veterans' homelessness as part of a national federal initiative involving three federal partners; Health and Humans Services (HUD), United States Interagency Council on Homeless (USICH), and the Veterans Health Administration (VHA).

H. Strategic Planning Committee. This committee develops and recommends strategic objectives, goals and plans to the CoC to prevent and end homelessness. In order to develop and follow through with the aforementioned, the committee utilizes data to understand the nature and extent of homelessness, coordinates with other statewide efforts, monitors progress towards goals, operationalizes planning grant activities, and works to ensure long-term capacity of the CoC.

ARTICLE VIII. LOCAL CONTINUUM OF CARE

Section 1. Local Continuum of Care. The following local continua are recognized by the Coalition:

1. Franklin – Grand Isle Continuum of Care
   - Covering all of Franklin County
   - Covering all of Grand Isle County

2. Orleans Continuum of Care
   - Covering all of Orleans County
   - Covering the Essex County towns of: Norton, Canaan, Warrens Gore, Avery's Gore, Averill, Lemington, Lewis, Bloomfield, Brighton, Ferdinand, Brunswick, and Maidstone.

3. Chittenden Continuum of Care
   - Covering all of Chittenden

4. Lamoille Continuum of Care
   - Covering all of Lamoille County
   - Covering the Caledonia County town of Hardwick

5. Caledonia – Essex Continuum of Care
   - Covering all of Caledonia County, except the town of Hardwick
   - Covering the Essex County towns of East Haven, Granby, Guildhall, Lunenburg, Victory, and Concord.

6. Washington Continuum of Care
   - Covering all of Washington County

7. Addison Continuum of Care
   - Covering all of Addison County

8. Orange and Windsor North Continuum of Care
   - Covering all of Orange County
   - Covering the Windsor County towns of Bethel, Rochester, Stockbridge, Barnard, Hartford, Hartland, Norwich, Pomfret, Royalton, Sharon, Bridgewater, and Woodstock

9. Rutland Continuum of Care
   - Covering all of Rutland County

10. Southern Windsor – Windham Continuum of Care
    - Covering the Windsor County towns of Andover, Baltimore, Cavendish, Chester, Ludlow, Plymouth, Reading, Springfield, Weathersfield, Weston, West Windsor, and Windsor.
    - Covering the Windham County towns of Grafton, Londonderry, Rockingham, and Windham.

11. Bennington Continuum of Care

- Covering all of Bennington County

12. South Windham Continuum of Care
    - Covering the Windham County towns of Stratton, Jamaica, Townshend, Athens, Westminster, Brookline, Wardsboro, Newfane, Putney, Somerset, Dover, Dummerston, Wilmington, Marlboro, Brattleboro, Whitingham, Halifax, Guilford, and Vernon.

Section 2. Continuum of Care Responsibilities. Each Continuum pledges to the following:

1. To nominate a Board representative who is responsible for relaying information between the regional Continuum and the statewide Coalition and for voting on its behalf.

2. To organize and facilitate regular regional meetings, including outreach to encourage participation in the meetings. Regular meetings shall be held no less than once every two months.

3. To the greatest extent possible, actively reach out to and include varying types of organizations and stakeholders in its activities, such as: nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, and other organizations that serve veterans and homeless and formerly homeless individuals.

4. To take minutes of each meeting, utilizing the forms provided, and to maintain the minutes should the Coalition need to provide evidence of activities. The Chair of the local Continuum of Care (or designee) is responsible for these minutes and must maintain for at least three (3) years. The Coalition's website may be used to post and archive local meeting minutes and information.

5. To facilitate documentation of regional efforts to provide housing and services.

6. To coordinate within their local region Homeless Day activities, and assist in organizing Homeless Day activities through the Coalition.

7. To coordinate region wide homeless data collection efforts consistent with statewide homeless efforts as needed for planning and reporting.

8. To organize regional prioritization of projects to be presented at the statewide Coalition, and to provide updates for the Coalition.

9. To work toward the coordination of regional and statewide housing and service.

10. To encourage participation in the Continuum of Care planning process by people who have direct experience with homelessness.

11. To coordinate the regional response to State and Federal applications for homeless funding.

12. To participate in ad hoc committees as needed.

13. To ensure all children are enrolled in schools and connected to appropriate services within the community.

ARTICLE IX: AMENDMENTS

These Governance Charter may be amended or repealed at any meeting of the members by a two-thirds vote of the Coalition with notice or a nine-tenths vote without notice.

ARTICLE X: POLICY & PROCEDURES MANUAL

All policy documents formally approved by the Coalition, including but not limited to Memoranda of Agreement and other approved policies, are to be considered with this Governance Charter as the Balance of State Continuum of Care Policy & Procedures Manual.

ARTICLE XI: NON-DISCRIMINATION

It is the policy of the Coalition that no person shall be discriminated against because of their race, sex, age, marital status, religious creed, color, national origin, disability, sexual orientation, or because they have minor children, or receive public assistance. The organization shall be operated in an open and democratic fashion and shall not discriminate against anyone because they are a member of one of the above groups.

ADOPTED:	JANUARY 17, 2006
Revised:	June 20, 2006 (Article VI/Section 1)
Revised:	November 21, 2006 (Article I, Article II/Section 2, Article IV/Section 1, Article V/Section 2, Article VII/ new Section 4 and 5)
Revised:	February 20, 2007 (Article VII/Section 5)
Revised:	May 20, 2008 (Article II/Section 2; Article III/Section 4; Article VII/Sections 1, 2, 3)/Section /Sections 1/Section
Revised:	October 18, 2011 (Article VIII/Section 2/number 12)
Revised:	September 17, 2012 (Article VI/Section 1)
Revised:	January 21, 2014 (Article 1; Article VI/Section 1)
Revised:	August 18, 2015 (Major Reorganization and Revisions)
Revised:	July 16, 2016 (increase number of members at large on CoC Board)
Revised:	July 28, 2017 (addition of Strategic Planning & Veterans Committee, new slots created on board for Officer positions, decrease number of members at large)

CoC Co-Chair (print name): MaryEllen Mendl Date: 7/28/17

CoC Co-Chair (signature): MaryEllen Mendl

CoC Co-Chair (print name): Peter Kellerman Date: 7/28/17

CoC Co-Chair (signature): P Kellerman

HMIS Governance Charter

Vermont Balance of State Continuum of Care
Institute for Community Alliances
June 1, 2015

A. Purpose and Scope

The purpose of this Governance Charter is to confirm agreements between the Vermont Balance of State Continuum of Care (hereinafter VT BoS CoC) and the Institute for Community Alliances (hereinafter HMIS Lead Agency) in connection with the shared governance of the VT BoS CoC's Homeless Management Information System (hereinafter HMIS). The Vermont Coalition to End Homelessness (VCEH) is the acting primary decision-making body of the VT BoS CoC. As such, this Governance Charter sets forth the general understandings, and specific responsibilities of each party relating to key aspects of the governance and operation of the HMIS. This Governance Charter is effective upon execution by the VT BoS CoC and the HMIS Lead Agency.

B. Background

HMIS is an Internet-based data collection software application designed to capture information about the numbers, characteristics, and needs of homeless persons and those at risk of homelessness over time.

Use of HMIS is mandated by the U.S. Department of Housing and Urban Development (HUD) for projects funded by the Continuum of Care (**CoC**) Program, Emergency Solutions Grant (**ESG**) Program, and Housing Opportunities for Persons with AIDS (**HOPWA**) Program; as well as by the U.S. Department of Veterans Affairs (VA) for projects funded by the Supportive Services for Veteran Families (**SSVF**) Program; and by the U.S. Department of Health & Human Services (**HHS**) for projects funded by the Runaway & Homeless Youth (**RHY**) Program.

In an effort to effectively coordinate homeless services, the federal government strongly encourages all homeless projects to participate in a CoCs HMIS, including those receiving funds from the following: *HHS-Projects for Assistance in Transition from Homelessness (PATH) Program*, *VA-Grant & Per Diem (GPD) Program*, and the *VA-Veterans Affairs Supportive Housing (VASH) Program*.

C. General Understandings

1. Continuum of Care Governance

The CoC is responsible for shared governance of the HMIS. The VT Coalition to End Homelessness is the lead planning group for efforts to end homelessness and for implementing and operating homeless service delivery systems within in the VT Balance of State Continuum of Care (VT BoS CoC). As such and under HUD policy (24 CFR part 580), the CoC is responsible for HMIS oversight and implementation, including planning, software selection, HMIS Lead Agency designation and setting up and managing the HMIS in compliance with HUD's CoC Program Interim Rule. The CoCs oversight and governance responsibilities for HMIS are carried out by the HMIS Advisory Board, a committee of the CoC, which reviews and approves all HMIS policies and procedures.

2. HMIS Lead Agency Designation

The VT BoS CoC designates the HMIS Lead Agency to manage HMIS operations on its behalf, and to provide HMIS administrative functions at the direction of the CoC through the HMIS Advisory Board.

3. HMIS Advisory Board

The VT BoS CoC members and HMIS Partner Agencies actively participate with the HMIS Lead Agency through the HMIS Advisory Board in the management of the HMIS. The HMIS Advisory Board is responsible for establishing policies, procedures, and protocols for functions essential to the viability and success of the HMIS, including, but not limited to, data privacy, data quality, analysis, reporting, data sharing protocols. Key community stakeholders will be represented on the HMIS Advisory Board to ensure shared governance. Representation will also take into account HMIS user diversity by considering the following attributes: HMIS user level; geographic location of the agency where the HMIS Advisory Board member is employed; population density of the location of the member's agency; size or client volume of the member's agency or program; type of service or program provided by the member's agency; and the special interest or demographic served by the HMIS Advisory Board member's agency.

3.1 HMIS Advisory Board Requirements

a. Meetings - HMIS Advisory Board meetings will be held quarterly. Important HMIS policy items that emerge in between meetings will be handled by the Board via email, conference call, or an online meeting.
b. Attendance - HMIS Advisory Board members are required to attend all meetings. Members who are absent from two consecutive meetings will be asked to resign from the HMIS Advisory Board, unless a majority of the HMIS Advisory Board members determine there are extenuating circumstances. If the member does not resign within 30 days after being requested to do so by the HMIS Advisory Board, a majority of the HMIS Advisory Board may vote to remove the member. A majority of the HMIS Advisory Board is one half plus one of the members present at the meeting when the vote is taking place.
c. Accessibility - HMIS Advisory Board members will be publicly identified and available for contact by HMIS users and agencies throughout the VT BoS CoC.

d. Policies & Procedures - Approval of policy, procedures and HMIS protocols will be attempted through consensus and conversation, but will ultimately be decided by simple majority.
e. Member Agreements - All members of the HMIS Advisory Board must sign Member Agreements. The agreements list the responsibilities of the HMIS Advisory Board members and describe the membership term.
f. Length of Member Term - HMIS Advisory Board members serve two-year terms on the VT BoS HMIS Advisory Board. Membership may be renewed for additional terms upon agreement by HMIS Lead Agency, the HMIS Advisory Board and the member seeking reappointment.
g. Voluntary Board Membership – HMIS Advisory Board members are volunteers and are not compensated for their participation. HMIS Advisory Board members may receive reimbursement for costs incurred while attending HMIS Advisory Board meetings.

4. Funding

Funding for the software and operations of the HMIS shall be provided by the CoC, through a HUD Continuum of Care Program dedicated HMIS grant, or other funding from the CoC. Funding shall also be provided from agencies that operate programs federally required to enter data into HMIS. Partner Agencies may be required to pay user fees for the HMIS software and reporting licenses assigned to their agency. In the event that there is a shortfall in funding for the software or operation of the HMIS, the HMIS Advisory Board will explore options to increase revenue.

5. Software and Hosting

The VT BoS CoC has selected a single software product to serve as the sole HMIS software application [Bowman Systems-ServicePoint]. All Partner Agencies agree to use the product as configured for the CoCs HMIS.

6. Compliance with Homeless Management Information System Standards

The HMIS is operated in compliance with HUD HMIS Data and Technical Standards and any other applicable laws. The parties anticipate that HUD will release revised HMIS Standards periodically. The parties agree to make changes to this HMIS Governance Charter, the HMIS Policies & Procedures, and other HMIS operational documents, to comply with the revised standards within the HUD-specified timeframe for such changes.

7. Operational Policies and Agreements

The HMIS operates within the framework of agreements, policies, and procedures that have been developed and approved over time by the HMIS Lead Agency and the VT BoS CoC through the HMIS Advisory Board. These agreements, policies and procedures include but are not limited to the list of manuals and agreements (Examples: Policies and Procedures Manual, Privacy Policies and the Consumer Notice, Partner Agency Agreements, and User Agreements). All operational agreements and policies and procedures are reviewed annually by the HMIS Lead Agency, the HMIS Advisory Board, and the CoC to comply with the HMIS Standards or otherwise improve HMIS operations.

8. Data Ownership

The data entered into the HMIS is owned by the Partner Agency responsible for entering the client-level information. The HMIS Lead Agency and Partner Agencies are jointly responsible for ensuring that HMIS data processing capabilities, including the collection, maintenance, use, disclosure, transmission and destruction of data, comply with the HMIS privacy, security and confidentiality policies and procedures. The Partner Agencies have the final authority to approve or disapprove the use of the data that is contained in the HMIS.

D. Specific Responsibilities of the Parties

1. VT Coalition to End Homelessness/VT Balance of State CoC

The VT BoS CoC serves as the HMIS governance body, providing oversight, project direction, policy setting, and guidance for the HMIS project. It is the responsibility of the VT BoS CoC to:

a. Designate the HMIS Lead Agency, the software to be used for HMIS, and approve any changes to the HMIS Lead Agency or software.
b. Request revision to any HMIS operational agreement, policy or procedure developed by the HMIS Lead Agency, and approved by the HMIS Advisory Board.
c. Conduct outreach to homeless assistance agencies not using HMIS, and encourage these agencies and other mainstream programs serving homeless people to participate in HMIS.
d. Work to inform elected officials, government agencies, the nonprofit community, and the public about the role and importance of HMIS and HMIS data.
e. Promote the effective use of HMIS data, including its use to measure the extent and nature of homelessness, the utilization of services and homeless programs over time, and the effectiveness of homeless programs.
f. Provide all local information as necessary for compilation of the HUD CoC Housing Inventory Count of Homeless Beds (HIC), and support the HMIS Lead Agency in preparing the Annual Homeless Assessment Report (AHAR).
g. Ensure performance and compliance of the HMIS Lead Agency and the HMIS Advisory Board.

2. HMIS Advisory Board

The VT BoS CoC exercises the following responsibilities for HMIS governance through the HMIS Advisory Board:

a. Implement and continuously improve the HMIS.
b. Ensure the HMIS scope aligns with the requirements of agencies, HUD and other stakeholder groups.
c. Address any issue that has major implications for the HMIS, such as HUD HMIS Standards revisions or HMIS Vendor performance problems.
d. Review, revise, and approve all HMIS operational policies developed by the HMIS Lead Agency and submit all approved operational documents to each member of the VCEH Steering Committee or equivalent VT BoS CoC governing body.

e. Ensure agency and user compliance with the HUD HMIS Standards, and all Vermont BoS CoC HMIS operational agreements, policies and procedures.
f. Provide guidance and oversight of HMIS related user and agency compliance monitoring undertaken by the HMIS Lead Agency.
g. Approve HMIS Lead Agency recommendations to terminate a user license or restrict the HMIS participation of a Partner Agency.

3. Institute for Community Alliances (HMIS Lead Agency)
The Institute for Community Alliances presently serves as the lead agency for the VT BoS CoC HMIS project, managing and administering all HMIS operations and activities. The HMIS Lead Agency exercises these responsibilities at the direction of the HMIS Advisory Board. These responsibilities are contingent on receipt of the appropriate funding from the VT BoS CoC and Partner Agencies. The responsibilities of the HMIS Lead Agency include:

I. General
a. Obtain and maintain the contract with the selected software vendor.
b. Determine the parameters of the HMIS as it relates to continuity of service, ability to limit access to the data, hosting responsibilities, general security and maintenance issues, data storage, back-up and recovery, customization, compliance with HUD Data standards, reporting needs, training and technical support.
c. Provide overall staffing for the operation of the HMIS.
d. Develop and maintain all HMIS operational agreements, policies and procedures, including a written privacy notice.
e. Obtain signed Partner Agency Agreements and User Agreements.
f. Invoice Partner Agencies and jurisdictions for HMIS fees approved by the HMIS Advisory Board.
g. Monitor Partner Agencies and users to ensure compliance with HMIS operational agreements, policies and procedures on behalf of, and at the direction of, the HMIS Advisory Board.
h. Convene a minimum of four meetings of the HMIS Advisory Board annually.
i. Participate as a non-voting member of the VT BoS CoCs VCEH Steering Committee or equivalent decision-making body.
j. Attend the CoCs HMIS Advisory Board meetings.
k. Provide and maintain the HMIS website.
l. Comply with HUD HMIS Standards (including anticipated changes to the HMIS Standards) and all other applicable laws.
m. Apply as the project applicant for all dedicated HMIS project funding under HUD's CoC Program.
n. Serve as the liaison with HUD regarding HUD HMIS grants.

II. Administer the software, including:
a. Ensure the software vendor complies with the responsibilities designated below in Section D.4.
b. Report any concerns with the software vendor to the HMIS Advisory Board.

c. Inform the VT BoS CoC and Partner Agencies how each software release will change or impact current workflow and operations.
d. Protect confidential data (in compliance with HUD Standards, local privacy policies, and other applicable law), and abide by any restrictions clients have placed on their own data.
e. Oversee compliance with all HUD regulations and policies.

III. Administer HMIS end users, including:
a. Provide and manage end user licenses, including authorizing usage and the level of access to HMIS for all users.
b. Add and remove partner agency administrators.
c. Provide all training and user guidance needed to ensure appropriate system use, data entry, data reporting, and data security and confidentiality.
d. Provide specific training for agency administrators and end users.
e. Establish the training requirements for users and agency administrators.
f. Maintain documentation of user training completion.
g. Outreach to Partner Agencies to provide end user support.
h. Develop and maintain a how-to manual that provides data entry guidance for users.
i. Maintain an email helpdesk for user support.
j. Communicate at least monthly with users through an e-newsletter. The e-newsletter will provide information on upcoming regulatory changes, software upgrades, current HMIS news, grants, training, etc.

IV. Ensure Data Quality
a. Ensure all client and homeless program data are collected in adherence to the HUD HMIS Data Standards, the HMIS Policies and Procedures, and local additional requirements.
b. Customize the HMIS application to meet local data requirements (within reason and within constraints of budget and other duties).
c. Develop and implement VT BoS CoC Data Standards and Data Quality Plans.
d. Monitor data quality and generate data quality reports under the data quality plan.
e. Assist Partner Agencies and users to rectify data quality concerns.
f. Carry out aggregate data extraction and reporting under the guidance of the HMIS Advisory Board.
g. Assist Partner Agencies with agency-specific data collection and reporting needs, such as the Annual Progress Report and other program reports (within reason and within constraints of budget and other duties).
h. Develop HMIS data entry workflow and requirements for HMIS data and reporting to meet Partner Agency reporting requirements.

V. Reporting
a. Complete, or provide assistance for the completion, of the Annual Homeless Assessment Report, HUD Point-in-Time Count, HUD CoC Program Notice of Funding Availability, Consolidated Annual Performance Evaluation Report, CoC 10-Year Plans, Partner Agency Annual Performance Reports, and other reports to funders from agencies federally mandated to use HMIS.

b. Ensure the HMIS policies and procedures and recommend data entry workflow align with collecting the data necessary to complete the reports listed above in Section D.3.IV.a.
c. Construct, run and publish all necessary system-wide reports to meet federal and local reporting compliance.
d. Provide aggregate reports to groups or stakeholders requesting HMIS information within the constraints detailed in the HMIS Policies and Procedures Manual.

VI. Satisfactory Assurances Regarding Confidentiality and Security:
It is understood that the HMIS will contain client information that may be subject to the privacy and security protections and requirements of HUD HMIS Standards, HIPAA Privacy Rule, other law, and local HMIS privacy and security policies and procedures. The HMIS Lead Agency hereby agrees that it will use protected client information only for purposes permitted by agreement with Partner Agencies and as permitted by the applicable law and Standards. Further, the HMIS Lead Agency agrees it will make use of all safeguards required by HUD Privacy Standards, HIPAA Privacy Rule, where appropriate, other law, and local HMIS privacy and security policies and procedures in order to prevent any unauthorized disclosure of protected client information.

a. Develop and implement security and confidentiality plans required by the HUD HMIS Standards.
b. Assist Partner Agencies to rectify agency data security and privacy concerns.

4. Software Vendor
The selected software vendor and HMIS database must meet all HUD regulations and policies, and the following requirements:

a. Ensure the HMIS design meets HUD HMIS Data Standards.
b. Develop a codebook and provide other documentation of programs created.
c. Provide ongoing support to the HMIS Lead pertaining to the needs of end users to mine the database, generate reports and other interface needs.
d. Administer the product servers, including web and database servers.
e. Monitor access to HMIS through auditing.
f. Monitor functionality, speed and database backup procedures.
g. Provide backup and recovery of internal and external networks.
h. Maintain the system twenty-four hours a day, seven days a week.
i. Communicate any planned or unplanned interruption of service to the HMIS Lead Agency.
j. Take all steps needed to secure the system against breaches of security and system crashes.

E. Period of Agreement and Modification/Termination

1. Period of Operation and Termination
This HMIS Governance Charter will become effective upon signature of all parties and shall remain in effect until terminated by the parties. Each party shall have the right to terminate this agreement as to itself only upon 30 days prior written notice to the HMIS Advisory Board in

care of the HMIS Lead Agency. Violation of any component may be grounds for immediate termination of this Agreement.

2. Amendments
Amendments, including additions, deletions, or modifications to this HMIS Governance Charter must be agreed to by all parties to this Agreement.

The signatures of the parties indicate their agreement with the terms and conditions set forth in this document.

VT Coalition to End Homelessness (VT BoS CoC):

Sara Kobylenski — June 18, 2015
Sara Kobylenski (VCEH Co-Chair) — Date
Executive Director, Upper Valley Haven

Kathy Metras — 6/18/15
Kathy Metras (VCEH Co-Chair) — Date
Outreach & Youth Services Manager, Northeast Kingdom Community Action

Institute for Community Alliances (HMIS Lead Agency):

David Dischner — 6-12-2015
David Dischner, Chief Executive Director — Date

Vermont Statewide

ServicePoint &

Homeless Management Information System

Policies and Procedures

VT HMIS Advisory Board

in partnership with

Institute for Community Alliances

2016

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1. Introduction

The Vermont Homeless Management Information System (HMIS) is a collaborative project of the two Vermont Continua of Care (CoC) – Balance of State, and Chittenden County – the Institute for Community Alliances (ICA), and participating Partner Agencies. Our HMIS is an internet-based database, called ServicePoint, which is used by homeless service organizations across Vermont to record and store client-level information about the numbers, characteristics and needs of homeless persons and those at risk of homelessness. Bowman Internet Systems administers the central server and HMIS software, and ICA administers user and agency licensing, training and compliance.

HMIS enables service providers to measure the effectiveness of their interventions and facilitate longitudinal analysis of service needs and gaps within the CoCs. Information that is gathered from consumers via interviews conducted by service providers is analyzed for an unduplicated count, aggregated (void of any identifying client level information) and made available to policy makers, service providers, advocates, and consumer representatives. Data aggregated from HMIS about the extent and nature of homelessness in the state of Vermont is used to inform public policy decisions aimed at addressing and ending homelessness at local, state and federal levels.

Guidance for the implementation of Vermont's HMIS is provided by a broad-based advisory board that is committed to understanding the gaps in services to consumers of the human service delivery system in an attempt to end homelessness.

This document provides the policies, procedures, guidelines and standards that govern HMIS operations, as well as the responsibilities for Agency Administrators and end users.

1.1 HMIS BENEFITS

Use of HMIS provides numerous benefits for service providers, homeless persons and the State of Vermont.

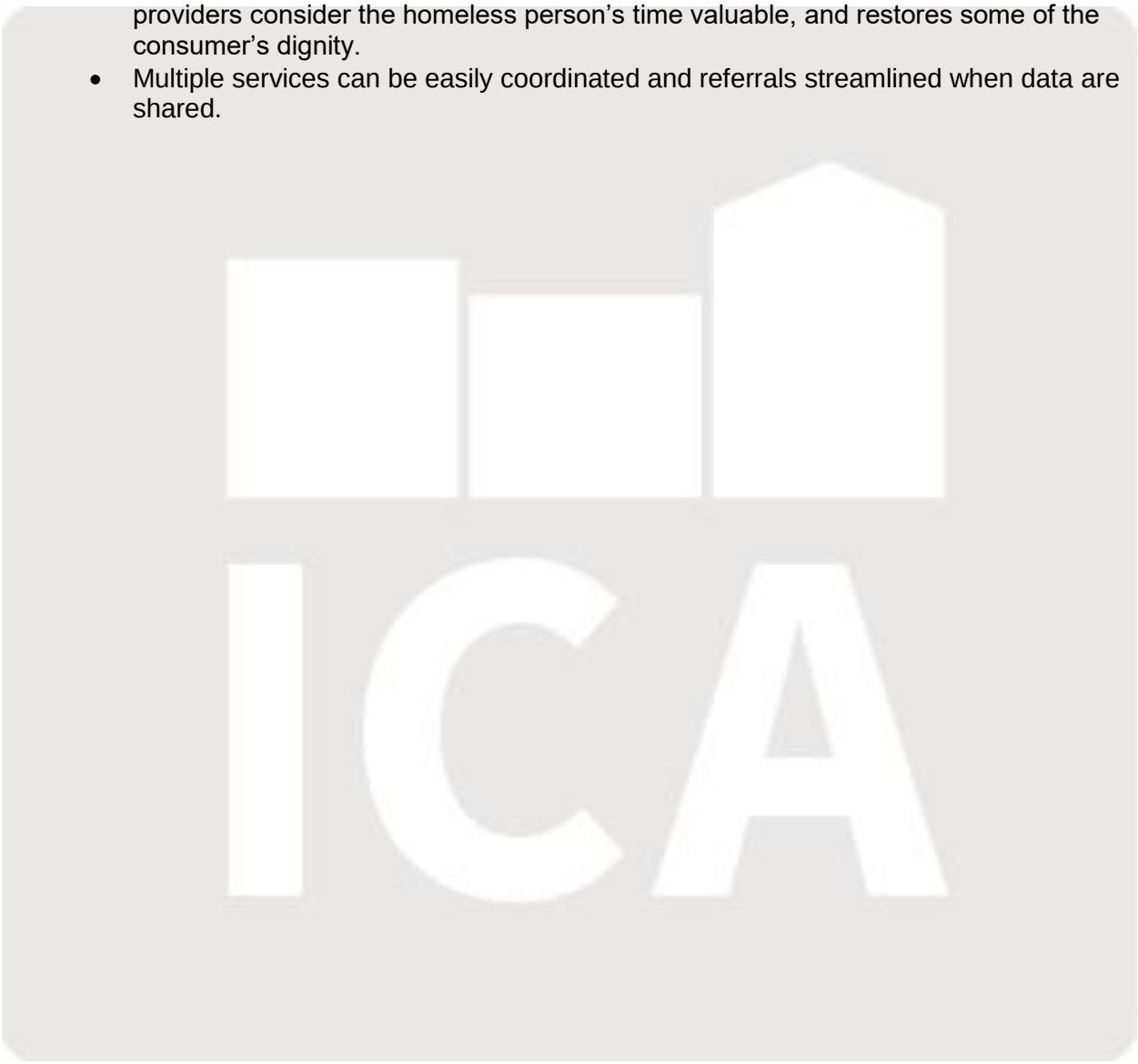
Benefits for service providers

- Better able to define and understand the extent of homelessness throughout Vermont.
- Provides online real-time information about client needs and the services available for homeless persons.
- Assures confidentiality by providing information in a secured system.
- Decreases duplicative client intakes and assessments of shared files.
- Tracks client outcomes and provides a client history.
- Generates data reports for local use and for state and federal reporting requirements.
- Facilitates the coordination of services within an organization and, when data are shared, with other agencies and programs.
- Provides access to a statewide database of service providers, allowing agency staff to easily select a referral agency when data are shared.
- Better able to focus staff and financial resources where services for homeless persons are needed the most.

- Better able to evaluate the effectiveness of specific interventions and programs, and services provided.

Benefits for homeless persons

- Intake information and needs assessments are maintained historically, reducing the number of times homeless persons must repeat their stories to multiple service providers when data are shared.
- The opportunity to provide intake and life history one time demonstrates that service providers consider the homeless person's time valuable, and restores some of the consumer's dignity.
- Multiple services can be easily coordinated and referrals streamlined when data are shared.



2. Requirements for Participation

2.1 RESPONSIBILITIES OF HMIS USERS

Agency Administrators

1. Edit and update agency information in HMIS.
2. Ensure that the participating agency obtains a unique user license for each user at the agency.
3. Establish the standard report for each specific program created.
4. Maintain a minimum standard of data quality by ensuring the Universal Data Elements are complete and accurate for every individual served by the agency and entered into HMIS.
5. Maintain the required universal data elements and program specific data elements for each program in accordance with the current HMIS Data Standards, and maintain data elements required by the HMIS Advisory Board and/or the CoC in which the program operates.
6. Ensure agency staff persons receive required HMIS training, and review the Vermont HMIS Policies and Procedures, the Agency Partnership Agreement and any agency policies which impact the security and integrity of client information.
7. Ensure that HMIS access is granted only to staff members that have received both basic and security training, have completed the Vermont User Agreement and are authorized to use HMIS.
8. Notify all users at their agency of interruptions in service.
9. Provide a single point of communication between users and HMIS staff at the Institute for Community Alliances.
10. Administer and monitor data security policies and standards, including:
    - User access control;
    - The backup and recovery of data; and
    - Detecting and responding to violations of the policies and procedures or agency procedures.

Users

1. Take appropriate measures to prevent unauthorized data disclosure.
2. Report any security violations.
3. Comply with relevant policies and procedures.
4. Input required data fields in a current and timely manner. (Best practice is within 5 days with up to 30 days grace period.)
5. Ensure a minimum standard of data quality by accurately answering the Universal Data Elements and required program specific data elements for every individual entered into HMIS.
6. Inform clients about the agency's use of HMIS.
7. Take responsibility for any actions undertaken with one's username and password.
8. Complete required training.
9. Read the Vermont HMIS News email newsletter.

2.2 PARTNER AGENCY REQUIREMENTS

Participation Agreement Documents

Partner Agencies must complete the following documents:

1. **Partnership Agreements** must be signed by each participating agency's executive director or authorized representative. The Institute for Community Alliances will retain the original document. The participation agreement states the agency's commitment to adhere to the policies and procedures for effective use of HMIS.

2. **Vermont User Agreements** list user policies and responsibilities and are electronically signed by each authorized user. An electronic or hard copy of the original document must be kept by the originating agency.

3. **Coordinated Services Agreements** allow the specifically named HMIS user to enter client data as, or on behalf of, another specifically named Participating Agency and/or to report on behalf the specifically named Participating Agency. The signed agreement will be maintained by the HMIS Lead Agency, the Institute for Community Alliances.

User Access to the System

The Agency Administrator will determine user access for users at or below the Case Manager III access level and assign users to the appropriate agency provider. The System Administrator will generate usernames and passwords within the administrative function of the software.

The Agency Administrator and all users must complete training before access to the system is granted by ICA. It is recommended that all users undergo a criminal background check as detailed in the Agency Partnership Agreement at this time, pending HMIS Final Rule.

User Requirements

Users must be paid staff or official volunteers of a Partner Agency. An official volunteer must complete a volunteer application with the Partner Agency, undergo agency training, it is recommended that all users undergo a criminal background check, and record volunteer hours with the agency. Individuals who are solely contracting with a Partner Agency are prohibited from receiving a user license. All users must be at least 18 years old.

Users who are also Clients Listed in HMIS

In order to prevent users from editing their own file or files of immediate family members, all users will agree to a conflict of interest statement that is part of the User Agreement. Users must disclose any potential conflict of interest to their Agency Administrator. Users will be prohibited from making changes to the information in their own file or the files of their immediate family members. If a user is suspected of violating this agreement, the System Administrator will run the audit trail report to determine if there was an infraction.

Passwords

- Creation: Passwords are automatically generated from the system when a user is created. The System Administrator or Agency Administrator will communicate the system-generated password to the user.
- Use: The user will be required to change the password the first time they log onto the system. The password must be at least 8 characters and alphanumeric. Passwords

should not be able to be easily guessed or found in a dictionary. Passwords are the individual's responsibility and users cannot share passwords. Users may not keep written copies of their password in a publicly accessible location.

- Storage: Any passwords that are written down are to be stored securely and must be inaccessible to other persons. Users are not to store passwords on a personal computer for easier log on.
- Expiration: Passwords expire every 45 days. Users may not use the same password consecutively. Passwords cannot be re-used until 2 password selections have expired.
- Unsuccessful logon: If a user unsuccessfully attempts to log-on 3 times, the User ID will be "locked out," and access permission will be revoked rendering the user unable to gain access until his/her password is reset.

Inputting Data

Agencies participating in the HMIS must meet the minimum data entry requirements established by the current HMIS Data Standards.

Tracking of Unauthorized Access

Any suspicion of unauthorized activity should be reported to the Institute for Community Alliances HMIS staff.

Agency Administrator

Agencies with 10 or more users must designate one person to be the Agency Administrator. Agencies with fewer than 10 users may forego designating an Agency Administrator. ICA HMIS staff will perform Agency Administrator responsibilities for these agencies.

The Agency Administrator, or System Administrator when no Agency Administrator is designated, will be responsible for resetting passwords, and monitoring HMIS access by users at their agency. This person will also be responsible for ensuring new agency staff persons are trained on how to use the HMIS by the System Administrators and for ensuring that new staff are aware of any agency or program specific data entry requirements.

The Agency Administrator must identify the assessments and requirements for each program, and work with the System Administrators to properly set up each program in the HMIS.

Client Consent for Sharing Data Forms

In addition to posting the HMIS Consumer Notice, agencies are required to have clients sign a client consent form if the client's data are shared in the system. The form requires clients to authorize the electronic sharing of their personal information with other agencies that participate in HMIS when data sharing is appropriate for client service.

Data Protocols

Agencies may collect information for data elements in addition to the minimally required data elements established by the HMIS Advisory Board in accordance with HUD. Agencies must maintain consistency with data collection and entry within each program.

2.4 USER TRAINING REQUIREMENTS

New User Training Requirements

All users are required to attend new user training with ICA prior to receiving access to the system. If ICA determines that data entered by a current end user does not meet minimum data quality standards, users may be required to repeat this training.

Once a new user begins the HMIS new user training series, the user has 15 days to complete the training series and all required assignments. ICA staff will review the user's homework and determine if corrections are needed. Users will have an additional 15 days to make all corrections. If the user fails to complete all requirements within 30 days, the user will need to retake the training series. ICA staff may determine that a new user failed to grasp the necessary data entry concepts based on the quality of the user's homework. ICA staff may use their discretion to require new users to repeat new user training. If a new user fails to successfully complete the homework requirements for data entry after repeated attempts, ICA staff may use their discretion to determine that the new user is not capable of accurate and complete data entry, and may refuse to issue the new user a Vermont HMIS user license.

If a user requesting a new user license had a license for the Vermont HMIS in the past, the user will be required to re-take the training series, with few exceptions. ICA has sole discretion to waive the requirement to attend new user training. ICA will consider the user's familiarity with the HMIS and the need for the user to learn about potential system updates and changes during new user training when making its decision to waive the new user training requirement.

Users are expected to fully participate in all trainings attended. If a user misses more than ten minutes or ten percent (whichever is greater) of a training, the user will not receive credit for completing the training.

Ongoing User Training Requirements

All users are required to attend annual security training to retain their user license.

All users are required to attend at least two general HMIS trainings annually. The new user training series will count as one training toward the general training requirement. New users taking the new user training series in December will be exempt from completing an additional training during that calendar year.

All users with Advanced Reporting Tool (ART) Licenses are required to attend at least two ART trainings annually in addition to the required general HMIS trainings.

Users are expected to fully participate in all trainings attended. If a user misses more than ten minutes or ten percent (whichever is greater) of a training, the user will not receive credit for completing the training.

2.5 HMIS USER LEVELS

HMIS user roles are listed on the ICA website.

Resource Specialist I
Users at this level may access only the ResourcePoint module. Users may search the database of area agencies and programs, and view the agency or program detail screens. A Resource Specialist I cannot modify or delete data, and does not have access to client or service records or other modules and screens.

Resource Specialist II
Users may access only the ResourcePoint module. Users may search the database of area agencies and programs, and view the agency or program detail screens. At this level, the user does not have access to client or service records or other modules and screens. A Resource Specialist II is an agency-level "Information & Referral (I&R) specialist" who may update their own agency and program information.

Resource Specialist III
Users at this level may access only the ResourcePoint module. Users may search the database of area agencies and programs and view the agency or program detail screens. A Resource Specialist III may add or remove resource groups, including Global (which they get by default). Access to client or service records and other modules and screens is not given. A Resource Specialist III may edit the system-wide news feature.

Volunteer
Users may access ResourcePoint, and have limited access to ClientPoint and service records. A volunteer may view or edit basic demographic information about clients (the profile screen), but is restricted from all other screens in ClientPoint. A volunteer may also enter new clients, make referrals, and check clients in/out from a shelter. A volunteer does not have access to the "Services Provided" tab. This access level is designed to allow a volunteer to perform basic intake steps with a new client and then refer the client to an agency staff member or case manager.

Agency Staff
Users may access ResourcePoint, have full access to service records, and limited access to ClientPoint. Agency staff may access most functions in ServicePoint, however, they may only access basic demographic data on clients (profile screen). All other screens are restricted including Reports. Agency Staff can add news items to the newswire feature.

Case Manager I
Users may access all screens and modules except "Administration." A Case Manager I may access all screens within ClientPoint, except the medical screen for confidentiality reasons. Users may access Reports.

Case Manager II
Users may access all screens and modules except "Administration." A Case Manager II may access all screens within ClientPoint, including the medical screen. Users may access Reports.

Case Manager III
This role has the same actions available as the Case Manager II with the added ability to see program data for all providers on their provider tree, like an Agency Administrator.

Agency Administrator

Users may access all ServicePoint screens and modules. Agency Administrators may add/remove users and edit agency and program data for all providers on their provider tree.

Executive Director
Users have the same access rights as an Agency Administrator, but rank above the Agency Administrator.

System Operator
Users may only access Administration screens. System operators can create new agency providers, add new users, reset passwords, and access other system-level options. Users may order additional user licenses and modify the allocation of licenses. They maintain the system, but may not access any client or service records.

System Administrator I
Users have the same access rights to client information as Agency Administrators, but for all agencies in the system. System Administrators also have full access to administrative functions.

System Administrator II
There are no system restrictions on users. They have full HMIS access.

2.6 HMIS VENDOR REQUIREMENTS

Physical Security
Access to areas containing HMIS equipment, data and software will be secured.

Firewall Protection
The vendor will secure the perimeter of its network using technology from firewall vendors. Company system administrators monitor firewall logs to determine unusual patterns and possible system vulnerabilities.

User Authentication
Users may only access HMIS with a valid username and password combination that is encrypted via SSL for internet transmission to prevent theft. If a user enters an invalid password three consecutive times, they are automatically shut out of that HMIS session. For added security, the session key is automatically scrambled and re-established in the background at regular intervals.

Application Security
HMIS users will be assigned a system access level that restricts their access to appropriate data.

Database Security
Wherever possible, all database access is controlled at the operating system and database connection level for additional security. Access to production databases is limited to a minimal number of points; as with production servers, production databases do not share a master password database.

Technical Support
The vendor will assist ICA HMIS staff to resolve software problems, make necessary modifications for special programming, and will explain system functionality to ICA.

Technical Performance
The vendor maintains the system, including data backup, data retrieval and server functionality/operation. Upgrades to the system software will be continuously developed and implemented.

Hardware Disposal
Data stored on broken equipment or equipment intended for disposal will be destroyed using industry standard procedures.

2.7 MINIMUM TECHNICAL STANDARDS

Minimum Computer Requirements

- A PC with a 2 Gigahertz or higher processor, 40GB hard drive, 512 MB RAM, and Microsoft Windows 7 or 8
- The most recent version of Google Chrome, Safari or Firefox. No additional plug-in is required.
  It is recommended that your browser have a 128 cipher / encryption strength installed.
  The browser's cache should be set to "Check for new version of the stored pages: Every visit to page."
- A broadband Internet connection or LAN connection. Dial-up modem connections are not sufficient.
- Virus protection updates
- Mobile devices used for HMIS data entry must use the Mozilla Firefox, Google Chrome or Apple Safari internet browsers. Apple Safari must be used on the latest version of iOS.

Additional Recommendations

Memory
- Windows 7: 4Gig recommended (2 Gig minimum)

Monitor
- Screen Display: 1024x768 (XGA) or higher; 1280x768 strongly advised

Processor
- A Dual-Core processor is recommended

2.8 HMIS LICENSE FEES

Annual Vermont HMIS License Fees
Agencies may purchase licenses at any time. The amount of a user license may change depending on the operating costs of the Vermont HMIS. All changes in amounts charged for user licenses will be approved by the HMIS Advisory Board.

Billing for licenses will occur once annually in January, covering January - December. The annual fee will cover the subsequent calendar year and must be paid within 60 days following the date of the invoice. If a Partner Agency fails to pay their license fees by the stated due date, the agency's user licenses will be suspended until ICA receives the payment.

Fees for Programs Mandated to Use HMIS

Funding shall be provided from agencies operating programs required by federal and state agencies to enter data into HMIS as needed to fully fund the operation of the HMIS. The amount charged will be a set dollar amount or a percentage allocation of the funding source, to be determined by ICA based upon various criteria.

ART Licenses

The ART license is an add-on license available for HMIS users to facilitate data reporting. The additional amount charged for these licenses will reflect the actual cost of the license charged to the HMIS Lead Agency under the HMIS software contract.

2.9 HMIS OPERATING POLICIES VIOLATION

HMIS users and Partner Agencies must abide by all HMIS operational policies and procedures found in the HMIS Policies and Procedures manual, the Vermont User Agreement, and the Partner Agency Agreement. Repercussion for any violation will be assessed in a tiered manner. Each user or Partner Agency violation will face successive consequences – the violations do not need to be of the same type in order to be considered second or third violations. User violations do not expire. No regard is given to the duration of time that occurs between successive violations of the HMIS operation policies and procedures as it relates to corrective action.

- First Violation – the user and Partner Agency will be notified of the violation in writing by ICA. The user's license will be suspended for 30 days, or until the Partner Agency notifies ICA of action taken to remedy the violation. ICA will provide necessary training to the user and/or Partner Agency to ensure the violation does not continue. ICA will notify the HMIS Advisory Board of the violation during the next scheduled Advisory Board meeting following the violation.

- Second Violation – the user and Partner Agency will be notified of the violation in writing by ICA. The user's license will be suspended for 30 days. The user and/or Partner Agency must take action to remedy the violation; however, this action will not shorten the length of the license suspension. If the violation has not been remedied by the end of the 30-day user license suspension, the suspension will continue until the Partner Agency notifies ICA of the action taken to remedy the violation. ICA will provide necessary training to the user and/or Partner Agency to ensure the violation does not continue. ICA will notify the HMIS Advisory Board of the violation during the next scheduled Advisory Board meeting following the violation.

- Third Violation – the user and Partner Agency will be notified of the violation in writing by ICA. ICA will notify the HMIS Advisory Board of the violation and convene a review panel made up of Advisory Board members who will determine if the user's license should be terminated. The user's license will be suspended for a minimum of 30 days, or until the Advisory Board review panel notifies ICA of their determination, whichever occurs later. If the Advisory Board determines the user should retain their user license, ICA will provide necessary training to the user and/or Partner Agency to ensure the violation does not continue. If users who retain their license after their third violation have an additional violation, that violation will be reviewed by the Advisory Board review panel.

Any user or other fees paid by the Partner Agency will not be returned if a user's or Partner Agency's access to HMIS is revoked.

Notifying the HMIS Lead Agency of a Violation

It is the responsibility of the Agency Administrator or general User at Partner Agencies that do not have an agency administrator to notify the HMIS Lead Agency when they suspect that a User or Partner Agency has violated any HMIS operational agreement, policy or procedure. A complaint about a potential violation must include the User and Partner Agency name, and a description of the violation, including the date or timeframe of the suspected violation. Complaints should be sent in writing to the HMIS Lead Agency at VTHMIS@icalliances.org. The name of the person making the complaint will not be released from the HMIS Lead Agency if the individual wishes to remain anonymous.

Violations of Local, State or Federal Law

Any Partner Agency or user violation of local, state or federal law will immediately be subject to the consequences listed under the Third Violation above.

Multiple Violations within a 12-Month Timeframe

During a 12 month calendar year, if there are multiple users (3 or more) with multiple violations (2 or more) from one Partner Agency, the Partner Agency as a whole will be subject to the consequences listed under the Third Violation above.

3. Privacy and Security

The importance of the integrity and security of HMIS cannot be overstated. Given this importance, HMIS must be administered and operated under high standards of data privacy and security. The Institute for Community Alliances and Partner Agencies are jointly responsible for ensuring that HMIS data processing capabilities, including the collection, maintenance, use, disclosure, transmission and destruction of data, comply with the HMIS privacy, security and confidentiality policies and procedures. When a privacy or security standard conflicts with other Federal, state and local laws to which the Partner Agency must adhere, the Partner Agency must contact ICA to collaboratively update the applicable policies for the partner agency to accurately reflect the additional protections.

3.1 DATA ASSESSMENT AND ACCESS

All HMIS data will be handled according to the following major classifications: Shared or Not Shared Data. HMIS staff will assess all data, and implement appropriate controls to ensure that data classified as shared or not shared are handled according to the following procedures.

Shared Data
Shared data is unrestricted information that has been entered by one provider and is visible to other providers using HMIS. Vermont's HMIS is designed as a Not Shared system that defaults to not sharing data. Providers have the option of changing their program settings to share client data not shared.

Data that is Not Shared
Information entered by one provider that is not visible to other providers using HMIS. Programs that serve victims of domestic violence, individuals with HIV/AIDS, provide youth services, or legal services must enter closed data. Further, programs that provide youth services and legal services may enter clients as "unnamed." Individual client records can be closed at the client's request.

Procedures for transmission and storage of data

- Open Data: This is data that does not contain personal identifying information. The data should be handled discretely, unless it is further classified as Public Data. The data must be stored out of site, and may be transmitted via internal or first-class mail until it is considered public data.
- Confidential Data at the Agency Level: Confidential data contains personal identifying information. Each agency shall develop rules governing the access of confidential data in HMIS to ensure that those staff needing confidential data access will have access, and access is otherwise restricted. The agency rules shall also cover the destruction of paper and electronic data in a manner that will ensure that privacy is maintained and that proper controls are in place for any hard copy and electronic data that is based on HMIS data.

Whenever confidential data is accessed:

- Hard copies shall be shredded when disposal is appropriate. Hard copies shall be stored in a secure environment that is inaccessible to the general public or staff not requiring access.
- Hard copies shall not be left out in the open or unattended.

- Electronic copies shall be stored only where the employee can access the data.
- Electronic copies shall be stored where a password is required to access the data if on shared server space.

All public data must be classified as aggregated public or unpublished restricted access data.

Aggregated Public Data
Information published according to the "Reporting Parameters and Guidelines" (HMIS Policies and Procedures Section 3.2).

Unpublished Restricted Access Data
Information scheduled, but not yet approved, for publication. Examples include draft reports, fragments of data sets, and data without context or data that have not been analyzed.

Procedures for Transmission and Storage of Data

- Aggregated Public Data: Security controls are not required.
- Unpublished Restricted Access Data:
    1. Draft or Fragmented Data – Accessible only to authorized HMIS staff and agency personnel. Requires auditing of access and must be stored in a secure out-of-sight location. Data can be transmitted via e-mail, internal departmental or first class mail. If mailed, data must be labeled confidential.
    2. Confidential Data: Requires encryption at all times. Must be magnetically overwritten and destroyed. Hard copies of data must be stored in an out-of-sight secure location.

3.2 DATA REPORTING PARAMETERS AND GUIDELINES

All open data will be handled according to the following classifications - *Public Data*, *Internal Data, and Restricted Data* - and should be handled according to the following procedures.

Principles for Release of Data

- Only de-identified aggregated data will be released except as specified below.
- No identified client data may be released without informed consent unless otherwise specified by Vermont State and Federal confidentiality laws. All requests for such information must be addressed to the owner/participating agency where the data was collected.
- Program specific information used for annual grant program reports and program specific information included in grant applications is classified as public information. No other program specific information will be released without written consent.
- There will be full access to aggregate data included in published reports.
- Reports of aggregate data may be made directly available to the public.
- The parameters of the aggregated data, that is, where the data comes from and what it includes will be presented with each report.
- Data will be mined for agencies requesting reports on a case-by-case basis.
- Requests must be written with a description of specific data to be included and for what duration of time. Requests are to be submitted at least 30 days prior to the date the report is needed. Exceptions to the 30-day notice may be made.
- ICA reserves the right to deny any request for aggregated data.

3.3 RELEASE OF DATA FOR GRANT FUNDERS

Entities providing funding to agencies or programs required to use HMIS will not have automatic access to HMIS. Access to HMIS will only be granted by ICA when there is a voluntary written agreement in place between the funding entity and the agency or program. Funding for any agency or program using HMIS cannot be contingent upon establishing a voluntary written agreement allowing the funder HMIS access.

3.4 BASELINE PRIVACY POLICY

Collection of Personal Information

Personal information will be collected for HMIS only when it is needed to provide services, when it is needed for another specific purpose of the agency where a client is receiving services, or when it is required by law. Personal information may be collected for these purposes:

- To provide or coordinate services for clients
- To find programs that may provide additional client assistance
- To comply with government and grant reporting obligations
- To assess the state of homelessness in the community, and to assess the condition and availability of affordable housing to better target services and resources

Only lawful and fair means are used to collect personal information.

Personal information is collected with the knowledge and consent of clients. It is assumed that clients consent to the collection their personal information as described in this notice when they seek assistance from an agency using HMIS and provide the agency with their personal information.

If an agency reasonably believes that a client is a victim of abuse, neglect or domestic violence, or if a client reports that he/she is a victim of abuse, neglect or domestic violence, explicit permission is required to enter and share the client's information in HMIS.

Personal information may also be collected from:

- Additional individuals seeking services with a client
- Other private organizations that provide services and participate in HMIS

Upon request, clients must be able to access the *Use and Disclosure of Personal Information* policy found below.

Use and Disclosure of Personal Information

These policies explain why an agency collects personal information from clients. Personal information may be used or disclosed for activities described in this part of the notice. Client consent to the use or disclosure of personal information for the purposes described in this notice, and for reasons that are compatible with purposes described in this notice but not listed, is assumed. Clients must give consent before their personal information is used or disclosed for any purpose not described here.

Personal information may be used or disclosed for the following purposes:

1. *To provide or coordinate services to individuals. Client records are shared with other organizations that may have separate privacy policies and that may allow different uses and disclosures of the information. If clients access services at one of these other*

organizations, they will be notified of the agency's privacy and sharing policy. {OPTIONAL}

2. To carry out administrative functions such as legal audits, personnel, oversight, and management functions.

3. For research and statistical purposes. Personal information released for research and statistical purposes will be anonymous.

4. For academic research conducted by an individual or institution that has a formal relationship with the Institute for Community Alliances. The research must be conducted by an individual employed by or affiliated with the organization or institution. All research projects must be conducted under a written research agreement approved in writing by the designated agency administrator or executive director. The written research agreement must:
    - Establish the rules and limitations for processing personal information and providing security for personal information in the course of the research.
    - Provide for the return or proper disposal of all personal information at the conclusion of the research.
    - Restrict additional use or disclosure of personal information, except where required by law.
    - Require that the recipient of the personal information formally agree to comply with all terms and conditions of the written research agreement, and
    - Be substituted, when appropriate, by Institutional Review Board, Privacy Board or other applicable human subjects' protection institution approval.

5. When required by law. Personal information will be released to the extent that use or disclosure complies with the requirements of the law.

6. For a law enforcement purpose (if consistent with applicable law and standards of ethical conduct) under any of these circumstances:
    - In response to a lawful court order, court-ordered warrant, subpoena or summons issued by a judicial officer or a grand jury subpoena, if the court ordered disclosure goes through the Institute for Community Alliances and is reviewed by the Executive Director for any additional action or comment.
    - If the law enforcement official makes a written request for personal information. The written request must meet the following requirements:
        i. Be signed by a supervisory official of the law enforcement agency seeking the personal information.
        ii. State how the information is relevant and material to a legitimate law enforcement investigation.
        iii. Identify the personal information sought.
        iv. Be specific and limited in scope to the purpose for which the information is sought, and
        v. Be approved for release by the Institute for Community Alliances legal counsel after a review period of seven to fourteen days.
    - If it is believed that the personal information constitutes evidence of criminal conduct that occurred at the agency where the client receives services.
    - If the official is an authorized federal official seeking personal information for the provision of protective services to the President or other persons authorized by 18

U.S.C. 3056, or to a foreign heads of state or other persons authorized by 22 U.S.C. 2709(a)(3), or for the conduct of investigations authorized by 18 U.S.C. 871 (threats against the President and others), and the information requested is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought.

7. For law enforcement or another public official authorized to receive a client's personal information to conduct an immediate enforcement activity that depends upon the disclosure. Personal information may be disclosed when a client is incapacitated and unable to agree to the disclosure if waiting until the individual is able to agree to the disclosure would materially and adversely affect the enforcement activity. In this case, the disclosure will only be made if it is not intended to be used against the individual.

8. To avert a serious threat to health or safety if:
    - the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public, and
    - the use or disclosure is made to a person reasonably able to prevent or lessen the threat, including the target of the threat.

9. To report to a governmental authority (including a social service or protective services agency) authorized by law to receive reports of abuse, neglect or domestic violence, information about an individual reasonably believed to be a victim of abuse, neglect or domestic violence. When the personal information of a victim of abuse, neglect or domestic violence is disclosed, the individual whose information has been released will promptly be informed, except if:
    - it is believed that informing the individual would place the individual at risk of serious harm, or
    - a personal representative (such as a family member or friend) who is responsible for the abuse, neglect or other injury is the individual who would be informed, and it is believed that informing the personal representative would not be in the best interest of the individual as determined in the exercise of professional judgment.

10. To comply with government reporting obligations for homeless management information systems and for oversight of compliance with homeless management information system requirements.

<u>Inspection and Correction of Personal Information</u>
Clients may inspect and receive a copy of their person information maintained in HMIS. The agency where the client receives services will offer to explain any information that a client may not understand.

If the information listed in HMIS is believed to be inaccurate or incomplete, a client may submit a verbal or written request to have his/her information corrected. Inaccurate or incomplete data may be deleted, or marked as inaccurate or incomplete and supplemented with additional information.

A request to inspect or copy one's personal information may be denied if:
- The information was compiled in reasonable anticipation of litigation or comparable proceedings

- The information was obtained under a promise or confidentiality and if the disclosure would reveal the source of the information, or
- The life or physical safety of any individual would be reasonably endangered by disclosure of the personal information.

If a request for inspection access or personal information correction is denied, the agency where the client receives services will explain the reason for the denial. The client's request and the reason for the denial will be included in the client's record.

Requests for inspection access or personal information correction may be denied if they are made in a repeated and/or harassing manner.

Limits on Collection of Personal Information
Only personal information relevant for the purpose(s) for which it will be used will be collected. Personal information must be accurate and complete.

Client files not used in seven years may be made inactive in HMIS. ICA will check with agencies before making client files inactive. Personal information may be retained for a longer period if required by statute, regulation, contract or another obligation.

Limits on Partner Agency Use of HMIS Client Information
The Vermont HMIS is an open data system. This system allows Partner Agencies to share client information in order to coordinate services for clients. However, Partner Agencies may not limit client service or refuse to provide service in a way that discriminates against clients based on information the Partner Agency obtained from HMIS. Partner Agencies may not penalize a client based on historical data contained in HMIS.

Youth providers serving clients under the age of 18 must maintain closed HMIS client files. Youth under the age of 18 may not provide either written or verbal consent to the release of their personally identifying information in HMIS.

Complaints and Accountability
Questions or complaints about the privacy and security policies and practices may be submitted to the agency where the client receives services. Complaints specific to HMIS should be submitted to the HMIS agency administrator and program director. If no resolution can be found, the complaint will be forwarded to the System Administrators, and the agency's executive director. If there is no resolution, the Vermont HMIS Advisory Board will oversee final arbitration. All other complaints will follow the agency's grievance procedure as outlined in the agency's handbook.

All HMIS users (including employees, volunteers, affiliates, contractors and associates) are required to comply with this privacy notice. Users must receive and acknowledge receipt of a copy of this privacy notice.

3.5 USE OF A COMPARABLE DATABASE BY VICTIM SERVICE PROVIDERS

Victim service providers, private nonprofit agencies whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking, must not

directly enter or provide data into HMIS if they are legally prohibited from participating in HMIS. Victim service providers that are recipients of funds requiring participation in HMIS, but are prohibited from entering data in HMIS, must use a comparable database to enter client information. A comparable database is a database that can be used to collect client-level data over time and generate unduplicated aggregated reports based on the client information entered into the database. The reports generated by a comparable database must be accurate and provide the same information as the reports generated by HMIS.

3.6 USER CONFLICT OF INTEREST

Users who are also clients with files in HMIS are prohibited from entering or editing information in their own file. All users are also prohibited from entering or editing information in files of immediate family members. All users must sign the Vermont User Agreement, which includes a statement describing this limitation, and report any potential conflict of interest to their Agency Administrator. The System Administrator may run the audit trail report to determine if there has been a violation of the conflict of interest agreement.

3.7 SECURITY PROCEDURE TRAINING FOR USERS

All users must receive security training prior to being given access to HMIS. Security training will be covered during the new user training for all new users. All users must receive ongoing annual training on security procedures from the Institute for Community Alliances.

3.8 VIOLATION OF SECURITY PROCEDURES

All potential violations of any security protocols will be investigated and any user found to be in violation of security protocols will be sanctioned accordingly. Sanctions may include but are not limited to: a formal letter of reprimand, suspension of system privileges, revocation of system privileges and criminal prosecution.

If possible, all confirmed security violations will be communicated in writing to the affected client within 14 days, unless the client cannot be located. If the client cannot be located, a written description of the violation and efforts to locate the client will be prepared by the System Administrator at the Institute for Community Alliances, and placed in the client's file at the Agency that originated the client's record.

Any agency that is found to have consistently and/or flagrantly violated security procedures may have their access privileges suspended or revoked. All sanctions are imposed by the ICA HMIS staff. All sanctions may be appealed to the HMIS Advisory Board.

3.9 PROCEDURE FOR REPORTING SECURITY INCIDENTS

Users and Agency Administrators should report all unlawful access of HMIS and unlawful attempted access of HMIS. This includes theft of usernames and passwords. Security incidents should be reported to the ICA System Administrator. The ICA System Administrator will use the HMIS user audit trail report to determine the extent of the breach of security.

3.10 DISASTER RECOVERY PLAN

Bowman Systems Disaster Recovery Plan

Vermont's HMIS is covered under Bowman Systems Disaster Recovery Plan. Due to the nature of technology, unforeseen service outages may occur. In order to assure service reliability, Bowman Systems provides the following disaster recovery plan. Plan highlights include:

- Database tape backups occur nightly.
- Tape backups are stored offsite.
- Seven day backup history is stored locally on instantly accessible Raid 10 storage.
- One month backup history is stored off site.
- Access to Bowman Systems emergency line to provide assistance related to "outages" or "downtime" 24 hours a day.
- Data is backed up locally on instantly-accessible disk storage every 24 hours.
- The application server is backed up offsite, out-of-state, on a different internet provider and on a separate electrical grid via secured Virtual Private Network (VPN) connection.
- Backups of the application site are near-instantaneous (no files older than 5 minutes).
- The database is replicated nightly at an offsite location in case of a primary data center failure.
- Priority level response (ensures downtime will not exceed 4 hours).

Standard Data Recovery

Vermont's HMIS database is stored online, and is readily accessible for approximately 24 hours a day. Tape backups of the database are kept for approximately one month. Upon recognition of a system failure, HMIS can be copied to a standby server. The database can be restored, and the site recreated within three to four hours if online backups are accessible. As a rule, a tape restoration can be made within six to eight hours. On-site backups are made once daily. A restore of this backup may incur some data loss between when the backup was made and when the system failure occurred.

All internal servers are configured in hot-swappable hard drive RAID configurations. All systems are configured with hot-swappable redundant power supply units. Our Internet connectivity is comprised of a primary and secondary connection with separate internet service providers to ensure redundancy in the event of an ISP connectivity outage. The primary Core routers are configured with redundant power supplies, and are configured in tandem so that if one core router fails the secondary router will continue operation with little to no interruption in service. All servers, network devices, and related hardware are powered via APC Battery Backup units that are connected in turn to electrical circuits, which are connected to a building generator.

All client data is backed-up online and stored on a central file server repository for 24 hours. Each night a tape backup is made of the client database and secured in a bank vault.

Historical data can be restored from tape as long as the data requested is newer than 30 days old. As a rule, the data can be restored to a standby server within four hours without affecting the current live site. Data can then be selectively queried and/or restored to the live site.

For power outage, HMIS is backed up via APC battery back-up units, which are connected via generator-backed up electrical circuits. For a system crash, a system restore will take four hours. There is potential for some small data loss (data that was entered between the last backup and when the failure occurred) if a tape restore is necessary. If the failure is not hard

drive related, the data restore time will possibly be shorter as the drives themselves can be repopulated into a standby server.

All major outages are immediately brought to the attention of executive management. Bowman Systems support staff helps manage communication or messaging to the System Administrator as progress is made to address the service outage.

Vermont HMIS Disaster Recovery Plan

The Institute for Community Alliances operates a regional approach to administering the Vermont HMIS. The main ICA Vermont HMIS office is in Madison, WI, a secondary office in Green Bay, WI, and an office located in the state of Vermont. In the event of a localized emergency or disaster, ICA will shift responsibility for administering the HMIS and managing day-to-day operations of the system to an unaffected site.

4. Data Requirements

4.1 MINIMUM DATA COLLECTION STANDARD

Partner Agencies are responsible for asking all clients a minimum set of questions for use in aggregate analysis. These questions are included in custom assessments that are created by HMIS System Administrators. The required data elements depend on the program. The mandatory data elements in each assessment are displayed in *red* text and/or specific text indicating that the field is required.

The Agency Administrator must identify the assessments and requirements for each program. ICA will consult with the Agency Administrator to properly set up each program in HMIS.

Guidelines clearly articulating the minimum expectations for data entry for all programs entering data in HMIS will be sent to Agency Administrators and posted on the Institute for Community Alliances' Vermont HMIS webpage. Agency Administrators must ensure that the minimum data elements are fulfilled for every program.

4.2 PROVIDER NAMING CONVENTION

All providers within HMIS must be named so that they accurately reflect the type of service carried out by the corresponding Partner Agency program.

4.3 DATA QUALITY PLAN

Partner Agencies are responsible for the overall quality, accuracy and completeness of data entered by their staff for their clients. HMIS staff will monitor data collection of the HMIS Universal Data Elements and required program specific data elements monthly and hold participating agencies accountable for not entering required data.

ICA will submit a report to each CoC annually that identifies the degree to which all agencies within the CoC are meeting the minimum data entry standards.

Programs that do not adhere to the minimum data entry standards will be notified of their deficiencies and given appropriate training on how to correctly enter data. Partner Agencies and/or users who do not meet minimum data entry standards following additional training from ICA will be considered in violation of the HMIS operating agreements, and will be subject to the repercussions listed in Section 2.9 of the HMIS Policies and Procedures Manual.

4.4 XML IMPORTS

While HMIS vendors are required to have the capacity to accept CSV and/or XML imports per federal regulations, a CoC has at its discretion whether or not to permit imports and may require direct data entry into the CoC designated HMIS. The Balance of State CoC and the Chittenden/Burlington CoC, reserve the right to review all individual agency requests for CSV and/or XML imports into Vermont's HMIS. In making a request, an agency must provide the CoC with documentation their vendor can meet the HUD standards for CSV and/or XML imports and confirmation the funding source allows imports. Once an agency's vendor has been approved, the CoC will evaluate importing as it relates to funding requirements and its potential impact on the data integrity of Vermont's HMIS. Allowing CSV and/or XML imports could impact data integrity and increase the likelihood of duplication of client files within the system. The data must meet minimum data completeness requirements set forth by HUD at not greater than 10% missing data fields with in each required Universal Data Element as defined in the most recent HMIS Data Standards Manual for each upload. Prior to an approved import, the agency requesting the import will incur all costs associated with the import, including, but not limited to: Bowman's cost of service and the HMIS Lead's cost of service. An estimate will be provided. However, the agency requesting the import will be responsible for any additional costs incurred directly related to the import process. All payments are non-refundable.

4.5 HMIS DATA PROTECTION

As the HMIS Lead Agency, it is the responsibility of ICA to maintain the HMIS, including protecting the data contained in HMIS. In the case where ICA is made aware through data contained in HMIS that Partner Agency program funds were used for an ineligible service, ICA will notify the Partner Agency about the misuse of funds. If the Partner Agency fails to rectify the misuse of funds in a timely fashion, ICA will notify the appropriate funding body.

5. Glossary

Agency Administrator – the individual responsible for HMIS use at each partner agency that has ten or more HMIS users.

Aggregated Public Data – data that is published and available publicly. This type of data does not identify clients listed in the HMIS.

Closed Data – information entered by one provider that is not visible to other providers using HMIS.

Confidential Data – contains personal identifying information.

ICA – the Institute for Community Alliances, which is the HMIS Lead Agency.

HMIS – Homeless Management Information System – an internet-based database that is used by homeless service organizations across Vermont to record and store client-level information about the numbers, characteristics and needs of homeless persons and those at risk of homelessness.

HMIS Advisory Board – the group of HMIS users who are responsible for approving and implementing the HMIS Policies and Procedures, and for working to make improvements to Vermont's HMIS.

HMIS License Fee – the annual fee paid by partner agencies to allow each HMIS user at their agency continued access to the database.

HMIS User Level – HMIS users are assigned a specific user level that limits the data the user is able to access in the database.

HMIS Vendor – the Vermont HMIS software vendor is Bowman Systems. The HMIS vendor designs the HMIS and provides ongoing support to the System Administrators.

Minimum Data Entry Standards – a minimum set of questions that must be completed for each client to provide data for use in aggregate analysis.

Open Data – does not contain personal identifying information.

Partner Agencies – the homeless service organizations that use HMIS.

System Administrators – staff in the Division of Housing who are responsible for overseeing HMIS users and use in Vermont. The System Administrators allow users HMIS access and provide training; ensure user compliance with HMIS policies and procedures; and make policy recommendations to the Steering Committee.

Shared Data – unrestricted information that has been entered by one provider and is visible to other providers using HMIS.

Unpublished Restricted Access Data – information scheduled, but not yet approved, for publication.

Victim Service Provider – a nonprofit agency with a primary mission to provide services to victims of domestic violence, dating violence, sexual assault, or stalking.

6. Appendices

6.1 USER MANUALS

The User Manuals for General Users provide the protocol for data entry workflow for Vermont HMIS users. The User Manuals include the data entry workflow requirements to document valid program entry and exit dates in the HMIS. Manuals are located on the ICA website: www.icalliances.org/vermont .

6.2 DATA DICTIONARY AND DATA MANUAL

The HMIS Data Standards Manual is intended to serve as a reference and provide basic guidance on HMIS data elements for CoCs, HMIS Lead Agencies, HMIS System Administrators, and users. The companion document to the HMIS Data Manual is the HMIS Data Dictionary.

The HMIS Data Dictionary is designed for HMIS vendors, HMIS Lead Agencies, and HMIS system administrators to understand all of the data elements required in an HMIS, data collection and function of each required element and the specific use of each element by the appropriate federal partner. The HMIS Data Dictionary should be the source for HMIS software programming.

HMIS systems must be able to collect all of the data elements defined in the HMIS Data Dictionary, support system logic identified in this document, and ensure that data collection and the visibility of data elements is appropriate to the project type and federal funding source for any given project.

Vermont Coalition to End Homelessness (VCEH) Coordinated Entry
Permanent Supportive Housing (PSH) Policy

Access & Referral for Permanent Supportive Housing:

Each Local Coordinated Entry Partnership will maintain a local Permanent Supportive Housing (PSH) Prioritization list. The primary reason for a local prioritization list is that access to PSH is based on having both a subsidy/unit AND services. Service capacity is inherently local and thus necessitates a local list.

The local PSH Prioritization list:

- Will be populated by assessment partners and the local lead agency using the coordinated entry process– e.g., housing assessment must be completed. Only assessment partners and the local lead agency can refer directly to the list.
- May use unique IDs in place of names, etc., for confidentiality purposes
- May be generated in and exported from HMIS, and other households can be added to the list outside of HMIS (e.g., those working with a Domestic Violence (DV) provider).
- May have additions prior to monthly review meeting.
- Is the responsibility of the Lead Agency and they will provide support to manage the list(s)
- Will be (re)generated/updated and reviewed at least monthly by all relevant providers (e.g. shelter, PSH).
- May be included in the generation of a state PSH prioritization list, as needed
- May only be accessed if a Local CE Partnership Agreement is in place. Respective agencies who are part of the local CE Partnership must have signed the agreement.
- Will only include households who have executed a Client Release of Information form.

The local PSH Providers:

- Will use the local PSH Prioritization List to fill all CoC Program PSH openings
- Will review of the PSH Prioritization list to match households with PSH openings considering eligibility for specific services/subsidies and how agencies can work together to enroll a client quickly
- May and should enroll households from the prioritization list in between meetings, as needed.
- Will develop systems to anticipate openings in services and vouchers availablity, and review list prior to opening to identify priority client(s).
- Will review of the PSH Prioritization list at least monthly to provide updates on household status
- Are part of a system of shared accountability for enrolling households into a PSH project from the top of the list meaning the top prioritized household that meets eligibility standards
    - There are limited legitimate reasons that can be considered when not enrolling the highest priority household such as household is not eligibility for PSH project, household choice/preference does not match available PSH opening

General Prioritization for Permanent Supportive Housing:

1. Chronic Homelessness + Prioritization Points
2. NonChronic Homelessness + Disability, then
    a. Unsheltered or living in an emergency shelter/safe haven
        i. Then, homeless at least 12 months + Prioritization Points
        ii. Then, homeless for less than 12 months + Prioritization Points
    b. Living in transitional housing (meeting homeless definition prior to entry) + Prioritization Points
3. NonChronic Homelessness without Disability + Prioritization Points
   Individuals without a disability are not eligible for CoC Program funded PSH. It is also not anticipated that these households would be eligible for most other PSH programs.

Where households are equally ranked on the list, priority will first be given to those who are unsheltered, then those in emergency shelter/safe haven. If there are equally ranked households with the same living situations, (e.g. two households in unsheltered living) the priority will be given to the household that presented for assistance first.

Prioritization Points = Longest History of Homelessness + Most Severe Service Needs
This prioritization policy follows guidance from the US Department of Housing and Urban Development.[1]

Permanent Supportive Housing (PSH) Prioritization Points

This information will be captured through the VCEH Housing Assessment.

"Longest History of Homelessness" will be considered as the cumulative time spent homeless (over lifetime)

Mark "0" for less than 1 year of homelessness
Mark "1" for 1 -2 years of homelessness
Mark "2" for 2 – 5 years of homelessness
Mark "3" for more than 5 years of homelessness

Mark Here: _____

Severe Service Needs
The following list is intended to identify households with the "Most Severe Service Needs". Check all those that apply, include all members of a household unless otherwise stated.

- ☐ One or more trips to an emergency room in the past year
- ☐ One or more stays in a psychiatric facility (lifetime)
- ☐ One or more stays in prison/jail/correctional facility (lifetime)
- ☐ One or more stays in a substance abuse treatment facility (lifetime)
- ☐ One or more stays in another type of residential facility (including a nursing home or group home) (lifetime)
- ☐ Was in foster care as a youth, at age 16 years or older
- ☐ Had one or more experiences of homelessness before the age of 25 (adults in household)
- ☐ Current open case with Family Services (DCF child welfare)
- ☐ No cash income (employment or non-employment) during the past year
- ☐ Survivor of domestic/sexual violence or trafficking
- ☐ Currently unsheltered or living in a place unfit for human habitation
- ☐ Household member living with a chronic health condition that is disabling
- ☐ Acute care need (e.g., severe infection, acute diabetic condition, mental health crisis)

Count up checked boxes for Severe Service Needs, Total Here: _____

Add Longest History Homeless + Severe Service Needs, Total Here: _____

Prioritization is different than eligibility verification. For the purposes of prioritization, self-reported information is sufficient.

Engagement in services is something that is negotiated at the point of enrollment, it is not to be considered in the context of prioritization.

[1] https://www.hudexchange.info/resource/5108/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh/

2017 HDX Competition Report

PIT Count Data for VT-500 - Vermont Balance of State CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count	**785**	**934**
Emergency Shelter Total	470	626
Safe Haven Total	4	3
Transitional Housing Total	217	199
Total Sheltered Count	**691**	**828**
Total Unsheltered Count	**94**	**106**

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	**59**	**83**
Sheltered Count of Chronically Homeless Persons	44	62
Unsheltered Count of Chronically Homeless Persons	15	21

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	**115**	**142**
Sheltered Count of Homeless Households with Children	109	134
Unsheltered Count of Homeless Households with Children	6	8

Homeless Veteran PIT Counts

	2011	2016	2017
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	**63**	**79**	**69**
Sheltered Count of Homeless Veterans	61	73	66
Unsheltered Count of Homeless Veterans	2	6	3

2017 HDX Competition Report

HIC Data for VT-500 - Vermont Balance of State CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2017 HIC	Total Beds in 2017 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	**429**	**93**	**296**	**88.10%**
Safe Haven (SH) Beds	**4**	**0**	**4**	**100.00%**
Transitional Housing (TH) Beds	**238**	**21**	**149**	**68.66%**
Rapid Re-Housing (RRH) Beds	**588**	**0**	**205**	**34.86%**
Permanent Supportive Housing (PSH) Beds	**444**	**0**	**255**	**57.43%**
Other Permanent Housing (OPH) Beds	**0**	**0**	**0**	**NA**
Total Beds	1,703	114	909	57.21%

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	**226**	**234**

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC
RRH units available to serve families on the HIC	**106**	**176**

2017 HDX Competition Report

HIC Data for VT-500 - Vermont Balance of State CoC

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC
RRH beds available to serve all populations on the HIC	**341**	**588**

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Summary Report for VT-500 - Vermont Balance of State CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	1066	1406	72	69	-3	38	44	6
1.2 Persons in ES, SH, and TH	1236	1770	97	102	5	46	56	10

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

NOTE: Due to the data collection period for this year's submission, the calculations for this metric are based on the data element 3.17 that was active in HMIS from 10/1/2015 to 9/30/2016. This measure and the calculation in the SPM specifications will be updated to reflect data element 3.917 in time for next year's submission.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	-	1414	-	116	-	-	58	-
1.2 Persons in ES, SH, and TH	-	1791	-	148	-	-	77	-

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
		# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	345	31	9%	9	3%	22	6%	62	18%
Exit was from ES	164	11	7%	6	4%	9	5%	26	16%
Exit was from TH	82	1	1%	3	4%	0	0%	4	5%
Exit was from SH	6	1	17%	0	0%	1	17%	2	33%
Exit was from PH	195	10	5%	6	3%	11	6%	27	14%
TOTAL Returns to Homelessness	792	54	7%	24	3%	43	5%	121	15%

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	2015 PIT Count	Most Recent PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	1052	785	-267
Emergency Shelter Total	756	470	-286
Safe Haven Total	4	4	0
Transitional Housing Total	224	217	-7
Total Sheltered Count	984	691	-293
Unsheltered Count	68	94	26

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2015	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons	1255	1810	555
Emergency Shelter Total	1061	1425	364
Safe Haven Total	11	6	-5
Transitional Housing Total	218	447	229

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

FY2016 - Performance Measurement Module (Sys PM)

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults (system stayers)	153	165	12
Number of adults with increased earned income	4	12	8
Percentage of adults who increased earned income	3%	7%	5%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults (system stayers)	153	165	12
Number of adults with increased non-employment cash income	19	39	20
Percentage of adults who increased non-employment cash income	12%	24%	11%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults (system stayers)	153	165	12
Number of adults with increased total income	20	47	27
Percentage of adults who increased total income	13%	28%	15%

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	108	84	-24
Number of adults who exited with increased earned income	15	10	-5
Percentage of adults who increased earned income	14%	12%	-2%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	108	84	-24
Number of adults who exited with increased non-employment cash income	29	19	-10
Percentage of adults who increased non-employment cash income	27%	23%	-4%

FY2016 - Performance Measurement Module (Sys PM)

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	108	84	-24
Number of adults who exited with increased total income	44	27	-17
Percentage of adults who increased total income	41%	32%	-9%

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2015	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	1095	1537	442
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	152	212	60
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	943	1325	382

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2015	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	1703	2976	1273
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	199	344	145
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	1504	2632	1128

FY2016 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in 2016.

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2015	Current FY	Difference
Universe: Persons who exit Street Outreach	388	333	-55
Of persons above, those who exited to temporary & some institutional destinations	80	82	2
Of the persons above, those who exited to permanent housing destinations	182	151	-31
% Successful exits	68%	70%	2%

Metric 7b.1 – Change in exits to permanent housing destinations

	Submitted FY 2015	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited	1018	2502	1484
Of the persons above, those who exited to permanent housing destinations	608	1524	916
% Successful exits	60%	61%	1%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2015	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH	285	286	1
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	274	276	2
% Successful exits/retention	96%	97%	0%

2017 HDX Competition Report

FY2016 - SysPM Data Quality

VT-500 - Vermont Balance of State CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

2017 HDX Competition Report
FY2016 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016
1. Number of non-DV Beds on HIC	644	225	201	201	234	254	231	223	422	391	375	434		128	299	341				
2. Number of HMIS Beds	98	117	107	148	104	109	79	155	281	267	243	229		0	0	127				
3. HMIS Participation Rate from HIC (%)	15.22	52.00	53.23	73.63	44.44	42.91	34.20	69.51	66.59	68.29	64.80	52.76		0.00	0.00	37.24				
4. Unduplicated Persons Served (HMIS)	226	390	658	1099	152	231	355	385	366	342	324	305	154	217	643	1738	1	14	89	115
5. Total Leavers (HMIS)	179	286	498	912	87	96	199	237	99	83	63	41	88	158	336	1262	0	6	50	85
6. Destination of Don't Know, Refused, or Missing (HMIS)	55	74	87	167	1	3	32	53	10	8	2	1	5	4	14	104	0	2	19	15
7. Destination Error Rate (%)	30.73	25.87	17.47	18.31	1.15	3.13	16.08	22.36	10.10	9.64	3.17	2.44	5.68	2.53	4.17	8.24		33.33	38.00	17.65

2017 HDX Competition Report

Submission and Count Dates for VT-500 - Vermont Balance of State CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2017 PIT Count	1/24/2017	

Report Submission Date in HDX

	Submitted On	Met Deadline
2017 PIT Count Submittal Date	4/27/2017	Yes
2017 HIC Count Submittal Date	4/27/2017	Yes
2016 System PM Submittal Date	6/2/2017	Yes