# Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2018 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.
6. Questions marked with an asterisk (*), which are mandatory and require a response.

# 1A. Continuum of Care (CoC) Identification

## Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 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 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

### 1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

| Organization/Person Categories | Participates in CoC Meetings | Votes, including selecting 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 |
| **EMS/Crisis Response Team(s)** | Yes | Yes |
| **Mental Health Service Organizations** | Yes | Yes |
| **Substance Abuse Service Organizations** | Yes | No |
| **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 | Yes |
| **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** | Yes | No |
| **LGBT Service Organizations** | Yes | Yes |
| **Agencies that serve survivors of human trafficking** | Yes | Yes |
| **Other homeless subpopulation advocates** | Yes | Yes |
| **Homeless or Formerly Homeless Persons** | Yes | Yes |
| **Mental Illness Advocates** | Yes | Yes |
| **Substance Abuse Advocates** | Yes | No |

| Other:(limit 50 characters) | | |
|---|---|---|
| United Way/211/ADRC/CSBG/HMIS Lead | Yes | Yes |
| Parent-Child Centers/VA-Veteran Service Providers | Yes | Yes |
| Business/Legal Aid/ACLU/Corrections | Yes | No |

**1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.**
**(limit 2,000 characters)**

1) VT-500 BoS CoC solicits & considers opinions from all stakeholders through: monthly CoC open/public meetings with active solicitation to participate & provide feedback; diverse board structure with representation from Families, Youth, Veterans, Domestic Violence-DV, Mental Health-MH, Education, Affordable Housing, Low-Income; two formerly homeless Board members; CoC Youth Committee formed Youth Action Board; invited/hosted experts (Police/VT Legal Aid/ACLU/VT Dept. of Labor/VT Opioid Council) for specialized CoC forums; CoC Membership Committee recruited non-active/missing stakeholders; conducted online survey of full CoC membership & all interested parties to solicit input/priorities on strategies to prevent/end homelessness; diverse providers (Families/Youth/DV/Veterans/MH/PHAs) recruited to develop Coordinated Entry.

2) VT BoS maintains a public website and open listserv to assist stakeholders in having quick access to information about CoC process and upcoming decisions including voting items and meeting times. Opinions are solicited with: frequent CoC website postings & requests for input/votes (policies-procedures/governance/board selection/advocacy priorities) to stakeholders and peer planning bodies; open/active invitations for listserv members from website; conducted CoC-wide online survey to solicit input/priorities from all interested parties; other invitations (in-person/phone/other public meetings/social media/non-CoC websites).

3) Information gathered from the public is included in discussions and policy decisions to improve & consider new approaches to prevent/end homelessness. Monthly public meetings/forums focused on: CoC Strategic Plan to solicit and act on member input about CoC structure and effectiveness to end homelessness in VT; new CoC Youth Committee identified a need for more input from youth and LGBT voices and resulted in development of Youth Action Board; in partnership with VT Legal Aid guidance developed VAWA Emergency Plan.

**1B-2.Open Invitation for New Members. Applicants must describe:**
**(1) the invitation process;**
**(2) how the CoC communicates the invitation process to solicit new members;**
**(3) how often the CoC solicits new members; and**
**(4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.**

**(limit 2,000 characters)**

1) To ensure a transparent process, VT-500 BoS CoC maintained & actively followed an open invitation process to actively solicit the participation of new members via: every listserv email notice (average 1-2 per week) included “All interested parties are welcome and invited to join the VT Coalition to End Homelessness in our work through general membership, committees & workgroups”; CoC Membership Committee actively recruited missing stakeholders; and invitations were extended during local & non-CoC meetings throughout the year.

2) VT BoS CoC communicated via postings on the public VT Coalition to End Homelessness website (helpingtohousevt.org) to encourage participation in general governance & special projects; and CoC conducted ongoing outreach to encourage new member participation via listserv emails/other emails/phone calls/postings on CoC & non-CoC websites and solicitations at other public events.

3) At minimum, VT BoS CoC solicited new members on a weekly basis via every listserv email; CoC Membership Committee identified missing and/or inactive stakeholders and conducted outreach for CoC & Board membership; and Coordinated Entry Committee solicited several members representing diverse populations with unique needs (Youth, Families, Veterans, Domestic Violence, Mental Health, Public Housing Authority, Legal Aid).

4) VT BoS CoC conducted outreach to ensure persons currently/formerly experiencing homelessness were encouraged/supported to join & participate in CoC activities with: a. compensation & non-financial support to two formerly homeless Board members with lived experience; b. CoC Youth Committee formed a Youth Action Board and compensated active/formerly homeless youth to develop a Plan to End Youth Homelessness; and c. invited/supported the participation of another formerly homeless person to the CoC PIT committee who actively contributed towards development of procedures to count the homeless, data review, and publishing a statewide report.

**1B-3.Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals.**
**(limit 2,000 characters)**

1) On behalf of VT-500 BoS CoC, the Collaborative Applicant [VT State Housing Authority] sent out Request for Proposals (RFP) public notices & reminders to solicit both new & renewal FY18 CoC Program projects. The RFP notice & public postings encouraged all interested, eligible entities to apply for new and/or renewal FY18 CoC funds, including an invitation to organizations that had not previously received CoC Program funds. The RFP public notice was sent via the CoC’s website & email listserv; separate emails to all 11 local CoCs [100+ eligible non-profit entities], all local/state Public Housing Authorities & Local/State Government; CoC-affiliated partner organization website; and Social Media [Facebook/Twitter]/Public Media Posting [local TV]. The RFP notice directed interested parties to submit electronic proposals via email to the

Collaborative Applicant.

2) The VT BoS CoC process to determine if project applications were included in the FY18 CoC Program Competition process were detailed in & guided by a longstanding VT BoS CoC Program Project Ranking Policy (updated/voted by CoC 7/17/18). The Policy and process included meeting minimum federal thresholds; use of approved Project Scoring Tools (new & renewal projects); inclusion of HUD & CoC priorities (per community-wide survey of general membership); and review/determination of CoC projects made by an unbiased/objective Ranking Committee (voted in by CoC Board on 7/17/18). Project ranking & inclusion in the CoC application is dependent on score and ranking committee decisions to meet CoC priorities.

3) VT-500 BoS CoC publicly announced it was open to proposals on: 7/9/18 – by emails to all 11 local CoCs [100+ non-profit entities], all local/state PHAs, and Local/State Government; 7/10/18 –website posting to affiliated with the CoC [VHFA] and Social Media [Facebook & Twitter]; 7/11/18 – posted CoC's website & sent email listserv [VCEH]; and 7/14/18 - Public Media Posting [local TV].

4) N/A

# 1C. Continuum of Care (CoC) Coordination

## Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

### 1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.

| 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** | Yes |
| **Funding Collaboratives** | No |
| **Private Foundations** | Yes |
| **Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs** | Yes |
| **Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs** | Yes |
| **Housing and service programs funded through other Federal resources** | Yes |
| **Housing and services programs funded through State Government** | Yes |
| **Housing and services programs funded through Local Government** | Yes |
| **Housing and service programs funded through private entities, including foundations** | Yes |
| **Other:(limit 50 characters)** | |
| Hospitals and Property Owners/Managers | Yes |
| Vermont Legal Aid and ACLU | Yes |

### 1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:
### (1) consulted with ESG Program recipients in planning and allocating ESG funds; and
### (2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.
### (limit 2,000 characters)

1) The only ESG recipient within the VT-500 BoS CoC is the State of Vermont-Office of Economic Opportunity (OEO). ESG is administered as part of the Housing Opportunity Grant Program (HOP), which blends state/federal funds to provide 2-year funding awards. Multiple OEO staff are active CoC members &

leaders serving on the: VT BoS CoC Board; HMIS Advisory Board; Coordinated Entry-CE Committee (Chair & CoC Program recipient of all VT BoS CE grants); Youth Committee (ESG and other data/policy development/planning); Strategic Planning Committee; and other ad hoc workgroups to ensure feedback was received on impact of ESG priorities & allocations. ESG planning is part of the Consolidated Plan process, which included 2 public hearings and comments on an annual action plan draft. In addition, OEO solicited input on funding priorities & allocation through: a. postings to State & CoC websites; b. an annual stakeholder online survey completed by CoC members & other interested parties; and c. public presentations & discussion at open meetings of the VT BoS CoC Board & general membership. VT BoS consulted with OEO on the strategic allocation of ESG funds to support the CoC HMIS implementation which serves all federal homeless programs in Vermont (ESG, CoC, HHS-PATH/RHY, DOJ-DV, VA).

2) OEO solicits input on performance measures through an annual stakeholder survey, which includes CoC members & other interested parties, and discussion at VT BoS CoC Board & general membership meetings. The VT BoS Collaborative Applicant (VT State Housing Authority) and ESG recipient (OEO) conducted periodic evaluations of ESG recipient/subrecipient performance. OEO compiles an annual report of HOP outcomes and presents the report annually to the VT BoS CoC Board with postings to the CoC website & email listserv. In addition, all HOP grantees, which include ESG recipients, are required to present on the outcomes of their project at least two times annually to their local CoC.

| | |
|---|---|
| **1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?** | Yes to both |
| **1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)?** | Yes |

**1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:**
**(1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and**
**(2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.**
**(limit 2,000 characters)**

1) VT-500 BoS CoC, VT DV Network & VT Legal Aid developed protocols, including a CoC-approved VAWA Emergency Transfer Plan in partnership with

the other VT CoC to ensure statewide coverage & uniformity of practices/procedures. The CoC Plan includes: Emergency Transfer policy; Statewide list of DV/SV Providers trained with trauma-informed care; VAWA Self-Certification & Emergency Transfer Request Forms; VAWA Client Release of Information Form; VAWA Notice of Rights for Tenants & Property Owners; and a CoC Program-Lease Addendum.

The Plan prioritizes DV survivor's safety thru incorporation of trauma-informed care & victim-center services to guide all VT CoC Programs with written agreements and trainings between DV & non-DV providers at the local CoCs. The VT BoS Board includes a statewide DV Network rep to support cross-training/inter-agency partnerships/safety protocols between service providers: DV (DOJ), Youth & Mental Health (HHS), and Shelters/Community Actions (ESG). Other protocols include: a. continual CoC/provider-level discussions to ensure effective VAWA implementation; b. confidentiality/prioritization of DV survivors into Coordinated Entry; c. local/state VAWA trainings; and d. referrals to a statewide DV hotline & VT 211.

2) VT BoS maximizes client choice for housing/services while ensuring safety & confidentiality, by including de-identified DV households, with their permission, on the coordinated entry by-name list to be prioritized for available services and thru service coordination & subsidy transfers to assist eligible DV survivors retain CoC rental assistance and move to a different CoC geographic area to protect their health/safety. All CoC-RRH/PSH recipients are PHAs which optimize CoC & PHA VAWA Emergency Plans to provide seamless coordination & access (funding permitted) to available mainstream housing resources (Sect. 8 HCV-PBV/VASH/HOPWA) and statewide subsidized managed properties operated by housing partners.

**1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)**

1) VT-500 BoS CoC trainings on best practices occur annually from local DV providers and during statewide webinars & conferences. The 2018 Poverty & Opportunity Forum, annual conference available to all VT BoS CoC providers, featured training on trauma-informed care with the following key topics: complex & developmental trauma, behavioral implications & resilience, and identifying client triggers. A VT Legal Aid attorney and a VT BoS Board member presented a CoC-wide webinar on VAWA requirements & protections to better serve DV/SV survivors. An annual conference held by the VT Network to End Domestic & Sexual Violence (VT Network) was open to all VT BoS providers this year, with statewide and outside experts presenting on safety planning & best practices for serving DV/SV survivors.

2) VT-500 BoS CoC provides annual trainings to all CoC providers & key stakeholders in the formalized Coordinated Entry partnership to address best practices on safety planning & protocols in serving survivors of domestic violence. This year, trainings included a webinar for all CoC providers, a train-the-trainer session for regional VT BoS CoC Coordinated Entry Lead Agencies, and a required training for all staff carrying out Coordinated Entry assessments

with clients. The statewide Housing Specialist for the VT Network conducted the trainings and also serves on the VT BoS CoC Board and multiple Committees (CE, Youth, Ranking). The trainings reviewed the following policies & procedures put in place to ensure client safety: non-identifiable unique IDs for the master list, client choice regarding at which agency they complete the assessment, and referrals to domestic violence agencies. The training also included a portion on best practices for interacting with survivors at all points in the Coordinate Entry process (trauma informed, victim-centered, and non-judgmental) in order to ensure survivors feel empowered and validated throughout the Coordinated Entry process.

**1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)**

VT-500 BoS CoC uses data from: HMIS comparable databases, operated by the VT Network Against Domestic & Sexual Violence, which provides services and housing to persons who have experienced domestic violence, sexual assault, and stalking; from the State Emergency Solutions Grant recipient annual report who provides state and federal funds to DV/SV emergency shelters; and the VT Agency of Human Services-Economic Services Department, who provides emergency funds for temporary motel voucher placements.

The VT BoS uses this data to identify gaps in housing & service needs and then advocate for additional funding for dedicated projects or set-aside funding in existing projects. Specifically, the "# of New Households" data in DV/SV shelters and statewide GA Motel Program was used to assess need for DV survivors to access non-DV shelter funding. The State created a dedicated "DV Motel Voucher Program" of set-aside funds due to high usage data in 1 region (Brattleboro) adding a case manager to assist with faster Permanent Housing location to better meet the needs of DV households. The number of annual admissions is used to track any increases & decreases in the number of people presenting as fleeing DV and in need of shelter.

**1C-4. DV Bonus Projects. Is your CoC applying for DV Bonus Projects?** Yes

**1C-4a. From the list, applicants must indicate the type(s) of DV Bonus project(s) that project applicants are applying for which the CoC is including in its Priority Listing.**

| | |
|---|---|
| **SSO Coordinated Entry** | |
| **RRH** | X |
| **Joint TH/RRH** | |

**1C-4b. Applicants must describe:**

**(1) how many domestic violence survivors the CoC is currently serving in the CoC's geographic area;**
**(2) the data source the CoC used for the calculations; and**
**(3) how the CoC collected the data.**
**(limit 2,000 characters)**

1) VT-500 BoS CoC served 5675 domestic violence survivors in FY17 per the: Annual Report of the VT Network Against Domestic & Sexual Violence (VT Network); VT CoC HMIS number of DV households in mainstream ES; and total state-funded motel vouchers of DV households). Of the total, 1716 received support with housing issues at domestic & sexual violence agencies, 1129 received support with economic and/or employment issues at those agencies; 832 qualified for and used an emergency assistance motel voucher, which are used when shelters are full, and 648 stayed in either a mainstream or domestic violence emergency shelter.

2) For a comprehensive picture of domestic violence survivors being served in both mainstream & domestic violence specific programs, the VT BoS used the following data sources for the FY17 time period to calculate the total: a) Total persons served by VT Network member DV/SV agencies across the CoC's geography (includes survivors staying in domestic violence shelters), extracted from the VT Network annual report; b) Total DV survivors staying in mainstream shelters, extracted from VTHMIS and; c) Total DV survivors using an emergency assistance motel voucher, taken from an Excel based database.

3) VT BoS CoC collected the VT Network data through its annual report, which is compiled from reports submitted directly by all member programs. The VT Network has a representative who is a voting member on the VT BoS Board and supports the CoC in this data collection. VT Network member programs use HMIS comparable databases. The VT BoS CoC collected the data on domestic violence survivor households staying in mainstream shelter from HMIS. The CoC collected the total staying in motels using an emergency assistance motel voucher from the Vermont Agency of Human Services – Economic Services Department, which administers the vouchers and collects & stores data in an Excel-based database.

**1C-4c. Applicants must describe:**
**(1) how many domestic violence survivors need housing or services in the CoC's geographic area;**
**(2) data source the CoC used for the calculations; and**
**(3) how the CoC collected the data.**
**(limit 2,000 characters)**

1) 1480 DV survivors need housing & services within the VT-500 BoS CoC geographic area.

2) To determine this need, the VT BoS CoC used emergency shelter and overflow shelter data, as all persons staying in these projects are in need of housing & services. The VT BoS used the following data sources from the FY17 time period to calculate the total: a) Total DV survivors staying in DV emergency shelters, taken from an ESG annual report; b) Total DV survivors staying in mainstream emergency shelters, taken from HMIS; and, c) Total DV survivors using an emergency assistance motel voucher, taken from an Excel based database.

3) VT-500 BoS CoC collected the DV emergency shelter data from the ESG recipient annual report; ESG provides funding to all DV emergency shelters in the CoC geography, and these projects provide quarterly & annual reports to the ESG recipient. DV emergency shelter programs use HMIS comparable databases. The VT BoS collected the data on domestic violence survivor households staying in mainstream shelter from VTHMIS. The VT BoS collected the total staying in motels (overflow shelter) using an emergency assistance motel voucher from the Vermont Agency of Human Services-Economic Services Department, which administers the vouchers and collects & stores data in an Excel-based database.

**1C-4d. Based on questions 1C-4b. and 1C-4c., applicant must:**
**(1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;**
**(2) quantify the unmet need for housing and services for DV survivors;**
**(3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and**
**(4) describe how the CoC determined the unmet need for housing and services for DV survivors.**
**(limit 3,000 characters)**

1) Domestic/Sexual Violence (DV/SV) advocates within VT-500 BoS CoC have identified the lack of safe/affordable housing, along with the services to maintain housing, as a major barrier to survivors in gaining economic independence & healing after abuse. 99% of survivors have experienced financial abuse as a part of their abusive relationship with a need for rental assistance to live independently. The lack of options for survivors to move quickly from shelter to permanent housing has led to more housing instability and a bottleneck in our system: only 44% of households exiting DV/SV shelters in FY17 exited to permanent housing, and the average length of stay in DV/SV shelters was 52 days compared to 45 days in CoC shelters overall; this is up from 48 days in FY16. When DV/SV shelters are full, survivors turn to the Agency of Human Services–Economic Services Department (AHS–ESD) emergency motel voucher program; survivors made up over 20% of single households and over 30% of family households accessing these vouchers in FY17.

2) The VT BoS calculates that current levels of housing & services are insufficient to meet the need of approximately 1004 DV/SV survivors.

3) The CoC used the following FY17 sources to calculate unmet need: HMIS mainstream shelter data, ESG programs DV/SV shelter data, and AHS-ESD emergency motel voucher program data.

4) To determine unmet need, the CoC added the following:
a. Total number of DV/SV survivors that stayed in mainstream and DV/SV shelters and did not exit to permanent destinations, and;
b. Total number of DV/SV survivors that utilized the AHS-ESD emergency motel voucher program. This second total provides a picture of unmet need because households receive vouchers when emergency shelters are at capacity. Further, while agencies provide housing-based case management services to households staying in mainstream & DV/SV shelters, they do not provide

services to households in motels unless the household actively seeks out services.

**1C-4e. Applicants must describe how the DV Bonus project(s) being applied for will address the unmet needs of domestic violence survivors. (limit 2,000 characters)**

The VSHA RRH6 [DV Bonus] project was developed with, and endorsed by, the VT Network Against Domestic & Sexual Violence and the VT-500 BoS CoC to serve the entire CoC geographic area. The RRH6-DV project would exclusively serve survivors fleeing domestic violence, dating violence, sexual violence and stalking to rapidly connect them with victim service providers in order to provide appropriate, survivor-centered, and trauma-informed services and rental assistance through a rapid rehousing project.
If awarded, this would be the only permanent housing option dedicated to serve DV/SV survivors within the entire Coordinated Entry System, meeting an identified CoC unmet need for survivor-specific units. The RRH6-DV project would operate using the same effective infrastructure of the existing CoC-RRH Statewide Program, operated by the VT State Housing Authority and local service providers, to provide rental subsidies (up to 24 months of assistance) & voluntary support services personalized (Individual Service Plans) to the unique needs of each household. Local DV/SV service providers support this project with match commitments & formal partner agreements/MOUs to augment traditional RRH Program services with specialized victim-centered/trauma-informed services and advocacy.

Victim Advocates within the VT BoS CoC have identified a main housing barrier for DV/SV survivors as landlords unwilling to take a chance on a tenant with no/poor credit and/or rental history due to domestic/sexual violence. The RRH6-DV project would allow providers to access existing CoC partnerships with landlords (Landlord Liaison Project & VT State Housing Authority statewide coverage) that conducts expansive outreach, education and recruitment. By recruiting landlords who are willing to rent to survivors, survivors can maintain housing while building a positive rental history, gaining a landlord reference and working toward financial security.

**1C-4f. Applicants must address the capacity of each project applicant applying for DV bonus projects to implement a DV Bonus project by describing:**
**(1) rate of housing placement of DV survivors;**
**(2) rate of housing retention of DV survivors;**
**(3) improvements in safety of DV survivors; and**
**(4) how the project applicant addresses multiple barriers faced by DV survivors.**
**(limit 4,000 characters)**

RRH-DV Bonus project applicant (VSHA) will serve as rental administrator; VT DV Network programs will augment services from local RRH Lead Agencies with DV-specialized care to assist households with housing search/retention.

1) Existing VSHA RRH projects achieved a 77% permanent housing (PH) placement rate of self-identified persons fleeing DV/survivors. The 2 VT DV

Network Transitional Housing (TH) projects achieved a 78% PH placement. The majority of PH placements were assisted with a long-term VSHA Sect. 8 voucher/DV TH preference.

2) A VSHA permanent supportive housing (PSH) project showed a 91% housing retention rate for DV stayers & leavers & 67% retention rate for DV survivors who exited PSH.

3) VT DV Network projects, who will provide trauma-informed & victim-centered services, report 98% of households served by shelters felt their safety improved and 89% of households that received advocacy & services felt their safety improved.

4) VSHA RRH & PSH projects all partner with providers to ensure households get services to meet their identified needs to obtain/maintain housing. This includes DV survivors who are referred to local DV agencies to provide specialized, customized services from advocates to identify housing barriers & goals. Advocates work with survivors on legal & economic issues in addition to listening to and supporting survivors as they work to heal from trauma. Survivors are connected to free legal services, healthcare, mental health/substance abuse services, financial assistance programs, child care, transportation, employment and support groups. The DV RRH project will assist the many survivors who experienced financial abuse to pay off debt, work with landlords to build a rental history, and gain the skills to achieve economic independence. In addition to the above financial support, VSHA projects provide security deposits & vacancy/property damage costs to help people secure units in a very competitive market with a <2% vacancy rate.

**1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:**
**(1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;**
**(2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and**
**(3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.**

| Public Housing Agency Name | % New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry | PHA has General or Limited Homeless Preference | PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on? |
|---|---|---|---|
| Vermont State Housing Authority | 31.00% | Yes-HCV | Yes |
| Montpelier Housing Authority | 9.00% | Yes-Both | No |
| Brattleboro Housing Authority | 5.00% | No | No |
| Rutland Housing Authority | 3.00% | Yes-Both | No |
| Barre Housing Authority | 0.00% | No | 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-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 2,000 characters)**

1) The VT-500 BoS CoC has taken the following steps with the five largest PHAs, which also have working relationships with the CoC, to adopt a homeless admission preference and increase homeless admissions to their Section 8 Housing Choice Voucher Programs and Public Housing units:

a. VT BoS CoC Board, CoC general membership and the State of Vermont successfully advocated for the largest PHA (VT State Housing Authority) to maintain its implementation of multiple general & limited homeless preferences and a long-standing move-on strategy for eligible CoC-PSH, as well as for state-funded/CoC-RRH & Domestic Violence Transitional Housing participants;

b. VT BoS CoC conducted outreach to all of the local CoCs (April-May 2018), which have working relationships with their PHAs, via email & phone to educate them on the importance of implementing a homeless preference (reduce homelessness & improve CoC performance) and explain how to submit requests to PHAs for updating Admin Plans to include homeless preferences during public comment periods (PHA Annual Planning Process);

c. VT BoS CoC Collaborative Applicant contacted all PHAs within the CoC geographic area with requests for data of homeless admissions/homeless preferences/move-on strategies, and encouraged those without them to begin;

d. VT BoS CoC Board engaged in a public discussion with the CoCs Consolidated Plan responsible entity (VT Dept. of Housing & Community Development) about how Public Housing Authorities were/were not included in a VT Governors executive order for housing providers to set-aside at least 15% of their units to serve households experiencing homelessness.

2) Not Applicable.

**1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)?** Yes

**Move On strategy description. (limit 2,000 characters)**

In collaboration with the VT-500 BoS CoC & service providers, the Vermont State Housing Authority (VSHA) maintains a longstanding (7+ years) move-on strategy for eligible CoC Program-funded PSH households (no limit): after 36 months in the VSHA CoC-PSH Program (“Shelter+Care Statewide”), eligible participants may apply for a CoC-PSH preference to get on the VSHA Section 8

Housing Choice Voucher waitlist, which also includes the Family Unification Program/Non-Elderly Disabled Program. As the largest public housing authority in Vermont, the VSHA CoC-PSH preference has successfully freed up numerous beds to serve additional persons currently experiencing homelessness. In addition, after 9 months of participation, eligible VSHA CoC-RRH (and state-funded RRH) households may apply for a CoC-RRH preference to be prioritized on the VSHA Section 8 Housing Choice Voucher waitlist. As part of the VT BoS CoC System, the VSHA CoC-RRH Program serves chronically homeless households who often transition to the CoC-PSH Program (and Sect. 8 HCV with a VSHA CoC-PSH preference).

As part of a concerted effort to end homelessness in Vermont, a Governors executive order created a requirement for all state-funded affordable housing providers (excluding PHAs) to set-aside at least 15% of their units to serve persons experiencing homelessness. The State LIHTC Program, administered by the VT Housing Finance Agency (VT BoS CoC Board member) includes robust incentives as part of funding opportunity to projects who target serving households experiencing homelessness. In partnership with local service & housing providers, VSHA voluntarily dedicated 50 Project-Based Voucher Program units to serve persons experiencing homelessness. Statewide multi-family property owners are in the process of putting in place a homeless preference for their units to help meet the need and comply with the Governors executive order, including the development of formal process for Coordinated Entry referrals.

**1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness.**
**(limit 2,000 characters)**

The VT-500 BoS CoC Non-Discrimination Policy (updated/approved by a CoC board vote August 2018) ensures equal access for LGBT households to homeless-dedicated housing and services. This includes non-discrimination on the basis of actual or perceived sexual orientation or gender identity, in accordance with HUD's 2012 Equal Access Final Rule. At an annual conference for all CoC homelessness providers in the VT BoS, the Pride Center of VT held a training on "Developing Cultural Competency in Serving LGBTQ Vermonters," to identify skills & methods for personal and organizational growth around better serving LGBTQ individuals. VT Human Rights Commission conducted in-person trainings four (4) times in the year on final rule 'Equal Access in Accordance with an Individuals Gender Identity' and on how to comply & meet LGBT needs for homeless providers with ongoing access to online training. VT ESG & Veteran projects have dedicated staff to provide education & oversight to ensure needs of LGBT population are identified & met.

Other projects receive information from the VT Network Against Domestic & Sexual Violence (DV Network), VT Coalition of Runaway & Homeless Youth Programs (VCRHYP), VT Legal Aid and the VT Human Rights Commission to ensure policies allow access & needs assessment. The DV Network (CoC Board) partners with Pride Center of VT to oversee equal access for LGBT DV Survivors, including advocacy, services and training. VCRHYP (CoC Board &

Youth Committee Chair) ensures equal access for LGBT Youth with services/advocacy/legal referrals. The statewide McKinney-Vento Homeless Education Liaison Program (VT Agency of Education), also on VT BoS CoC Board, addresses LGBT Youth needs with education services (sexual health, LGBT topics, HIV/AIDS & STDs, sexual violence prevention, and healthy relationships). VT Dept. of Health provides resources & trainings (Behavioral Risk Factors/Sexual Health-Prevention/Family Planning-Birth Control/Tobacco Cessation/College).

### 1C-6a. Anti-Discrimination Policy and Training. Applicants must indicate if the CoC implemented a CoC-wide anti-discrimination policy and conducted CoC-wide anti-discrimination training on the Equal Access Final Rule and the Gender Identity Final Rule.

| | |
|---|---|
| **1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?** | Yes |
| **2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?** | Yes |
| **3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?** | Yes |

### 1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented 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:** | X |
| **Engaged/educated local business leaders:** | |
| **Implemented communitywide plans:** | |
| **No strategies have been implemented:** | |
| **Other:(limit 50 characters)** | |
| Engaged Legal Services (VT Legal Aid/ACLU) | X |
| | |
| | |

### 1C-8. Centralized or Coordinated Assessment System. Applicants must: (1) demonstrate the coordinated entry system covers the entire CoC geographic area; (2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special

**outreach;**
**(3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and (4) attach CoC's standard assessment tool.**
**(limit 2,000 characters)**

1) VT-500 BoS CoC Coordinated Entry (CE) covers the entire CoC geographic through CE Partnerships in the 11 local CoCs to intake/assess/connect people experiencing homelessness to housing & services. CE Partnerships, which includes a lead agency, assessment partners, and referral partners (access points), have agreements detailing agency roles & responsibilities to implement CE policies & procedures. There is a uniform referral & assessment tool across the CoC and a uniform participant information sharing protocol.

2) The CE system has a wide base of referral partners to ensure access by people who are not connected directly to a homeless provider. Partners include: police/libraries/churches, service agencies, street outreach teams, and state programs (ESD GA temporary motel program to engage people who seek a motel room) to people that may not otherwise engage with homeless assistance. VT 211 is a statewide referral partner; PRIDE Center of VT is a referral partner (LGBTQ); Centers for Independent Living & Councils on Aging are part of VT ADRC to assist people experiencing homelessness who are elderly or disabled & make CoC CE referrals to a by-name list. Interpretive & translation services are known to all CE partners, including deaf services to help remove access barriers.

3) The CE assessment, prioritization & referral process is standardized across regions to ensure priority populations of people with high complex needs score, people experiencing chronic homelessness and those with long lengths of time homeless, get quick access to available resources. The assessment tool, which is typically completed within three days of referral, assigns each household a complex needs score to guide case conferencing team identification of priority populations based on the CoC's written standards. Each CE partnership maintains a by-name list which has basic information, length of time homeless and assessment score so referrals can be made quickly.

4) Tools attached.

# 1D. Continuum of Care (CoC) Discharge Planning

## Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

### 1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

| | |
|---|---|
| **Foster Care:** | X |
| **Health Care:** | X |
| **Mental Health Care:** | X |
| **Correctional Facilities:** | X |
| **None:** | |

### 1D-2. Discharge Planning Coordination. Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

| | |
|---|---|
| **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 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

### 1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:
### (1) objective criteria;
### (2) at least one factor related to achieving positive housing outcomes;
### (3) a specific method for evaluating projects submitted by victim services providers; and
### (4) attach evidence that supports the process selected.

| | |
|---|---|
| **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. Applicants must describe:
### (1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and
### (2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.
### (limit 2,000 characters)

1. The VT-500 BoS CoC considers the following severity of needs & vulnerabilities in the project review, rank and rate process: serving people experiencing chronic homelessness; commitment to housing first principles including low barrier admissions to ensure access by people with low/no income, criminal histories, histories of abuse, domestic violence (DV), or sexual assault, and current or past substance abuse and lenient termination policies so that people are not terminated for failure to progress with income gains, service plan goals or held to higher housing standards than a typical household renting in Vermont.

2. The VT BoS CoC's priority to serve people with severe needs & vulnerabilities are incorporated into the review, rate and rank process by assigning points on the scoring tool for projects that demonstrate a commitment to these populations. Commitment to housing first practices is a threshold question for new & renewal projects to ensure vulnerable and high need people are prioritized and not screened out. Only projects that met this threshold were considered for funding. Projects which will serve the hardest-to-house

populations received points to help increase their overall project score and offset points that may be lost in performance measures (e.g. gaining employment income). New and renewal projects receive points for targeting units to people experiencing chronic homelessness. Additionally, renewal projects that admit people with zero income and disabilities are awarded points. Project narratives were reviewed by the CoC Ranking Committee to ensure project descriptions and subpopulation targets are clearly identified and meet the CoCs priority for serving those with the highest needs of assistance to exit homelessness.

**1E-3. Public Postings. Applicants must indicate how the CoC made public:**
**(1) objective ranking and selection process the CoC used for all projects (new and renewal);**
**(2) CoC Consolidated Application–including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and**
**(3) attach documentation demonstrating the objective ranking, rating, 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, that legibly displays the date the CoC publicly posted the documents.**

| Public Posting of Objective Ranking and Selection Process | | Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings | |
|---|---|---|---|
| CoC or other Website | ☐ | CoC or other Website | ☐ |
| Email | ☐ | Email | ☐ |
| Mail | ☐ | Mail | ☐ |
| Advertising in Local Newspaper(s) | ☐ | Advertising in Local Newspaper(s) | ☐ |
| Advertising on Radio or Television | ☐ | Advertising on Radio or Television | ☐ |
| Social Media (Twitter, Facebook, etc.) | ☐ | Social Media (Twitter, Facebook, etc.) | ☐ |

**1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between the FY 2014 and FY 2018 CoC Program Competitions.**

**Reallocation:** Yes

**1E-5. Local CoC Competition. Applicants must indicate whether the CoC:**
**(1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline–attachment required;**
**(2) rejected or reduced project application(s)–attachment required; and**

## (3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline–attachment required. :

| | |
|---|---|
| **(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.** | Yes |
| **(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.** | Yes |
| **(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?** | Yes |

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

**Intructions:**

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

| | |
|---|---|
| **2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your 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.** | Yes |
| **2A-1a. Applicants must: (1) 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, and (2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).** | Page 3-6 of HMIS Governance Charter |
| **2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required.** | Yes |
| **2A-3. HMIS Vender. What is the name of the HMIS software vendor?** | Mediware ServicePoint |
| **2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area.** | Statewide HMIS (multiple CoC) |

**2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:**
**(1) total number of beds in 2018 HIC;**
**(2) total beds dedicated for DV in the 2018 HIC; and**

**(3) total number of beds in HMIS.**

| Project Type | Total Beds in 2018 HIC | Total Beds in HIC Dedicated for DV | Total Beds in HMIS | HMIS Bed Coverage Rate |
|---|---|---|---|---|
| **Emergency Shelter (ES) beds** | 532 | 103 | 392 | 91.38% |
| **Safe Haven (SH) beds** | 0 | 0 | 0 | |
| **Transitional Housing (TH) beds** | 188 | 31 | 107 | 68.15% |
| **Rapid Re-Housing (RRH) beds** | 492 | 0 | 327 | 66.46% |
| **Permanent Supportive Housing (PSH) beds** | 429 | 0 | 226 | 52.68% |
| **Other Permanent Housing (OPH) beds** | 0 | 0 | 0 | |

**2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months.**
**(limit 2,000 characters)**

1) Over next 12 months, VT-500 BoS CoC will take the following steps to increase bed coverage rate to at least 85% for each project type that did not reach threshold -

a. Transitional Housing (TH): VT BoS will identify, conduct outreach, compile reasons, and develop a plan of action to increase HMIS utilization;

b. Rapid Rehousing Beds (RRH): VT BoS, HMIS Lead & Collaborative Applicant (CA) will continue to work with AHS to identify & remove barriers to HMIS data entry for state-funded RRH VT Rental Subsidy Program; and

c. Permanent Supportive Housing Beds (PSH): VT BoS, HMIS Lead & CA will convene the VA, and PHA-VASH Program Administrator to develop a plan for HMIS data entry for VASH beds. All non-participating projects are offered technical support & training to help ease the burden and improve accuracy of HMIS entry.

2) VT-500 BoS CoC will implement steps described in 1. above with the following -

a. TH BEDS: 10.2018 - HMIS Lead will identify/confirm all four TH projects not utilizing VTHMIS, 11.2018 - HMIS Lead/CoC will conduct outreach to the non-utilizing TH projects including to their leadership/funders; 12.2018 - HMIS Advisory Board/HMIS Lead will compile reasons for non-participation, 1.2019 - CoC Collaborative Applicant will contact local CoCs to encourage VTHMIS utilization of TH projects in their area, and 2.2019 - Collaborative Applicant will work with the CoC Board to develop a plan of remedial action.

b. RRH BEDS: 11.2018 - VT BoS, HMIS Lead and AHS will discuss next steps for HMIS implementation of state-funded RRH; and

c. PSH BEDS: 10.2018 – PHA/VASH will meet with VA and HMIS Lead to finalize plans for entry of data, 11.2018 – PHA/VASH will be trained on HMIS, and 12.2018 – PHA/VASH will start entering HMIS data prior to 2019 PIT count.

| | |
|---|---|
| **2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept?** | 12 |
| **2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy)** | 04/26/2018 |

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

## Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

| | |
|---|---|
| **2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy).** | 01/31/2018 |
| **2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).** | 04/26/2018 |

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

### Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC's sheltered PIT count results.**
**(limit 2,000 characters)**

1) To improve the data quality of the PIT count, the VT-500 BoS CoC transitioned from the use of a paper form in 2017 to the use of an electronic, online form in 2018 to count & collect information on persons staying in sheltered locations that do not enter into HMIS (including but not limited to DV/SV ES & TH, and state-funded emergency shelter motel stays). Additionally, the statewide CoC PIT committee enhanced the webinar training to walk participants through the use of the electronic form. The CoC Support Specialist (new full-time position starting in February 2017) provided robust technical assistance to the 11 local planning bodies that carry out the PIT Count in their regions. It included in-person trainings on utilizing the electronic form and trauma-informed interviewing to collect quality data, a planning template to ensure all sheltered locations were counted timely and accurately, and liaison to the HMIS lead agency to ensure HMIS reports were pulled timely and accurately (in addition to two webinars on this topic held by the HMIS lead agency). An additional change positively impacting data quality was the increased HMIS utilization by ES/TH providers, with 33% more projects entering into HMIS compared to the 2017 PIT Count.

2) The use of an electronic form instead of a hard copy form as the primary mode of input for sheltered locations that do not use HMIS decreased the chance for human error and improved the data quality, by removing one level of data entry from previous years. Further, the electronic forms ensured all required questions were answered fully; the form created an error message and guidance if the question was not answered fully. The training and technical assistance that the CoC Support Specialist provided to local planning bodies improved the data quality of the results.

**2C-2. Did your CoC change its provider coverage in the 2018 sheltered count?** Yes

**2C-2a. If "Yes" was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.**

| | |
|---|---|
| **Beds Added:** | 290 |
| **Beds Removed:** | 174 |
| **Total:** | 116 |

**2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. 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 2018 sheltered PIT count?** No

**2C-3a. If "Yes" was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.**

| | |
|---|---|
| **Beds Added:** | 0 |
| **Beds Removed:** | 0 |
| **Total:** | 0 |

**2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct and unsheltered PIT count in 2018, select Not Applicable.** Yes

**2C-4a. If "Yes" was selected for question 2C-4, applicants must:**
**(1) describe any change in the CoC's unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018; and**
**(2) specify how those changes impacted the CoC's unsheltered PIT count results.**
**(limit 2,000 characters)**

1) To improve the data quality of the PIT count, the VT-500 BoS CoC transitioned from the use of a paper form in 2017 to the use of an electronic, online form in 2018 to count & collect information on persons staying in unsheltered locations from outreach teams that do not enter into HMIS. Additionally, the statewide CoC PIT committee enhanced the webinar training to walk participants through the use of the electronic form. The CoC Support Specialist (new full-time position starting in February 2017) provided robust technical assistance to the 11 local planning bodies that carry out the unsheltered PIT Count in their regions. It included in-person trainings on utilizing the electronic form and trauma-informed interviewing to collect quality data, a planning template to ensure all unsheltered locations were counted timely and accurately, and liaison to the HMIS lead agency to ensure HMIS reports, when applicable, were pulled timely and accurately (in addition to two

webinars on this topic held by the HMIS lead agency).

2) The use of an electronic, online form instead of a hard copy PIT form as the primary mode of input for unsheltered locations decreased the chance for human error and improved the data quality, by removing one level of data entry from previous years. Further, the electronic forms ensured all required questions were answered fully; the form created an error message and guidance if the question was not answered fully. The technical assistance that the CoC Support Specialist provided to the regional planning bodies improved the data quality of the results, as more stakeholders came to the table to identify unsheltered locations to count in a more methodical manner than previous years.

| | |
|---|---|
| **2C-5. Identifying Youth Experiencing Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count?** | Yes |

**2C-5a. If "Yes" was selected for question 2C-5., applicants must describe:**
**(1) how stakeholders serving youth experiencing homelessness were engaged during the planning process;**
**(2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and**
**(3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count.**
**(limit 2,000 characters)**

1) The Assistant Director (CoC Board, Youth Committee and PIT Committee Member) of the VT Coalition of Runaway & Homeless Youth Programs (VCRHYP) led the planning process for homeless youth identification including coordination of 12 VCRHYP member agencies (youth service providers) in all 11 local CoCs. The Assistant Director provided feedback from youth serving agencies and youth to inform the planning process and ensure that the 2018 PIT Count was appropriate for youth: trauma-informed question format, training on the definition of a youth household, selecting locations where youth are most likely to be identified. All 12 youth-serving agencies have representation at the 11 local CoCs, which meet monthly, and where the local PIT planning takes place in accordance with Vermont BoS CoC-wide policies and procedures. Further, the VT BoS CoC provided PIT Count training resources to all McKinney-Vento Homeless Education Liaison Coordinators in the CoC geography and encouraged them to refer families and individuals to a statewide helpline (Vermont 211) to be counted.

2) 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, M-V Homeless Education 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.

3) Before the 2018 PIT Count, 59 youth, from across the VT BoS CoC geography, completed a survey on youth homelessness, which included a question to identify locations where youth experiencing homelessness were likely to be found in order to better count youth during the 2018 PIT Count.

**2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count:**
**(1) individuals and families experiencing chronic homelessness;**
**(2) families with children experiencing homelessness; and**
**(3) Veterans experiencing homelessness.**
**(limit 2,000 characters)**

1) To better count individuals & families experiencing chronic homelessness (CH), the VT BoS CoC PIT Committee increased training to ensure counters understood the definition of CH so that data could be accurately captured. Also, the participation of the state's largest Emergency Shelter (ES) Program of GA Motel Vouchers increased which helped to better capture people experiencing CH through multiple episodes. The CoCs transition to the use of an electronic PIT form and HMIS to collection information ensured a better count of CH, as both methods automatically identify individuals & families experiencing homelessness in accordance with responses to simple, easy-to-answer questions.

2) To better count families experiencing homelessness, the VT BoS CoC PIT Committee recruited the VT Agency of Human Services-General Assistance Program Director (AHS-GA) to ensure an accurate count of families in the state's largest Emergency Shelter (ES) Program of GA Motel Vouchers. Families with children use this program where no family ES exists or where the family ES is full. The planning included the creation of clear communication between AHS district offices and the CoC; follow-up with all district offices to review form submissions; and training plans. The CoC provided PIT Count training resources to all McKinney-Vento coordinators, asking them to refer families to call Vermont 211 to be counted.

3) VA Medical Center representative (CoC Board & Veterans Committee member) and UVM-SSVF representative (Veterans and PIT Count Committee member) provided training on VA definition of Veterans status to improve accuracy in counting Veterans. The CoC's transition to the use of an electronic form, to count unsheltered and sheltered persons programs that do not use HMIS, improved data accuracy in counting Veterans because the electronic form prompted surveyors, in real time, to ask about Veteran status.

# 3A. Continuum of Care (CoC) System Performance

## Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

### 3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

| | |
|---|---|
| **Number of First Time Homeless as Reported in HDX.** | 2,186 |

### 3A-1a. Applicants must:
**(1) describe how the CoC determined which risk factors the CoC uses to identify persons becoming homeless for the first time;**
**(2) describe the CoC's strategy to address individuals and families at risk of becoming homeless; and**
**(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)**

1) VT-500 BoS CoC identifies risk factors by reviewing data from participant interviews, coordinated entry forms showing entry income levels, housing needs assessments and a Self-Sufficiency Outcomes Matrix. CoC members work with local agencies & peer groups to identify risk factors that may be unique to subpopulations such as: LGBT Youth factors thru partnership with Foster Care Program and substance abuse issues from a partnership with the VT Governor's Opioid Coordination Council.

2) CoC strategies to reduce & end 1st time homeless include prevention resources, assisting with income/employment linkages and services to mitigate housing barriers. PREVENTION includes state & federal (HHS-PATH) funds from the VT Dept. of Mental Health for people who were hospitalized or 1st time homeless; funds to assist individuals & families at-risk of homelessness to maintain housing with state & federal funds administered by the VT Agency of Human Services; and building awareness of risk factors to increase prevention referrals through a partnership with Early Childhood Council where pediatricians screen for housing instability. INCOME/EMPLOYMENT linkages for persons presenting as at-risk of homelessness include VT Dept. of Labor (Career Resource Centers/state WIOA plan to remove barriers to employment), VT Dept. of Disabilities Aging & Independent Living (Vocational Rehab & senior employment services), and TANF. SERVICE connections maintain housing for at-risk persons with benefits/housing counselors, tenant-landlord mediation, money management, substance disorder/mental health. 5 VT Area Agencies on Aging (local CoC members) partner with the local Veterans Affairs Medical Center (CoC Board member) to assist Veterans remain in their homes & communities through self-directed services.

3) VT Council on Homelessness, chaired by AHS Housing Director, is the responsible entity to oversee strategies to reduce the number of first time homeless.

**3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:**
**(1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);**
**(2) describe the CoC's strategy to reduce the length-of-time individuals and persons in families remain homeless;**
**(3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and**
**(4) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.**
**(limit 2,000 characters)**

1) The average length of time homeless (LOT) for ES, SH and TH is 208 nights.

2) VT-500 BoS CoC strategy to reduce LOT homeless includes increasing housing, dedicating housing resources to prioritize those with longest LOT homeless & working to increase services to support housing location/retention. Primary causes of long LOT homeless are lack of affordable housing & low statewide vacancy rates. VT BoS worked with state agencies to expand the Landlord Liaison Project to gain access to limited available units. VT BoS worked with VT Council on Homelessness to develop a plan to increase affordable housing resulting in a $35 million housing bond to create units and a governor's executive order declaring 15% of publically funded housing units be set-aside for people experiencing homelessness. To address the lack of sufficient supportive services to help people access housing, the State is working to leverage services in other systems of care to support people to find & maintain housing. Several local CoCs maintain housing navigators and all CoC Program funded projects use housing first principles to reduce access barriers.

3) VT BoS CoC Coordinated Entry system identifies people with the longest LOT homeless through HMIS records and by interviewing people with the housing assessment prioritization tool to gather location and LOT homeless when a person has been living in shelter or in places not meant for human habitation and not captured in HMIS. This information is utilized by local coordinated entry teams during case review to prioritize referrals based on the complex service needs score & longest LOT homeless. The Veteran committee meets bi-weekly to review By-Name List and ensure connections with VA funded and other housing options and the largest CoC Program PSH program prioritizes by longest LOT.

4) VT Council on Homelessness, chaired by AHS Housing Director, is the responsible entity for strategies to reduce the LOT people are experiencing homelessness.

**3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:**

**(1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and**
**(2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.**

| | Percentage |
|---|---|
| **Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.** | 61% |
| **Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.** | 95% |

**3A-3a. Applicants must:**
**(1) describe the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and**
**(2) describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.**
**(limit 2,000 characters)**

1) VT-500 BoS CoC strategy to increase the permanent housing (PH) rate of people leaving emergency shelter (ES), safe haven, transitional housing (TH) and rapid rehousing (RRH) is to increase housing subsidies, housing retention services and access to housing units. Increasing housing subsidies includes increasing: Public Housing Authority partnerships to access vouchers (including Family Unification Program); RRH & PSH for people exiting shelter with housing first practices to house quickly & provide stabilizing services; and advocacy to retain state-funded rental assistance programs. Retention services include staff working with people to increase income, make connections to healthcare/supportive services & retention specialists to address barriers. Increasing access to units includes landlord liaisons, State approved $35m Housing Bond to build housing units; 15% set-aside for people who are homeless in publically-funded housing; and Back Rent/Utility/Deposits/Vacancy funds to reduce housing barriers and debt to landlords.

2) VT BoS strategies to increase the rate of people in permanent supportive housing (PSH) who stay in PSH or leave for PH destination are: VT BoS Written Standards policy to terminate only as an open of last resort once other options are exhausted; Strong connections to supportive services for care coordination, retention assistance and income supports maintain their housing; PSH leavers maintain connections to supportive services, income linkages & are educated on prevention resources at exit to ensure maintaining PH; PSH households may transition to Section 8 HCV to ensure financial feasibility of maintaining PH; housing retention outcomes review to ensure people are maintaining or exiting to PH.

3) VT Council on Homelessness (VCH), AHS Housing Director chair, is the responsible entity for ES, TH and RRH housing placements.

4) VCH, AHS Housing Director chair, is the responsible entity for PSH housing

retention and placement.

### 3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.

| | Percentage |
|---|---|
| **Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX** | 4% |

### 3A-4a. Applicants must:
**(1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;**
**(2) describe the CoC's strategy to reduce the rate of additional returns to homelessness; and**
**(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families returns to homelessness.**
**(limit 2,000 characters)**

1) Within the VT-500 BoS CoC, the common factors of people returning to homelessness are identified by local CoC review of HMIS reports, including Coordinated Entry (CE) reports to identify specific trends/reasons for returns to homelessness by exited participants. Tracking returns to homelessness on a CE by-name list enhances a real time understanding of causes for returns. HousingVermont (CoC partner) conducted a statewide Eviction Prevention Initiative of all their affordable housing properties (3,677 HVT units) to understand reasons for evictions and household demographics (race, gender, age, and household size); and VT BoS reviewed reasons for eviction & precipitating factors in partnership with Vermont Legal Aid to reduce eviction rates.

2) Current VT BoS strategies to reduce the rate of people returning to homelessness are: training property managers on substance use issues & trauma to decrease evictions and increase referrals to supportive services; educating households and providers on tenant-landlord rights and referrals to VT Tenants Inc.; increasing HMIS participation from homeless projects to better understand who is reentering homelessness and the factors faced by those households; follow-up care/ongoing services after project exits; VT SOAR-trained providers increased participant incomes; Housing Resource Orientation and housing retention training for providers to assist those at-risk of returning. Future strategies include increasing supports to people in the 6 months after attaining PH to improve outcomes; adjusting targeting of prevention resources in the CoC Coordinated Entry system; expand Landlord Liaison Projects and landlord fairs; and educate on financial assistance available to renters.

3) VT Council on Homelessness, chaired by AHS Housing Director, is the responsible entity for overseeing strategy to reduce returns to homelessness.

### 3A-5. Job and Income Growth. Applicants must:
**(1) describe the CoC's strategy to increase access to employment and non-employment cash sources;**

**(2) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and**
**(3) provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase job and income growth from employment.**
**(limit 2,000 characters)**

1) The VT-500 BoS CoC strategy to increase access to employment & non-employment cash sources includes: LEARNING opportunities to expand provider awareness of vocational programs/services and mainstream resources; OUTREACH to strengthen partnerships with, and involvement of, employment-focused initiatives within the VT BoS & local CoCs; PROGRAMS to assist people to maximize utilization of employment & non-employment resources.

2) The VT BoS CoC works with mainstream employment organizations to help people increase their income: LEARNING with a CoC-sponsored Employment Forum (4/2018) featuring vocational services/best practices/challenges; OUTREACH conducted to VT Dept. of Labor/Community Colleges of VT to serve as Youth Committee member; PROGRAMS include all VT BoS CoC-funded projects supported by VT Agency of Human Services to train providers to assist participants complete VT Consolidated Benefits Application, access other income (SSA/VA/child support) and employment/education with: TANF; J.O.B.S Program for Youth (16-21); and Creative Workforce Solutions. Additional employment/income linkages include: VT Dept. of Labor (Career Resource Centers/state WIOA plan to remove barriers to employment); VT Dept. of Disabilities Aging & Independent Living (VocRehab/senior employment); Jobs for Independence (USDA-funded program integrated into local CoCs to support barrier-free employment & increase financial independence); Financial Capability (services are integrated into the state-funded Family Supportive Housing, a program operated by providers, including CoC-RRH, to address financial capacity/empowerment & credit repair); and Dept. of Mental Health (oversees statewide SOAR to increase SSDI income & PATH to reduce employment barriers, both accessed by CoC providers, including CoC-PSH).

3) VT Council on Homelessness, chaired by AHS Housing Director, is the responsible entity for overseeing strategy to increase job and income growth from employment.

| | |
|---|---|
| **3A-6. System Performance Measures Data Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy)** | 05/31/2018 |

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

## Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

### 3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter: (1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and (2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.

| | |
|---|---|
| **Total number of beds dedicated as DedicatedPLUS** | 158 |
| **Total number of beds dedicated to individuals and families experiencing chronic homelessness** | 23 |
| **Total** | 181 |

**3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written 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? Attachment Required.** Yes

### 3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.

| | |
|---|---|
| **History of 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 |
| **Head of Household with Mental/Physical Disability** | X |

**3B-2.2. Applicants must:**
**(1) describe the CoC's current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;**
**(2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and**
**(3) provide the organization name or position title responsible for overseeing the CoCs strategy to rapidly rehouse families with children within 30 days of becoming homeless.**
**(limit 2,000 characters)**

1) VT-500 BoS CoC strategy to rapidly rehouse households with children within 30 days of becoming homeless is a multi-prong approach to provide services, subsidy, units, access and prioritization as detailed in the VT Council on Homelessness (VCH)-Plan to End Family Homelessness. Short-term RRH is available to families to quickly exit them from homelessness within 30 days. The CoC Coordinated Entry prioritization process includes assessing families with longest lengths of homelessness for available housing opportunities including CoC-PSH and RRH, state-funded Emergency Shelter Grant (short-term RRH), and state-funded RRH (medium-term VT Rental Subsidy) which prioritizes families receiving TANF. Supportive services are available through Family Supportive Housing Program and CoC partner agencies in the community that provide Medicaid & grant funded services. Local housing review teams case conference resources to people in homelessness to make matches as quickly as possible.

2) Housing and service needs are addressed by linking people to services to build housing skills and increase resources and providing them with information to connect with additional services if need to help families maintain housing once assistance ends. Discharge planning from housing and service projects includes working with the family to identify what resources are needed to maintain stability. This process includes resources on tenant/landlord law, how to be a good tenant and resources for advocacy assistance should they be necessary. VT has a risk mitigation fund that can be accessed by families to prevent re-entry into the homeless system. Most RRH programs (state and CoC-funded) also include a PHA Sect. 8 preference CoC move-on strategy to help families who need a longer-term subsidy maintain housing stability.

3) VCH, chaired by AHS Housing Director, is the responsible entity overseeing the strategy to rapidly rehouse families with children within 30 days of becoming homeless.

**3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination 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.**

| | |
|---|---|
| **CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.** | ☐ |
| **CoC conducts optional training for all CoC and ESG funded service providers on these topics.** | ☐ |

| | |
|---|---|
| **CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.** | ☐ |
| **CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.** | ☐ |
| **CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.** | ☐ |

## 3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied homeless youth includes the following:

| | |
|---|---|
| **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-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

| | |
|---|---|
| **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-2.6. Applicants must describe the CoC's strategy to increase:
**(1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and**
**(2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.**
**(limit 3,000 characters)**

1) VT-500 BoS CoC monitors, reviews and applies for youth homelessness funding opportunities, primarily through the work of VT Coalition for Runaway and Homeless Youth Programs (VCRHYP), a CoC Board member & Chair of the statewide Youth Homelessness Prevention Plan Committee (YHPPC). VT BoS created the YHPPC in early 2017 and secured HUD technical assistance to support increased planning capacity. YHPPC was tasked with assessing need, creating a detailed inventory of housing & services, identifying current effective strategies, and securing funding. In July 2018, HUD awarded the VT

BoS with $2.2 million as part of the Youth Homelessness Demonstration Project. Further strategies include legislative advocacy through the CoC Legislative Committee and continual assessment of youth needs based on data (PIT, HMIS, McKinney-Vento data) and youth input (Youth Action Board, 4 youth focus groups, and a survey). By assessing need, the VT BoS better advocates for youth housing & services. A key strategy the CoC uses to more effectively use existing resources is performance monitoring, on a quarterly basis. The CoC uses HUD system performance measures and additional measures aligned with USICH core youth outcomes (stable housing, social & emotional well-being, education & employment, and permanent connections). VCRHYP and the only ESG recipient (VT Agency of Human Services/Office of Economic Opportunity) provide technical assistance & training to projects not meeting performance targets to ensure effective use of resources and better performance, or re-allocation as needed.

2) To increase the availability of housing and services for youth experiencing unsheltered homelessness, the CoC uses many similar strategies mentioned in part 1 of this question. Further, the CoC advocates for youth-designated subsidies in regions of the CoC with higher rates of unsheltered youth homelessness; these advocacy efforts led to 6 youth-dedicated RRH subsidies in two regions.

**3B-2.6a. Applicants must:**
**(1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;**
**(2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and**
**(3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies.**
**(limit 3,000 characters)**

1) Evidence that the VT-500 BoS CoC measures both strategies in question 3B-2.6 for youth homelessness (including unsheltered) includes: a detailed review of youth-dedicated units listed in CoC Housing Inventory Chart (HIC); a comprehensive inventory of youth housing & services created by the CoC Youth Committee to support increased funding; and analysis of quarterly project performance measure reports. The CoC determines whether projects are using resources effectively through the review of the quarterly project performance measure reports to determine if projects are below, at or above targets and effective.

2) VT-500 BoS CoC measures the availability & support an increase in housing & services for youth by tracking & reviewing the amount of youth-designated units available in the HIC (updated annually as part of the PIT count) and services available to youth (in a detailed inventory developed by the CoC Youth Committee) to measure increased utilization rates of services. Finally, the CoC looks at youth-specific measures (HUD CoC system performance measures & USICH youth outcomes) to determine whether the CoC is effectively using existing housing & services.

3) The VT-500 BoS CoC supports measuring the amount of housing & services available to youth, through the measures referenced in part 2, as appropriate

because they most accurately capture system-wide changes of youth accessing resources. The CoC believes the system performance measures are an appropriate way to determine the success of strategies laid out in 3B-2.6 because they follow a holistic, system-wide view; by looking at the outcomes of stable housing, social/emotional wellbeing, education/employment, and permanent connections, the CoC can focus on increasing youth protective factors and decreasing risk factors, which will lead to longer-term and more successful outcomes for youth.

**3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:**
**(1) youth education providers;**
**(2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);**
**(3) school districts; and**
**(4) the formal partnerships with (1) through (3) above.**
**(limit 2,000 characters)**

1) At a regional level, VT BoS CoC collaborates between 11 planning bodies (local CoCs) & LEA homeless liaisons who represents the school districts. Liaisons connect students and their families who are experiencing homelessness with providers for Coordinated Entry and services and liaisons attend bi-annual conferences to learn about obligations, best practices, and CoC services. At a CoC-wide level, the SEA/McKinney-Vento State Coordinator regularly attends meetings and is a voting member of the CoC Board & Youth Homelessness Prevention Planning Committee (YHPPC). The M-V State Coordinator, CoC Collaborative Applicant, and ESG Administrator hold voting positions on, and participate in, the VT [Interagency] Council on Homelessness which meets bi-monthly to implement the VT Plan to End Homelessness with family- & youth- specific strategies. Agencies that run Head Start programs are members of CoC Board and local CoCs and actively share information with members about accessing services for children under 5 who are in a homeless situation.

2) In April 2018, the VT BoS CoC established a memorandum of understanding (MOU) with the VT Agency of Education (AOE) and the M-V SEA, to formalize partnerships to plan & implement a community plan to prevent & end youth homelessness. AOE designated the M-V State Coordinator to be a member of the VT BoS Board and YHPPC to on-going dialogue. AOE shares aggregate data on homeless households with children and youth, reported by local liaisons to inform CoC assessment of community need. The AOE assists local liaisons to refer students & families to CoC Coordinated Entry with technical assistance & trainings. The AOE fosters collaboration between service providers and local liaisons (cross-trainings, information sharing, and referrals to school & mainstream resources). The formal partnership between the VT BoS CoC and McKinney-Vento SEA continues to strengthen after the recent HUD-Youth Homelessness Demonstration Program award.

**3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.**
**(limit 2,000 characters)**

The VT-500 BoS CoC adopted “Educational Services for Children Policies & Procedures” in the CoC Written Standards to ensure individuals, youth & families are informed of service eligibility during the intake process & designated staff ensures school enrollment and a connection with service planning when education needs are unmet. In order to operationalize the educational requirements in CoC Program project design and execution, recipients, subrecipients and partners are required to designate staff who are responsible for informing individuals, youth and families of their eligibility for educational services and linkage to the McKinney-Vento liaison in the school district of their choice at intake. Further, the CoC embedded a question relating to educational service eligibility within the Coordinated Entry Assessment tool and providers informing individuals, youth and families of applicable educational service eligibility. The CoC and providers encourages households to contact Vermont 211 to access a statewide referral service and web-based inventory of education services and other resources.

**3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select “Yes” or “No”. Applicants must select “Yes” or “No”, from the list below, if the CoC has written formal agreements, MOU/MOA’s or partnerships with providers of early childhood services and support.**

| | MOU/MOA | Other Formal Agreement |
|---|---|---|
| **Early Childhood Providers** | Yes | 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 years** | No | Yes |
| **Tribal Home Visting Program** | No | No |
| **Other: (limit 50 characters)** | | |
| | | |
| | | |

**3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 2,000 characters)**

1. The VT BoS CoC has outreach staff & program staff that help identify/refer/connect Veterans to VA/CoC/DOJ/ESG/mainstream/other housing & services. 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 (CE) intake/VT 211 (statewide) referrals; a VT Stand Downs (Hosts-Lyndon State College); and indirect (phone calls/emails/posters).

2. Social workers at 7 local outpatient health centers, operated by VA-White River Junction Medical Center, and SSVF staff assess housing needs and barriers, identify case management needs and assess if Veterans have access to VA & community benefits. Once assessed all VA-eligible homeless Veterans are put on the CoC Veterans Committee/By-Name List (BNL) for bi-weekly case conference calls & non-VA resource eligible Veterans are referred to the coordinated entry BNL. CE assessment occur if a Veteran is not VA eligible.

3. Once Veterans are identified & assessed, referrals are made to appropriate resources to meet the Veteran identified housing and service. Referrals include HUD-VASH, SSVF and GPD and they are based on prioritization factors and eligibility criteria. and housing (VASH/GPD/other). VA non-eligible/averse Veterans are referred to other resources (CoC, DOJ, state-funded, other). The Veteran Committee is developing policies to proposed to the CoC for inclusion in the CoC Coordinated Entry Manual. These policies will provide guidelines for how partner agencies completing CE assessments can refer into the Veteran's CE system and how the Vets Committee will prioritize referrals to programs including SSVF (RRH), GPD (Service-Intensive TH) and HUD VASH (PSH).

| | |
|---|---|
| **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 experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?** | No |
| **3B-5. Racial Disparity. Applicants must: (1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance; (2) if the CoC conducted an assessment, attach a copy of the summary.** | Yes |

**3B-5a. Applicants must select from the options below the results of the**

## CoC's assessment.

| | |
|---|---|
| **People of different races or ethnicities are more or less likely to receive homeless assistance.** | |
| **People of different races or ethnicities are more or less likely to receive a positive outcome from homeless assistance.** | |
| **There are no racial disparities in the provision or outcome of homeless assistance.** | |
| **The results are inconclusive for racial disparities in the provision or outcome of homeless assistance.** | X |

## 3B-5b. Applicants must select from the options below the strategies the CoC is using to address any racial disparities.

| | |
|---|---|
| **The CoC's board and decisionmaking bodies are representative of the population served in the CoC.** | |
| **The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.** | |
| **The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.** | |
| **The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups** | |
| **The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.** | |
| **The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.** | |
| **The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness.** | |
| **The CoC is educating organizations, stakeholders, boards of directors for local and national non-profit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.** | |
| **The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.** | |
| **The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.** | |
| **The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.** | |
| **Other:** | |

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

## Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

### 4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC:
### (1) assists persons experiencing homelessness with enrolling in health insurance; and
### (2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.

| Type of Health Care | Assist with Enrollment | Assist with Utilization of Benefits? |
|---|---|---|
| **Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)** | Yes | Yes |
| **Private Insurers:** | Yes | Yes |
| **Non-Profit, Philanthropic:** | Yes | Yes |
| **Other: (limit 50 characters)** | | |
| | | |

### 4A-1a. Mainstream Benefits. Applicants must:
### (1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;
### (2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and
### (3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy for mainstream benefits. (limit 2,000 characters)

1. VT-500 BoS CoC works with mainstream programs through recruiting mainstream staff to participate in CoC meetings and become CoC members and by gathering feedback from member agencies working with eligible households to share with mainstream program manager about system barriers or challenges to accessing resources. VT BoS requires CoC Program-funded projects to work with local, State and non-HUD federally funded resources to connect people to mainstream benefits. VT SOAR & VT PATH services provide online provider trainings and work in partnership with CoC to increase access to SSI/SSDI, health insurance & other benefits. VT Health Connect - state health insurance marketplace partners 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) all partner with CoC and/or local project partners to help people apply for and follow-up on any appeals to be able to receive mainstream benefits. Staff help people apply for food stamps and TANF as appropriate and link to other mainstream services to meet their identified needs.

2. CoC Program staff keep current with information on mainstream benefits & other resources with VT Agency of Human Services (AHS) email notifications/extensive trainings on available resources; regular updates on mainstream resources via CoC email listserv, CoC-wide & local CoC community meetings where people present on updates and changes to mainstream benefit application processes.

3. VT Council on Homelessness, chaired by AHS Housing Director, is the responsible entity for overseeing strategy for mainstream benefits access.

### 4A-2.Housing First: Applicants must report: (1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and (2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach–meaning that the project quickly houses clients without preconditions or service participation requirements.

| | |
|---|---|
| **Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.** | 7 |
| **Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach–meaning that the project quickly houses clients without preconditions or service participation requirements.** | 7 |
| **Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.** | 100% |

### 4A-3. Street Outreach. Applicants must: (1) describe the CoC's outreach; (2) state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area; (3) describe how often the CoC conducts street outreach; and (4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)

1) VT-500 BoS CoC uses a variety of street outreach (SO) methods to locate people experiencing unsheltered homelessness. SSVF conducts street outreach in all 251 towns in Vermont to identify homeless veterans and refer them to Coordinated Entry and access housing (veterans-specific & mainstream). 5 PATH providers & Pathways VT (Housing First Program) conduct SO to persons experiencing chronic homelessness (CH) and mental illness. The PIT Count includes localized SO throughout the CoC geography.

Regions have piloted innovative SO methods: church leaders & plain clothed police officers partnering with mental health and other service providers to do SO to encampments and other areas where people are unsheltered.

2) 100% of VT BoS geographic area is covered by SO, apart from remote areas inaccessible due to geographical barriers (deep wilderness/mountains, swamps, etc.).

3) VT BoS conducts SO on an ongoing basis, as each SO method is carried out by different providers and often in different regions of the CoCs. PIT Count SO occurs annually.

4) SO is tailored to the following least likely to request assistance populations: veterans, people experiencing CH & people with severe mental illness (SMI). For veterans, there is a by-name list of homeless veterans and providers do SO in a repeated, systematic way to provide opportunities to engage in services & establish rapport. For those experiencing CH and/or SMI, mental health professionals conduct SO to ensure services are trauma-informed, client-centered & appropriate. Partnering plain-clothed police officers with mental health professionals for SO to homeless encampments, with service engagement as the explicit purpose, increases positive outcomes for persons experiencing homelessness. Access to services are ensured through available language interpretation services (statewide) & VT Center for Independent Living conducts trainings/monitoring of TTY devices to assist persons with hearing/speech impairments.

**4A-4. Affirmative Outreach. Applicants must describe:**
**(1) the specific strategy the CoC 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; and**
**(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above.**
**(limit 2,000 characters)**

1) The VT-500 BoS CoC Board approved an affirmative outreach policy, “Fair Housing and Opportunity: Affirmative Marketing and Outreach” (August 2018). This policy requires all CoC & ESG funded programs to “take meaningful actions that are designed and can be expected to achieve a positive material change that affirmatively furthers fair housing.” These actions include creating partnerships with diverse community based agencies, translation of documents advertising assistance, inclusive street outreach, and making documents accessible by online tools used by persons with visual/hearing impairments. The VT Con Plan incorporates CoC strategy to affirmatively further fair housing for all protected categories with the VT Human Rights Commission (HRC) and the CoC communicates fair housing issues to the Con Plan jurisdiction. The VT HRC conducts trainings on affirmatively marketing housing & supportive services to 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. All ESG

& CoC-funded Programs make referrals to VT Legal Aid & Vermont 211 to access additional legal and other resources.

2) All persons going through CoC Coordinated Entry & Assessments are told their rights & responsibilities under the fair housing policy during initial intake and assessment. Providers conducting the assessments, before beginning, ask people if they need any accommodation due to a disability or Limited English Proficiency and if needed, the assessor makes these accommodations to ensure effective communication. PHA (all CoC RRH & PSH) policies require alternate communication methods (sign- language/language interpretation; large print/audio versions of forms) as needed.

**4A-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.**

| | 2017 | 2018 | Difference |
|---|---|---|---|
| **RRH beds available to serve all populations in the HIC** | 588 | 492 | -96 |

**4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction?** No

**4A-7. Homeless under Other Federal Statutes. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other Federal statutes?** 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 |
|---|---|---|---|
| 1C-5. PHA Administration Plan–Homeless Preference | No | VT-500 1C-5. PHA ... | 09/12/2018 |
| 1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference | No | VT-500 1C-5 PHA ... | 09/12/2018 |
| 1C-8. Centralized or Coordinated Assessment Tool | Yes | VT-500 1C-8 Centr... | 09/12/2018 |
| 1E-1. Objective Critiera–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix) | Yes | VT-500 1E-1. Obje... | 09/12/2018 |
| 1E-3. Public Posting CoC-Approved Consolidated Application | Yes | | |
| 1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP) | Yes | VT-500 1E-3. Publ... | 09/12/2018 |
| 1E-4. CoC's Reallocation Process | Yes | VT500 1E-4. CoC R... | 09/11/2018 |
| 1E-5. Notifications Outside e-snaps–Projects Accepted | Yes | VT-500 1E-5. Noti... | 08/28/2018 |
| 1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced | Yes | VT-500 1E-5. Noti... | 08/28/2018 |
| 1E-5. Public Posting–Local Competition Deadline | Yes | VT-500 1E-5 Publi... | 09/12/2018 |
| 2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA) | Yes | VT-500 2A-1. CoC ... | 09/11/2018 |
| 2A-2. HMIS–Policies and Procedures Manual | Yes | VT-500 2A-2. HMIS... | 09/11/2018 |
| 3A-6. HDX–2018 Competition Report | Yes | VT-500 3A-6. HDX-... | 08/28/2018 |
| 3B-2. Order of Priority–Written Standards | No | VT-500 3B-2. Orde... | 09/12/2018 |

| | | | |
|---|---|---|---|
| 3B-5. Racial Disparities Summary | No | VT-500 3B-5. Raci... | 08/28/2018 |
| 4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable) | No | | |
| Other | No | | |
| Other | No | | |
| Other | No | | |

# Attachment Details

**Document Description:** VT-500 1C-5. PHA Admininistration Plans - Homeless Preferences

# Attachment Details

**Document Description:** VT-500 1C-5 PHA Admin Plan Move-On [VSHA]

# Attachment Details

**Document Description:** VT-500 1C-8 Centralized or Coordinated Assessment Tool

# Attachment Details

**Document Description:** VT-500 1E-1. Objective Criteria - Rate, Rank, Review and Selection Criteria

# Attachment Details

**Document Description:**

# Attachment Details

**Document Description:** VT-500 1E-3. Public Posting - Local Competition Rate, Rank, Review and Selection Criteria

# Attachment Details

**Document Description:** VT500 1E-4. CoC Reallocation Process

# Attachment Details

**Document Description:** VT-500 1E-5. Notifications Outside e-snaps-Projects Accepted

# Attachment Details

**Document Description:** VT-500 1E-5. Notifications Outside e-snaps-Projects Rejected or Reduced

# Attachment Details

**Document Description:** VT-500 1E-5 Public Posting - Local Competition Deadline

# Attachment Details

**Document Description:** VT-500 2A-1. CoC and HMIS Lead Governance

Charter

# Attachment Details

**Document Description:** VT-500 2A-2. HMIS Policies and Procedures Manual

# Attachment Details

**Document Description:** VT-500 3A-6. HDX-2018 Competition Report

# Attachment Details

**Document Description:** VT-500 3B-2. Order of Priority-Written Standards

# Attachment Details

**Document Description:** VT-500 3B-5. Racial Disparities Summary

# Attachment Details

**Document Description:**

# Attachment Details

**Document Description:**

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**Document Description:**

# Attachment Details

**Document Description:**

# Submission Summary

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

| Page | Last Updated |
|---|---|
| **1A. Identification** | 09/11/2018 |
| **1B. Engagement** | 09/11/2018 |
| **1C. Coordination** | 09/12/2018 |
| **1D. Discharge Planning** | 09/11/2018 |
| **1E. Project Review** | 09/11/2018 |
| **2A. HMIS Implementation** | 09/11/2018 |
| **2B. PIT Count** | 09/11/2018 |
| **2C. Sheltered Data - Methods** | 09/11/2018 |
| **3A. System Performance** | 09/11/2018 |
| **3B. Performance and Strategic Planning** | 09/11/2018 |
| **4A. Mainstream Benefits and Additional Policies** | 09/11/2018 |
| **4B. Attachments** | Please Complete |

| **Submission Summary** | No Input Required |
|---|---|

## 4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

**Local Preferences [24 CFR 982.207; HCV p. 4-16]**

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

PHA Policy

**VSHA will offer public notice when changing its preference system. The notice will be publicized using the same guidelines as those followed for amending the agency's PHA plan or opening and closing the waiting list, depending on when the change is planned to occur.**

**VSHA uses the following local preference system:**

1

**Disaster Preference:** This preference is available to families who are displaced due to fire, flood, natural disaster, or condemnation by a local, State, or Federal Agency.

2

**Transitional Housing Preference:** This preference is available to individuals and families who are Transitioning from one of the following programs administered by the Vermont State Housing Authority:

- HUD's Family Unification program for Youth In Transition;
- The Vermont Rental Subsidy Program (a 12 month rapid rehousing initiative administered by the Vermont Agency of Human Services). *Applications for this preference will be accepted only after 9 months of participation in VRS.*
- Individuals/families transitioning from a Domestic Violence Transitional Housing Program (currently on or eligible to be on the Continuum of Care Homeless Inventory Chart for homeless beds).
- *HUD's McKinney-Vento Shelter Plus Care Program;

To be considered for this preference, applicants **must** meet the following additional criteria:

1. Actively participating in a case-management plan – which includes a discharge plan with an appropriate organization providing these services; *and*
2. Be in compliance with any lease agreement (verbal or written). Families must be current in their rent and any other conditions of tenancy. Families can not be subject to an eviction action. VSHA will require Certification from the

applicant's current landlord stating they are *in good standing and in compliance with their lease agreement.*

**Applicants transitioning from HUD's/VSHA's Shelter plus Care program MUST provide certification from the (Shelter plus Care) Sponsoring Organization that the applicant has participated in the Shelter plus Care program for no less than 36 months and has met the goals of their Individual Service Plan (ISP).*

3

**Preference for Homeless Families with Case Management Support:**
*Preference will be limited to no more than 100 applicants / fiscal year (10/1 – 9/30).*

Preference will be provided to families (with one or more minor children) who are homeless as defined by HUD's Category 1 definition of homelessness1 **and** who will be receiving regular on-site case management support from a local homeless services, social services or mental health agency for at least one year after moving into a voucher-assisted unit. Status will be verified through the agency providing case management.

## INCOME TARGETING

### Income Targeting 1(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75% of the families admitted to the HCV program during the PHA's fiscal year. ELI families are those with annual incomes at or below 30% of the area median income. To ensure this requirement is met, a PHA may skip non-ELI families on the waiting list in order to select an ELI family.

Low income families admitted to the program that are "continuously assisted" under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

1 Category 1: An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: a. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park abandoned building, bus or train station, airport, or camping ground; or b. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or c. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution".

# MONTPELIER HOUSING AUTHORITY

# ADMINISTRATIVE PLAN

# FOR THE

# HOUSING CHOICE VOUCHER PROGRAM

April 2015

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

MHA Policy

The MHA will use the following local preferences:

Involuntarily displaced.

Currently living in substandard housing (including homeless families).

Currently paying more than 50% of their income for rent and utilities ("Rent_ Burden").

Descriptions of these Preferences and "definitional options" (or sub-categories) follow.

Involuntary Displacement Preference

Involuntarily Displaced applicants are applicants who have been involuntarily displaced and are not living in standard, permanent replacement housing, or will be involuntarily displaced within no more than six months from the date of filing the application.

Families are considered to be involuntarily displaced if they are required to vacate housing as a result of one of the following situations:

1. A disaster (fire, flood, earthquake, etc.) that has caused the unit to be uninhabitable.

2. Federal, state or local government action related to code enforcement, public improvement or development.

3. Action by a housing owner which is beyond an applicant's ability to control, and which occurs despite the applicant's having met all previous conditions of occupancy, and is other than a rent increase.

If the owner is an immediate family relative and there has been no previous rental agreement and the applicant has been part of the owner's family immediately prior to application, the applicant will not be considered involuntarily displaced.

For purposes of this definitional element, reasons for an applicant's having to vacate a housing unit include, but are not limited to:

1. A disaster (fire, flood, earthquake, etc.) that has caused the unit to be uninhabitable.

2. Federal, state or local government action related to code enforcement, public improvement or development.

3. Action by a housing owner which is beyond an applicant's ability to control, and which occurs despite the applicant's having met all previous conditions of occupancy, and is other than a rent increase.

If the owner is an immediate family relative and there has been no previous rental agreement and the applicant has been part of the owner's family immediately prior to application, the applicant will not be considered involuntarily displaced.

4. Actual or threatened physical violence directed against the applicant or the applicant's family by a spouse or other household member who lives in the unit with the family.

The actual or threatened violence must have occurred within the past 30 days or be of a continuing nature.

An applicant who lives in a violent neighborhood or is fearful of other violence outside the household is not considered involuntarily displaced.

To qualify for this preference, the abuser must still reside in the unit from which the victim was displaced. The applicant must certify that the abuser will not reside with the applicant unless the MHA gives prior written approval.

The MHA will approve the return of the abuser to the household under the following conditions:

The MHA verifies that the abuser has received therapy or counseling that appears to minimize the likelihood of recurrence of violent behavior.

A counselor, therapist or other knowledgeable professional recommends in writing that the individual be allowed to reside with the family.

If the abuser returns to the family without approval of the MHA, the MHA will deny or terminate assistance for breach of the certification.

The MHA will take precautions to ensure that the new location of the family is concealed in cases of domestic abuse.

6. By hate crimes if a member of the family has been the victim of one or more hate crimes, and the applicant has vacated the unit because of the crime or the fear of such a crime has destroyed the applicant's peaceful enjoyment of the unit.

A hate crime is actual or threatened physical violence or intimidation that is directed against a person or his property and is based on the person's race, color, religion, sex, national origin, disability or familial status [including sexual orientation] and occurred within the last thirty days or is of a continuing nature.

7. Displacement by non-suitability of the unit when a member of the family has a **mobility** or other impairment that makes the person unable to use critical elements of the unit and the owner is not legally obligated to make changes to the unit.

Critical elements are

entry and egress of unit and building,

a sleeping area,

a full bathroom,

a kitchen if the person with a disability must do their own food preparation,

8 Due to HUD disposition of a multifamily project under Section 203 of the Housing and Community Development Amendments Act of 1978.

Definition of Standard Replacement Housing

In order to receive the displacement preference, applicants who have been displaced must not be living in "standard, permanent replacement housing."

Standard replacement housing is defined as housing that is decent, safe and sanitary according to Housing Quality Standards, that is adequate for the family size according to Housing Quality Standards, and that the family is occupying pursuant to a written or oral lease or occupancy agreement.

Standard replacement housing does not include transient facilities, hotels, motels, temporary shelters, and (in the case of Victims of Domestic Violence) housing occupied by the individual who engages in such violence. It does not include any individual imprisoned or detained pursuant to State Law or an Act of Congress.

Shared housing with family or friends is considered temporary and is not considered standard replacement housing.

Substandard Housing Preference

Applicants who live in substandard housing are families whose dwelling meets one or more of the following criteria provided that the family did not cause the condition:

Is dilapidated, as cited by officials of a code enforcement office, and does not provide safe, adequate shelter; has one or more critical defects or a combination of defects requiring considerable repair; endangers the health, safety, and well-being of family.

Does not have operable indoor plumbing.

Does not have usable flush toilet in the unit for the exclusive use of the family.

Does not have usable bathtub or shower in unit for exclusive family use.

Does not have adequate, safe electrical service.

Does not have an adequate, safe source of heat.

Should, but does not, have a kitchen. Single Room Occupancy (SRO) Housing is not substandard solely because it does not contain sanitary and/or food preparation facilities in the unit.

Has been declared unfit for habitation by a government agency.

Is overcrowded according to HQS.

An applicant who is a "Homeless Family" is considered to be living in substandard housing. "Homeless Families":

Lack a fixed, regular and adequate nighttime residence; AND

Have a primary nighttime residence that is a supervised public or private shelter providing temporary accommodations (including welfare hotels, congregate shelters and transitional housing), or an institution providing temporary residence for individuals intended to be institutionalized, or a public or private place not ordinarily used as a sleeping accommodation for human beings.

Homeless families may maintain their place on the waiting list while completing a transitional housing program.

Families who are residing with friends or relatives on a temporary basis will be included in the definition of "substandard." provided this is their only place of residence.

Families living in overcrowded conditions will be included in the definition of "substandard."

Rent Burden Preference

Families paying more than 50% of their income for rent and utilities for at least 90 days will receive this preference.

For purposes of this preference, "Family Income" is Gross Monthly Income as defined in the regulations.

"Rent" is defined as the actual amount due under a lease or occupancy agreement calculated on a monthly basis without regard to the amount actually paid, plus the monthly amount of tenant-supplied utilities which can be either:

The MHA's reasonable estimate of the cost of such utilities, using the Section 8 Utility Allowance Schedule; or

The average monthly payments the family actually made for these utilities in the most recent 12-month period, or if information is not obtainable for the entire period, the average of at least the past six months.

# MONTPELIER HOUSING AUTORITY

# ADMISSIONS AND CONTINUED OCCUPANCY POLICY

# FOR THE

# PUBLIC HOUSING PROGRAM

April 2015

qualifies for. The availability of units also may affect the order in which families are selected from the waiting list.

The PHA must maintain a clear record of all information required to verify that the family is selected from the waiting list according to the PHA's selection policies [24 CFR 960.206(e)(2)]. The PHA's policies must be posted any place where the PHA receives applications. The PHA must provide a copy of its tenant selection policies upon request to any applicant or tenant. The PHA may charge the family for providing a copy of its tenant selection policies [24 CFR 960.202(c)(2)].

MHA Policy

When an applicant or resident family requests a copy of the MHA's tenant selection policies, the MHA will provide copies to them free of charge.

## 4-III.B. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use.

### Local Preferences [24 CFR 960.206]

PHAs are permitted to establish local preferences and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources [24 CFR 960.206(a)].

MHA Policy

The MHA will use the following local preferences:

Involuntarily displaced.

Currently living in substandard housing (including homeless families).

Currently paying more than 50% of their income for rent and utilities ("Rent_ Burden").

Descriptions of these Preferences and "definitional options" (or sub-categories) follow.

Involuntary Displacement Preference

Involuntarily Displaced applicants are applicants who have been involuntarily displaced and are not living in standard, permanent replacement housing, or will be involuntarily displaced within no more than six months from the date of filing the application.

Families are considered to be involuntarily displaced if they are required to vacate housing as a result of one of the following situations:

1. A disaster (fire, flood, earthquake, etc.) that has caused the unit to be uninhabitable.

2. Federal, state or local government action related to code enforcement, public improvement or development.

3. Action by a housing owner which is beyond an applicant's ability to control, and which occurs despite the applicant's having met all previous conditions of occupancy, and is other than a rent increase.

If the owner is an immediate family relative and there has been no previous rental agreement and the applicant has been part of the owner's family immediately prior to application, the applicant will not be considered involuntarily displaced.

For purposes of this definitional element, reasons for an applicant's having to vacate a housing unit include, but are not limited to:

1. A disaster (fire, flood, earthquake, etc.) that has caused the unit to be uninhabitable.

2. Federal, state or local government action related to code enforcement, public improvement or development.

3. Action by a housing owner which is beyond an applicant's ability to control, and which occurs despite the applicant's having met all previous conditions of occupancy, and is other than a rent increase.

If the owner is an immediate family relative and there has been no previous rental agreement and the applicant has been part of the owner's family immediately prior to application, the applicant will not be considered involuntarily displaced.

4. Actual or threatened physical violence directed against the applicant or the applicant's family by a spouse or other household member who lives in the unit with the family.

The actual or threatened violence must have occurred within the past 30 days or be of a continuing nature.

An applicant who lives in a violent neighborhood or is fearful of other violence outside the household is not considered involuntarily displaced.

To qualify for this preference, the abuser must still reside in the unit from which the victim was displaced. The applicant must certify that the abuser will not reside with the applicant unless the MHA gives prior written approval.

The MHA will approve the return of the abuser to the household under the following conditions:

The MHA verifies that the abuser has received therapy or counseling that appears to minimize the likelihood of recurrence of violent behavior.

A counselor, therapist or other knowledgeable professional recommends in writing that the individual be allowed to reside with the family.

If the abuser returns to the family without approval of the MHA, the MHA will deny or terminate assistance for breach of the certification.

The MHA will take precautions to ensure that the new location of the family is concealed in cases of domestic abuse.

6. By hate crimes if a member of the family has been the victim of one or more hate crimes, and the applicant has vacated the unit because of the crime or the fear of such a crime has destroyed the applicant's peaceful enjoyment of the unit.

> A hate crime is actual or threatened physical violence or intimidation that is directed against a person or his property and is based on the person's race, color, religion, sex, national origin, disability or familial status [including sexual orientation] and occurred within the last thirty days or is of a continuing nature.

7. Displacement by non-suitability of the unit when a member of the family has a **mobility** or other impairment that makes the person unable to use critical elements of the unit and the owner is not legally obligated to make changes to the unit.

Critical elements are

> entry and egress of unit and building,
>
> a sleeping area,
>
> a full bathroom,
>
> a kitchen if the person with a disability must do their own food preparation,

8 Due to HUD disposition of a multifamily project under Section 203 of the Housing and Community Development Amendments Act of 1978.

Definition of Standard Replacement Housing

In order to receive the displacement preference, applicants who have been displaced must not be living in "standard, permanent replacement housing."

> Standard replacement housing is defined as housing that is decent, safe and sanitary according to Housing Quality Standards, that is adequate for the family size according to Housing Quality Standards, and that the family is occupying pursuant to a written or oral lease or occupancy agreement.
>
> Standard replacement housing does not include transient facilities, hotels, motels, temporary shelters, and (in the case of Victims of Domestic Violence) housing occupied by the individual who engages in such violence. It does not include any individual imprisoned or detained pursuant to State Law or an Act of Congress.

Shared housing with family or friends is considered temporary and is not considered standard replacement housing.

Substandard Housing Preference

Applicants who live in substandard housing are families whose dwelling meets one or more of the following criteria provided that the family did not cause the condition:

Is dilapidated, as cited by officials of a code enforcement office, and does not provide safe, adequate shelter; has one or more critical defects or a combination of defects requiring considerable repair; endangers the health, safety, and well-being of family.

Does not have operable indoor plumbing.

Does not have usable flush toilet in the unit for the exclusive use of the family.

Does not have usable bathtub or shower in unit for exclusive family use.

Does not have adequate, safe electrical service.

Does not have an adequate, safe source of heat.

Should, but does not, have a kitchen. Single Room Occupancy (SRO) Housing is not substandard solely because it does not contain sanitary and/or food preparation facilities in the unit.

Has been declared unfit for habitation by a government agency.

Is overcrowded according to HQS.

An applicant who is a "Homeless Family" is considered to be living in substandard housing. "Homeless Families":

Lack a fixed, regular and adequate nighttime residence; AND

Have a primary nighttime residence that is a supervised public or private shelter providing temporary accommodations (including welfare hotels, congregate shelters and transitional housing), or an institution providing temporary residence for individuals intended to be institutionalized, or a public or private place not ordinarily used as a sleeping accommodation for human beings.

Homeless families may maintain their place on the waiting list while completing a transitional housing program.

Families who are residing with friends or relatives on a temporary basis will be included in the definition of "substandard." provided this is their only place of residence.

RUTLAND
HOUSING AUTHORITY

# ADMINISTRATIVE PLAN
# FOR THE
# SECTION 8
# HOUSING CHOICE VOUCHER PROGRAM

**Original Date: December 10, 2007**
**Resolution # 635**

| Revision Date | Revision Date |
|---|---|
| **12/08/08**<br>**Resolution #691** | **01/03/2014**<br>**Resolution #2014-03** |
| **01/11/2010**<br>**Resolution #733** | **12/08/2014**<br>**Resolution #2014-35** |
| **1/11/2010**<br>**Resolution #2011-03** | **11/30/2015**<br>**Resolution #2016-07** |
| **10/03/2011**<br>**Resolution #2011-34** | **04/11/2016**<br>**Resolution #2016-09** |
| **03/12/2012**<br>**Resolution # 2012-09** | **06/05/2017**<br>**Resolution #2017-16** |
| **12/12/2012**<br>**Resolution # 2012-26** | |
| | |

PHA Policy

The PHA administers the following types of targeted funding:

*Med Waiver Applicants*

**Regular HCV Funding**

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.

## 4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

**Local Preferences [24 CFR 982.207; HCV p. 4-16]**

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

PHA Policy

The PHA will offer a preference to any family that has been terminated from its HCV program due to insufficient program funding.

The PHA will also offer the following preferences:

A residency preference for a family that resides in the State of Vermont for a period of at least one year, or includes a family member who works, or has been notified that they are hired to work, in the State of Vermont.

A preference for "working" families, where the head, spouse or sole member is employed a minimum of 20 hours per week. An applicant where the head and spouse or sole member is a person age 62 or older or is a person with disabilities will also be given the benefit of this preference.

A preference for a family that includes a family member who is a victim of domestic violence, or has been a victim of domestic violence within the past 6 months.

A preference for Homeless applicants (as defined by HUD's definition of homelessness) being considered under supported housing programs with appropriate supportive services under a Memoranda of Agreement between RHA and the social service agency, including but not limited to the Homeless Prevention Center, Agency of Human Services Initiatives, Rutland Mental Health Services, Veteran's Administration, Rutland County Women's Network and Shelter and the Rutland County Continuum of Care. Regular on-site services must be in place for a minimum of one year

A preference for a family who is displaced due to a disaster (e.g. fire, flood, earthquake).

**Income Targeting Requirement [24 CFR 982.201(b)(2)]**

# ADMISSIONS AND CONTINUED OCCUPANCY POLICY: PUBLIC HOUSING

**FOR THE**

RUTLAND
HOUSING AUTHORITY

**Approved November 13, 2000, Resolution #417**
**by the Rutland Housing Authority Board of Commissioners**
**Revision Dates:**

**March 11, 2002, Resolution #438**
**January 5, 2005, subsequently ratified on**
**January 19, 2005, Resolution #518**
**July 10, 2006, Resolution #585**
**January 8, 2007, Resolution #607 (NM100106)**
**December 8, 2008, Resolution #691 (NM060107)**
**January 11, 2010, Resolution #732 (NM090109)**
**January 11, 2011, Resolution #2011-02 (NM080110)**
**October 3, 2011, Resolution #2011-31 (NM060111)**
**December 17, 2012, Resolution #2012-25**
**January 13, 2014, Resolution #2014-02**
**December 8, 2014, Resolution #2014-39**
**April 11, 2016, Resolution #2016-06**
**July 10, 2017, Resolution #2017-19**

## 4-III.B. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use.

### Local Preferences [24 CFR 960.206]

PHAs are permitted to establish local preferences and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources [24 CFR 960.206(a)].

RHA Policy

The RHA has a preference for homeless applicants (as defined by HUD's definition of homelessness) being considered under supported housing programs with appropriate supportive services provided under a Memoranda of Agreement between the RHA and the social service agency, including but not limited to Homeless Prevention Center, Agency of Human Services initiatives, Rutland Mental Health Services, Veteran's Administration, Rutland County Women's Network and Shelter and the Rutland County Continuum of Care. Regular on-site service must be in place for a minimum of one year.

The RHA will also have a preference for elderly or near elderly as defined by HUD.

### Income Targeting Requirement [24 CFR 960.202(b)]

HUD requires that extremely low-income (ELI) families make up at least 40 percent of the families admitted to public housing during the PHA's fiscal year. ELI families are those with annual incomes at or below the federal poverty level of 30 percent of the area median income, whichever number is higher [*Federal Register* notice 6/25/14]. To ensure this requirement is met, the PHA may skip non-ELI families on the waiting list in order to select an ELI family.

If a PHA also operates a housing choice voucher (HCV) program, admissions of extremely low-income families to the PHA's HCV program during a PHA fiscal year that exceed the 75 percent minimum target requirement for the voucher program, shall be credited against the PHA's basic targeting requirement in the public housing program for the same fiscal year. However, under these circumstances the fiscal year credit to the public housing program must not exceed the lower of: (1) ten percent of public housing waiting list admissions during the PHA fiscal year; (2) ten percent of waiting list admissions to the PHA's housing choice voucher program during the PHA fiscal year; or (3) the number of qualifying low-income families who commence occupancy during the fiscal year of PHA public housing units located in census tracts with a poverty rate of 30 percent or more. For this purpose, qualifying low-income family means a low-income family other than an extremely low-income family.

RHA Policy

The RHA will monitor progress in meeting the ELI requirement throughout the fiscal year. ELI families will be selected ahead of other eligible families on an as-needed basis to ensure that the income targeting requirement is met.

### Mixed Population Developments [24 CFR 960.407]

## 4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

**Local Preferences [24 CFR 982.207; HCV p. 4-16]**

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

PHA Policy

**VSHA will offer public notice when changing its preference system. The notice will be publicized using the same guidelines as those followed for amending the agency's PHA plan or opening and closing the waiting list, depending on when the change is planned to occur.**

**VSHA uses the following local preference system:**

1

Disaster Preference: This preference is available to families who are displaced due to fire, flood, natural disaster, or condemnation by a local, State, or Federal Agency.

2

Transitional Housing Preference: This preference is available to individuals and families who are Transitioning from one of the following programs administered by the Vermont State Housing Authority:

- HUD's Family Unification program for Youth In Transition;
- The Vermont Rental Subsidy Program (a 12 month rapid rehousing initiative administered by the Vermont Agency of Human Services). *Applications for this preference will be accepted only after 9 months of participation in VRS.*
- Individuals/families transitioning from a Domestic Violence Transitional Housing Program (currently on or eligible to be on the Continuum of Care Homeless Inventory Chart for homeless beds).
- *HUD's McKinney-Vento Shelter Plus Care Program;

PSH Move-On Preference is highlighted in yellow

Project type has not been updated to reflect CoC Program PSH but the PHA is also the CoC Program PSH recipient

To be considered for this preference, applicants must meet the following additional criteria:

1. Actively participating in a case-management plan – which includes a discharge plan with an appropriate organization providing these services; *and*
2. Be in compliance with any lease agreement (verbal or written). Families must be current in their rent and any other conditions of tenancy. Families can not be subject to an eviction action. VSHA will require Certification from the

applicant's current landlord stating they are *in good standing and in compliance with their lease agreement.*

**Applicants transitioning from HUD's/VSHA's Shelter plus Care program MUST provide certification from the (Shelter plus Care) Sponsoring Organization that the applicant has participated in the Shelter plus Care program for no less than 36 months and has met the goals of their Individual Service Plan (ISP).*

3

**Preference for Homeless Families with Case Management Support:**
*Preference will be limited to no more than 100 applicants / fiscal year (10/1 – 9/30).*

Preference will be provided to families (with one or more minor children) who are homeless as defined by HUD's Category 1 definition of homelessness1 **and** who will be receiving regular on-site case management support from a local homeless services, social services or mental health agency for at least one year after moving into a voucher-assisted unit. Status will be verified through the agency providing case management.

## INCOME TARGETING

### Income Targeting 1(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75% of the families admitted to the HCV program during the PHA's fiscal year. ELI families are those with annual incomes at or below 30% of the area median income. To ensure this requirement is met, a PHA may skip non-ELI families on the waiting list in order to select an ELI family.

Low income families admitted to the program that are "continuously assisted" under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

1 Category 1: An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: a. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park abandoned building, bus or train station, airport, or camping ground; or b. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or c. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution".

**VT-500**

**FY18 CoC Program NOFA**

## 1C-8. Centralized or Coordinated Assessment Tool Attachment Summary

This file contains the two assessment tools used by VT-500.

1) Vermont Coalition to End Homelessness – Coordinated Entry Housing Crisis Referral
2) Vermont Coalition to End Homelessness – Coordinated Entry Housing Assessment

Vermont Coalition to End Homelessness – Coordinated Entry

# Housing Crisis Referral

Send to: Choose the local CE lead  Scan/Email to:  OR Fax:

Date of Referral:  Referring Organization:

Name of Staff Completing Form:  Staff Phone #:

**2nd PAGE SIGNED RELEASE IS REQUIRED WITH COMPLETED FORM**

**Are you fleeing or attempting to flee Domestic Violence/Abuse?**

**Do you feel unsafe at your current location?**

**IF YES, *may we contact*** Select the local DV/SV Shelter/Agency ***about your situation or to secure shelter?***

***CALL***

***Do not complete or submit the rest of the form if referral is made directly to DV/SV Shelter***

Client Name:  DOB:  Gender: Gender Non-conforming

Phone Number:  Do we have permission to call this number? ◯ Yes ◯ No

Can we leave a message or text this number? ◯ Yes ◯ No

Physical Address (unless Homeless):

Mailing Address (if different):

Family Type: Select a Family Type  Household Size:  Household Monthly Income:

Has anyone served in the military or armed services before? ◯ Yes ◯ No ◯ Don't Know/Refused

What language are they most comfortable speaking?  Is an interpreter needed? ◯ Yes ◯ No

Does anyone in the household need an accommodation for a disability? ◯ Yes ◯ No ◯ Don't Know/Refused

*No one has to answer this question if they don't want to. But if someone does have a disability, and they need us to do something different to help them access housing or services, please let us know. We can make changes to how we do things, if the change is reasonable.*

□ The individual/family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain permanent housing or (if not housed) prevent them from moving into emergency shelter

Where did they stay last night (be specific):  How long at this location?

| |
|---|
| □ Emergency Shelter |
| □ Place not meant for human habitation (cars, parks, abandoned buildings, camps, streets) |
| □ Renting a house /apartment (check all that apply)<br>□ facing eviction – **DATE (if known):**  □ moved 2 or more times in past 60 days<br>□ in subsidized housing or have subsidy (VRS, FUP, Sect 8, S+C)  □ unsafe situation<br>□ overcrowded (more than 1.5 people/room) |
| □ Staying with friends or family <u>because of economic hardship</u> (check all that apply)<br>□ facing eviction – **DATE (if known):**  □ moved 2 or more times in past 60 days<br>□ overcrowded (more than 1.5 people/room)  □ unsafe situation |
| □ Hospital or other institution<br>□ Stayed less than 90 days  □ Just prior, was in shelter or someplace not meant for human habitation |
| □ Motel/hotel<br>□ Paid by someone else:  □ Paid by self, not able to continue |
| □ In a home owned by the individual/family  STOP – Make referral to homeownership center: Select from List<br>Check back if housing status changes |
| □ **None of the above**  STOP – Not eligible for services - Other referral(s) made:<br>Check back if housing status changes |

**Other notes about the situation:**

# Housing Crisis Referral
# Permission to Share Personal Information to Secure Help with Housing

Client Name: DOB:

I give my permission to

to communicate information on the Housing Crisis Referral Form, which includes:

- how to contact me and where I am staying
- my ability to pay for housing
- my current housing or homeless status
- my housing needs, demographic information about me
- and any help I need to communicate or access services.

With Choose the local CE lead for the purpose of obtaining housing related assistance.

**By signing this form, I understand:**

- The reason(s) I am being asked to release information.
- Signing this authorization is voluntary. I understand that ability to receive services or support is not conditioned upon authorizing this disclosure. However, by not giving permission to share information, I may not be able to access housing help as quickly as possible.
- I understand that I may cancel this authorization in writing at any time, except for action that has already taken place.
- If I do not revoke or update this authorization, it will be in effect as long as I am seeking or receiving housing support or shelter.
- All items on this form have been completed and my questions about this form have been answered.

**Signature** _____ **Date** _____

# Vermont Coalition to End Homelessness – Coordinated Entry Housing Assessment

*Name of Person(s) providing information: _____* *Staff Completing:_____*

*Date Completed: _____* *ServicePoint#: _____*

## *STAFF INSTRUCTIONS:*

- *Check to see if client is in HMIS first. If yes, review and update information.*
- *Staff directions and guidance is italicized. DO NOT read aloud.*
- *HMIS Universal Data Element questions are marked with a "ⓘ"* after the question.
- *Questions that are dash underlined should be used to make soft referrals for other supports at the end.*

*Begin reading here to client:* **The following questions will help us to figure out how best to help you. Answering these questions can help us find housing that best fits your needs and provide you with referrals to other supports. It's very important that you answer honestly. Some of the questions are personal, and you may choose to skip any of the questions. Before we start, I want to let you know that we do not discriminate based on race, color, national origin, religion, disability, familial status, marital status, age, sexual orientation, gender identity, or receipt of public assistance. I also want to let you know that we will keep the information you share confidential, and only share what is needed to coordinate housing and service needs when you give us permission. I'll review a Release form with you at the end of this assessment, and you can choose how you want this information to be shared and with what agencies.**

- **Do you or anyone in your household need any accommodations for a disability, such as help with paperwork or navigating services?**

*No one has to answer this question if they don't want to. But if someone does have a disability, we can make changes to how we do things to make the process easier for them, if the change is reasonable.*

*☐Yes ☐No ☐DK/Declined If yes, record here:*

### *SCREENING QUESTION FOR THOSE FLEEING DOMESTIC OR SEXUAL VIOLENCE*

If you answer "Yes" to any of the following questions, we have procedures to help you access this process more safely based on your situation.

- Are you currently fleeing your current location because you feel unsafe with a current or former partner?
- Are you fleeing sexual violence or stalking?
  - *(If yes)* Would you like to be referred to the local Domestic/Sexual Violence Shelter for help?

*(If yes)* ***STOP – Do NOT complete the rest of the form. Make referral to Domestic Violence Agency to enter the Coordinated Entry process.***

- **What kind of help are you interested in right now?**

*☐Emergency Housing (if emergency shelter is needed, STOP assessment & make connections to shelter first)*

*☐Support Services ☐Financial assistance ☐Help to find housing ☐Mediation/Help for Housing Conflict ☐Not Sure*

*☐Other:*

## *SECTION 1: HOUSEHOLD INFORMATION*

**First, I'm going to collect some basic information about you and the people in your household.**

- Who is living with you or will be part of your household? ⓘ
- Is anyone known by another name? ⓘ
- Can you please tell me the relationship to you, the social security number, and date of birth for each person? ⓘ
- a. Does anyone in your household identify as transgender or gender non-conforming?
  b. What is the gender of each person in your household? ⓘ
  Male Female Transgender Male to Female Transgender Female to Male Gender Non-Conforming
- Which category or categories describe <use name of each person>? ⓘ
  Black or African American American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander White
- Is anyone of Hispanic, Latino or Spanish origin? ⓘ
- a. Does <use name of each person> have health insurance? ⓘ
  b. *If yes,* what type of health insurance? ⓘ
- Have you or any adult in your household ever served in the U. S. Armed Forces or Military? ⓘ
  - Are you currently receiving services from a veteran-serving organization? ☐*Yes* ☐*No* ☐*Don't Know* ☐*Declined*
  - Do you have military ID? *If Yes,* What type? ☐*Military Card ID* ☐*DD-214* ☐*VA ID* ☐*DD-2*
  - May we make a referral to the VA on your behalf? ☐*Yes* ☐*No*

**Thanks for all those answers. The next question may help us get you support that best fits your needs.**

- Do you or anyone in your household have a disabling condition, such as alcohol and/or drug abuse, a chronic health condition, a mental health problem, HIV/AIDS, a developmental disability or another physical disability? You don't need to be receiving services or treatment to have a disability. ⓘ

*Read questions and record answers in the chart below – drop down options in electronic form.*

| First and Last Name ⓘ | Aliases ⓘ | Relation to Head of Household ⓘ | SSN ⓘ | Date of Birth ⓘ | Gender ⓘ | Race ⓘ | Hispanic Y/N ⓘ | Health Insurance Y/N ⓘ | Health Insurance Type ⓘ | Veteran Y/N ⓘ | Disabling condition Y/N ⓘ |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | SELF | | | Choose | Choose | | | | | |
| | | | | | | | | | | | |
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## *SECTION 2: DISABILITY INFORMATION*

***ONLY COMPLETE** if someone in the household has a disabling condition. **IF NOT, skip to Section 3.***

**Now I'm going to ask you some additional information about the people in your household with a disabling condition. Remember, you don't have to answer any questions you don't want to. Your answers may help us figure out how to best to help you. I also want to make sure that you know any specific information about a disability is only used to determine if you might be eligible for a program, not to deny you services or housing for which you are eligible.**

***Note: documentation is not required: client's self-report is sufficient for this assessment.***

*From previous question on disabling conditions, fill in chart with name of person/people with disabling conditions. Then read questions below and record answers in the chart.*

| First and Last Name ⓘ | Type of disability (1 type per line) ⓘ | Is this expected to be long-term and continue indefinitely, and affect your/their ability to live independently? ⓘ | Currently receive services or treatment? | *If not,* Would you/they like help getting connected with services or treatment? |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

- What type of disabling condition do you/does <use name of each person with disabling condition> have?
- Is the disabling condition expected to be long-term and continue indefinitely, and affect your/their ability to live independently?
- a. Do you/they currently receive services or treatment for the disabling condition?
  b. *If not,* Would you/they like help getting connected with services or treatment?

- Do you have any urgent medical conditions right now that you need help with? _____
  *If yes, make appropriate referrals.*

## *SECTION 3: DOMESTIC VIOLENCE HISTORY*

*Read the following questions and record the "YES" answers in the chart below, including the name of the person.*

- Have you ever had a partner that made you afraid for your safety, hurt you or controlled your decisions? ⓘ YES NO

  *If YES,* a. When did it occur? ⓘ

  Within the past 3 months 3-6 months ago 6-12 months ago More than 1 year ago

  b. Are you currently fleeing them? ⓘ

- Has anyone in your household, besides you, had a partner that made them afraid for their safety, hurt them or controlled their decisions? ⓘ YES NO

  *If YES,* a. When did it occur? ⓘ

  Within the past 3 months 3-6 months ago 6-12 months ago More than 1 year ago

  b. Are they currently fleeing them? ⓘ

- Would you or anyone else in your household like to speak with a domestic or sexual violence advocate for support? _____
  *If yes, make appropriate referrals.*

| Name (First and Last) ⓘ | When did it occur? ⓘ | Currently fleeing? Y/N ⓘ |
|---|---|---|
| | Choose | |
| | Choose | |
| | Choose | |

## *SECTION 4: CURRENT HOUSING SITUATION & CHRONIC HOMELESSNESS INFORMATION*

***This Section must be completed for <u>each Adult</u>.***

**Thanks for your answers so far. Now, I want to review your current housing situation with you. I'm also going to ask some questions about your housing history. I want to remind you that we do not discriminate. Our goal is to help identify the housing and support that best fits your needs. Answering these questions accurately may help us.**

*If Housing Referral Form is on hand, <u>Review & Update:</u>* I see that you've been staying <<u>place from referral form</u>>; is that still where you are staying?

- Where did you stay last night? Please be specific. ⓘ

***Homeless***

- ☐ Emergency Shelter or Safe Haven
- ☐ Place not meant for habitation (cars, parks, abandoned or condemned buildings, camps, streets)
- ☐ Motel/hotel (General Assistance (GA) or other voucher)

- *If experiencing homelessness[1],* do you recall the approximate date you started staying here? ⓘ _____

***Institutional setting***

- ☐ Hospital or non-psychiatric medical facility
- ☐ Jail/prison/Juvenile detention facility
- ☐ Psychiatric hospital bed/facility
- ☐ Foster Care home/residential program
- ☐ Long-term care facility or nursing home
- ☐ Substance abuse treatment facility or detox

***Transitional or Permanent Housing***

- ☐ Motel/hotel paid by self
- ☐ Renting a house /apartment
  - *If yes,* Do you live in subsidized housing or have your own voucher right now? (VRS, FUP, Section 8, Shelter + Care, etc)
    - ☐ Yes: _____
- ☐ Staying or living in a family member's room, apartment or house
- ☐ Staying or living in a friend's room, apartment or house
- ☐ Other residential project (not homeless specific)
- ☐ Transitional Housing for homeless persons (including youth)

***Diversion Questions for those who did not stay in Emergency Shelter last night (Optional)***

- Are you able to stay <<u>insert name of location</u>> again tonight? ☐*Yes* ☐*No* ☐*Maybe*
- *If no or maybe,* Is there anything that could be done so that you can stay there again? _____
- Do you have friends or family in the area that you can stay with safely tonight? ☐*Yes* ☐*No*

[1] In Emergency Shelter or Safe Haven, place not meant for human habitation (tent, street, car, etc.) or in a motel paid for through a state or other voucher.

***Transitional or Permanent Housing, cont.***

***Screen for Imminent or At-Risk of Homelessness (Optional)***

- Have you been threatened with being kicked out of your current place? ☐ *Yes* ☐ *No*
- Have you been served a legal eviction notice (from the court) that says you must leave within 14 days?
  ☐ *Yes* ☐ *No* **DATE (if known):** _____
- Have you received a notice (from your landlord) that your right to stay or occupy your current housing will be terminated within 21 days?
  ☐ *Yes* ☐ *No* **DATE (if known):** _____
- Are you staying with family or friends <u>because you are unable to afford your own place</u>? ☐ *Yes* ☐ *No*
- Is your current living situation overcrowded? Meaning, there too many people in your current location (> 1.5 pp/room)? ☐ *Yes* ☐ *No*
- Have you moved 2 or more times in the past 60 days? ☐ *Yes* ☐ *No*
- Has the housing that you are currently living in been condemned by a health officer? ☐ *Yes* ☐ *No*

☐ In a home owned by the individual/family *<u>STOP – Make referral to homeownership center</u>*

- How long have you been staying where you are staying now? *(Update, if needed)* ⓘ

| | |
|---|---|
| ☐ One night or less | ☐ One month or more, but less than 90 days |
| ☐ Two to 6 nights | ☐ More than three months, but less than one year |
| ☐ One week or more, but less than one month | ☐ One year or longer |

- *If less than 90 days,* on the night before this was where you stayed, where did you stay **AND** approximately when did you start staying there? ⓘ

  ☐ *Emergency Shelter/Safe Haven* *Start Date:* _____
  ☐ *Place not meant for habitation (car, tent, street, etc.)* *Start Date:* _____
  ☐ *Other:* _____

- Have you ever experienced homelessness before (this time?) ☐ *Yes* ☐ *No*

*a . If yes,* how many times have you been living outside, on the streets, or in an emergency shelter or safe haven in your life? _____

b. When were you homeless and how long were you homeless each time (include shelter stays)? *(list year & length of episode in months)*

*Staff answer the following from responses above:*

- *Total # of months/years spent homeless:*
  ☐ *Less than 1 year* ☐ *12 – 23 mos.* ☐ *24 – 60 mos. (2-5 years)* ☐ *More than 60 mos. (5 years)*
- *Regardless of where they stayed last night, # of times the client has been homeless (including current episode) in the past 3 years:* ⓘ _____
- *Total # of months spent homeless (including current episode) in the past 3 years:* ⓘ _____

## *SECTION 5: INCOME AND EMPLOYMENT INFORMATION*

**Now, I want to understand your current income and employment situation.**
If you can provide a copy of your pay stubs or benefit statements, we may be able to serve you more quickly.

Do you or any adults in your household have income from any source, including cash and non-cash income? ⓘ ☐ *Yes* ☐ *No*

*If yes,*

| Cash Income ⓘ | Monthly Amount ⓘ | Which Adult? ⓘ |
|---|---|---|
| Alimony/other spousal support | $ | |
| Child support | $ | |
| **Earned Income** (employment/self-employmt) | $ | |
| General Assistance (GA) | $ | |
| Other | $ | |
| Pension/Retirement Income from job | $ | |
| Private disability insurance | $ | |
| Social Security Retirement | $ | |
| SSDI | $ | |
| SSI | $ | |
| Reach Up (TANF) | $ | |
| Unemployment | $ | |
| VA disability: non-service connected pension | $ | |
| VA disability: service connected compensation | $ | |
| Worker's comp | $ | |
| **Total Cash Income** | **$** | |

| Non-Cash Income ⓘ | Yes/No ⓘ | Monthly Amount ⓘ (optional) | Which Adult? ⓘ |
|---|---|---|---|
| 3SquaresVT - SNAP (Food Stamps) | | $ | |
| WIC | | $ | |
| Reach Up (TANF) child care services | | $ | |
| Reach Up (TANF) transportation services | | $ | |
| Other Reach Up (TANF) services | | $ | |
| Section 8/public housing rental assistance | | $ | |
| Other: | | $ | |
| Other: | | $ | |
| Other: | | $ | |
| Other: | | $ | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| **Total Non-Cash Income** | | **$** | |

Do you expect any changes in your household income in the next month? ☐ *Yes* ☐ *No* *If Yes,* what changes?

If you are receiving Reach Up (TANF), do you expect any changes to this benefit in the near future? ☐ *Yes* ☐ *No* *If Yes,* what changes?

Would you like to explore a way to increase your income? ☐ *Yes* ☐ *No*

*If yes,* Do you think employment training or support could help you to increase your income? ☐ *Yes* ☐ *No*

*If yes,* Would you like help with finding employment, training or education opportunities?

*If no,* Are you interested in other benefits?

## *SECTION 6: LEVEL OF ASSISTANCE*

**Now that I have your income and employment information, I'm going to ask you some questions to help better understand your housing needs.**

| ***A.*** | ***Screen for Short-Term Assistance (up to 3 months)*** | | | ***Score:*** |
|---|---|---|---|---|
| **INCOME** | Do you have enough income right now to afford ongoing rent for your own apartment? | *Yes = 1, No = 0* | | *Total Income Score = _____*<br>*☐ Score >=1 Criteria Met* |
| | Do you expect that your income will increase in the next three months, such as a raise from a job or pending military, retirement, alimony, child support or social security benefits? *(reasonable expectation)* | *Yes = 1, No = 0* | | |
| | In the next three months, will you receive subsidized housing? *(documentation)* | *Yes = 1, No = 0* | | |
| | In the next three months, will your households expenses decrease enough so that you can afford your own apartment? | *Yes = 1, No = 0* | | |
| **OPPORTUNITY** | Have you ever been asked to leave your apartment or given legal papers asking you to leave? ***If yes,*** **How many times?** _____ | *Score 1 if No (exclude pending)* | | *Total Opportunity Score = _____*<br>*☐ Score >=1 Criteria Met* |
| | Do you have any good or fair landlord references? | *Yes = 1, No = 0* | | |
| | Do you have your next housing secured? *(documented offer from landlord for a unit)* | *Yes = 1, No = 0* | | |
| **SITUATION** | *From previous questions: First episode of homelessness in the past three years?* | *Yes = 1, No = 0* | | *☐ Score = 1 Criteria Met* |
| ☐ **CHECK HERE IF ALL OF THE LAST COLUMN IS CHECKED – ALL CRITERIA ARE MET; HOUSEHOLD SCREENS IN FOR SHORT-TERM ASSISTANCE** | | | | |
| ***B.*** | ***Screen for Long-Term Assistance (more than 24 months)*** | | | ***Score:*** |
| *Has the client been experiencing homelessness (this episode) continuously for one year or more OR has had at least 4 episodes of homelessness in past 3 years (previously determined)?* | | *Yes = 1, No = 0* | | *☐ Score >=1* ***Household Screens In for Long-term Assistance*** |
| *Does the client have a disability that is expected to be long-term, and substantially impairs their ability to live independently over time (previously determined)?* | | *Yes = 1, No = 0* | | |
| *Has the client been asked to leave an apartment or given legal papers asking to leave* ***3 or more times****, including anything that is pending (previously determined)?* | | *Yes = 1, No = 0* | | |
| ***C.*** | ***Screen for Medium-Term Assistance (3-24 months)*** | | | |
| ☐ **CHECK HERE IF THE HOUSEHOLD DID NOT SCREEN IN FOR SHORT-TERM OR LONG-TERM ASSISTANCE; SCREENS FOR MEDIUM-TERM ASSISTANCE** | | | | |

## *SECTION 7: COMPLEX SERVICE NEEDS*

***ONLY COMPLETE* if Household screened into Medium-Term or Long-Term Assistance (A or B) in preceding section.**
***If Not, Skip to Section 8.***

**Your responses to these next questions will help us understand the kind of services you might need in housing. Like before you don't have to answer, but it will help identify housing support for you.**

A. Have you or a member of your household:

- ☐ Had one or more trips to an emergency room in the past year?
- ☐ Stayed in a psychiatric facility (lifetime)?
- ☐ Stayed in a substance abuse treatment facility (lifetime)?
- ☐ Stayed in another type of residential facility, including a nursing home or group home (lifetime)?
- ☐ Been in foster care at age 16 years or older?
- ☐ Been homeless before the age of 25 (adults and heads of household only)?
- ☐ Stayed in a prison, jail, or correctional facility (lifetime)?

- ☐ Do you currently have an open case with Family Services (DCF Child Welfare)?
- ☐ Have you been without any cash income (including from a job or not from a job) for the entire past year?
- ☐ Do you or anyone in your household have an urgent medical need (e.g., severe infection, acute diabetic condition, mental health crisis)

B. *Staff member answer from information collected earlier (pages 3 and 4):*

- ☐ *Currently unsheltered or living in a place unfit for human habitation (e.g., car, tent)*
- ☐ *Survivor of domestic/sexual violence*
- ☐ *Adult household member living with a chronic condition that is disabling*

C. *Staff member answer from information collected earlier (page 5)*

____ *Mark "0" for less than 12 months of homelessness; "1" for 12 – 23 months of homelessness; "2" for 24 – 60 months (2-5 years) of homelessness; "3" for more than 60 months (5 years) of homelessness*

*Total boxes checked above in sections A and B: _____*
*Score for length of time homeless in section C: _____*
***Total Complex Service Needs Score (add the two above): _____***

## *SECTION 8: HOUSING PREFERENCES AND BARRIERS (OPTIONAL)*

**The next set of questions will help us gather information about your housing preferences and barriers.**

- Where would you like or prefer to live (county/towns)? _____
- Do you currently owe any back rent? ☐ *Yes* ☐ *No*
- Do you currently owe money on any utility bills? ☐ *Yes* ☐ *No*
- Do you have friends or family members with whom you can stay for a short period of time, or who can lend you money? ☐ *Yes* ☐ *No*
- Would you say you have trouble getting or keeping an apartment? ☐ *Yes* ☐ *No*

***If yes***, was it for any of the following reasons? (Check all that apply)

☐ Need an accessible unit
☐ Credit history
☐ Criminal record
☐ Not enough income
☐ Bad or no landlord references
☐ My pets or animals: _____
☐ Housekeeping
☐ Smoking
☐ Uneven or no employment
☐ Eviction history
☐ Issues with house guests: _____
☐ Discrimination- Please explain: _____
☐ Number of children/people in the household
☐ Other:_____

- What would you say is your biggest barrier to getting or keeping housing right now?

***ONE MORE PAGE LEFT! PLEASE COMPLETE THE FINAL PAGE WITH CLIENT; THEN FILL OUT THE RELEASE OF INFORMATION.***

## *SECTION 9: REFERRALS AND SERVICE CONNECTIONS*

**This is our final page! Thanks again for being patient as we fill this out together. I have just a few final questions.**

- Have you worked with any service agencies or programs in the last 12 months?

| | | |
|---|---|---|
| Agency: | Agency: | Agency: |
| Program Name: | Program: | Program: |
| With whom did you work? | With whom did you work? | With whom did you work? |

- Are you currently on Probation or Parole? ☐ *Yes* ☐ *No*
  Parole Officer's Name: _____ Telephone #:_____ Type of offense: _____

- Are all school aged children enrolled in school? ☐ *Yes* ☐ *No* *If yes*, are there any enrollment or attendance difficulties? _____
  *If yes,* what school do they attend? _____
  Can I contact the local homeless liaison at your school? ☐ *Yes* ☐ *No* http://education.vermont.gov/homeless-children-and-youth

- Are you interested in any of these other resources we can provide to help you?

| | | |
|---|---|---|
| ☐ Adult education classes | ☐ Food/Food Shelf/3SquaresVt Benefits | ☐ Information about counseling |
| ☐ Budget and financial counseling | ☐ Health insurance | ☐ Support groups |
| ☐ Employment Search/Training | ☐ Information about substance use | ☐ Other: |
| ☐ Finding a primary care provider | | |

***REFERRALS FOR CLIENT*** *Go back to pages 1, 2 3, 6 and 10 and check for any soft referrals (Reminder: Questions that lead to referrals are dash underlined.*

☐ *Emergency Housing: Shelter or Overflow Motel* ☐ *Support Services: _____* ☐ *Financial assistance*

☐ *Help to find housing* ☐ *Mediation/Help for Housing Conflict* ☐ *VA* ☐ *Services or Treatment for Disability* ☐ *DV/SV Advocate*

☐ *Urgent Medical Care* ☐ *Homeownership Center* ☐ *Employment, Training or Education Opportunities* ☐ *Benefits* ☐ *Utilities*

Service Referrals (Note: These are soft referrals, meaning the assessor can provide client with agency information or call agency with the client present):

Housing Next Steps:

Next Appointment with:

**VT-500**

**FY18 CoC Program NOFA**

**1E-1 Objective Criteria – Rate, Rank, Review and Selection Criteria**

This file contains the three document supporting the VT-500 use of objective criteria, housing outcomes, evaluation of projects victim service provider (VSP) and those serving DV

1) New Project Scoring Tool
    a. Objective – all
    b. Housing Outcomes – Question C1, C5, C7
    c. VSP projects – Question Threshold 7, B1, C1, C7
2) Renewal Project Scoring Tool
    a. Objective – all
    b. Housing Outcomes – Question C4, C7, C9
    c. VSP projects – Question C7, C8
3) VT-500 CoC Program Project Ranking Policy

**FFY2018 VT BoS CoC NEW Project Scoring Tool**

Project Name: _____ Project Agency: _____

Evaluator Name: _____ Date: _____

| | | |
|---|---|---|
| **THRESHOLD - ALL PROJECTS** | | |
| 1 Project proposes to serve an eligible population for the project type | Yes | No |
| 2. Project proposes to use eligible costs for the project type | Yes | No |
| 3. Project applicant and subrecipient are eligible entities | Yes | No |
| 4. Match is greater than or equal to 25% | Yes | No |
| 5. Project agrees to participate in Coordinated Entry System and VT HMIS or comparable database for victim service providers? | Yes | No |
| 6. Project agrees to use Housing First principles and be low barrier | Yes | No |
| **IF ANY ANSWERS ARE 'NO' PROJECT DOES NOT MEET THRESHOLD** | | |
| **THRESHOLD - DV BONUS PROJECTS ONLY** | | |
| 7. All participants in the project will meet the qualifications of Category 4 of the homeless definition which includes fleeing or attempting to flee domestic violence | Yes | No |
| **IF ANY ANSWERS ARE 'NO' PROJECT DOES NOT MEET THRESHOLD** | | |
| **Part A: Project Type (Maximum Points – 20)** | **Points** | **Awarded** |
| 1. Permanent Supportive Housing (PSH) | 20 | |
| 2. Rapid Re-Housing (RRH) | 20 | |
| 3. Joint Transitional Housing-RRH (TH--RRH) | 5 | |
| **Part B: VT HMIS or Comparable Database Participation (Maximum Points - 5)** | | |
| 1. Does agency participate in VT HMIS or a comparable database if VSP for other homeless dedicated projects?* | | |
| Yes | 5 | |
| No | 0 | |
| **Part C. Experience and Project Description (Maximum Points – 50)** | | |
| **Participant Project Performance** | | |
| 1. Does the applicant describe their experience with administering PSH and/or RRH projects? *DV projects - also must address how safety outcomes have been met in the past.* | Up to 6 | |
| 2. Does the applicant have past experience in leveraging other funds to support housing projects? | Up to 2 | |
| 3. How many months before the project is near 100% capacity | | |
| Within 4 months | 2 | |
| Within 6 months | 1 | |
| 4. Does the applicant describe basic organization and management structure to successfully implement the project? | Up to 6 | |
| 5. Does the project description meet a CoC identified need and provide a clear description of project type, scale, location and supportive services and projected outcomes to obtain and/or remain in permanent housing? | Up to 8 | |

**Continue to page 2**

Project Name: _____ Project Agency: _____

Evaluator Name: _____ Date: _____

| | Points | Awarded |
|---|---|---|
| 6. Is outreach plan adequate and clear to engage target population? | Up to 6 | |
| | | |
| 7. Does the applicant describe a strong plan to obtain and retain permanent housing including landlord engagement stratagies?<br>*DV projects must also address past experience in housing survivors in PH*<br>*DV projects must also address how safety outcomes will be met in the future.* | Up to 6 | |
| | | |
| 8. Does project description clearly describe how linkages to employment and other mainstream income resources and services will occur? | Up to 8 | |
| | | |
| 9. Is the proposed budget clear and realistic to carryout proposed activities? | Up to 6 | |
| **Part D. Target Population (Multiple choices allowed; Maximum Points - 20)** | | |
| 1. What is the target population of the grant | | |
| 100% Individuals or Families Experiencing Chronic Homelessness or DedicatedPLUS populations | 7 | |
| Youth (18-24) | 5 | |
| Households with Children under 18 | 4 | |
| Veterans | 1 | |
| 2. Will the project prioritize people with zero income from the referrals received from the Coordinated Entry System? | | |
| Yes | 3 | |
| No | 0 | |
| **Part F: Monitoring (Maximum Points - 5)** | | |
| 1. Does applicant have an agency representative who participates in at least 75% of CoC meetings? | 2 | |
| 2. Does the applicant have any unresolved HUD Monitoring and/or OIG Audit findings covering any previous grant? | 1 | |
| 3. Cost effectiveness is at or below $10,500 per unit/year (Total HUD CoC funds/number of units) | 2 | |
| FINAL SCORE (Maximum Points = 100) | **TOTAL** | |
| **CoC Ranking Team comments:** | | |

*If agency has no other homeless dedicated projects they will receive full points

**FFY2018 VT BoS CoC RENEWAL Project Scoring Tool**

Project Name: _____ Project Agency: _____

Evaluator Name: _____ Date: _____

| | | | |
|---|---|---|---|
| **THRESHOLD** | | | |
| 1 Project proposes to serve an eligible population for the project type | | Yes | No |
| 2. Project proposes to use eligible costs for the project type | | Yes | No |
| 3. Project applicant and subrecipient are eligible entities | | Yes | No |
| 4. Match is greater than or equal to 25% | | Yes | No |
| 5. Project agrees to participate in Coordinated Entry System and HMIS | | Yes | No |
| 6. Project agrees to use Housing First principles and be low barrier | | Yes | No |
| **IF ANY ANSWERS ARE 'NO' PROJECT DOES NOT MEET THRESHOLD** | | | |
| **Part A: Project Type (Maximum Points – 20)** | | **Points** | **Awarded** |
| 1. Permanent Supportive Housing (Shelter Plus Care ) | | 20 | |
| 2. Rapid Re-Housing (RRH) | | 20 | |
| **Part B: VT HMIS or Comparable Database Data Quality & APR (Maximum Points - 6)*** | | | |
| 1. APR Data Quality (most recent APR): All data elements are 0% missing elements | | 6 | |
| **Part C. Performance (Maximum Points – 48)*** | | | |
| **Participant Project Performance (Source: HMIS or Comparable Database)** | | | |
| **ALL PROJECTS** | | | |
| 1. % of households that have increased non-employment income: | 75% or more | 10 | |
| % of households that have increased non-employment income: | 55 % to 74% | 5 | |
| % of households that have increased non-employment income: | 35 % to 54% | 3 | |
| % of households that have increased non-employment income: | 34% or less | 0 | |
| | | | |
| 2. Employment: % participants with increased employment income: | 25% or more | 8 | |
| Employment: % participants with increased employment income: | 19% to 24% | 5 | |
| Employment: % participants with increased employment income: | 11% to 18% | 3 | |
| Employment: % participants with increased employment income: | 10% or less | 0 | |
| | | | |
| 3. Non-Cash Benefits: % HHs with at least one source: 85% or higher | | 8 | |
| | | | |
| 4. Returns to Homelessness | | | |
| % of households who returned to homelessness at exit: | 10% or less | 10 | |
| % of households who returned to homelessness at exit: | 11% or higher | 5 | |
| | | | |
| **SEVERITY OF NEEDS and VULNERABILITY** | | | |
| 5. Admission Income: | | | |
| % of households who had zero income at entry: | 30% or higher | 2 | |
| % of households who had zero income at entry: | 10-29% | 1 | |
| % of households who had zero income at entry: | Less than 10% | 0 | |
| | | | |
| 6. People entering with a disability | | | |
| % of households who have a disabiling condition of long-duration at entry: | 20% or higher | 2 | |
| % of households who have a disabiling condition of long-duration at entry: | 10-19% | 1 | |
| % of households who have a disabiling condition of long-duration at entry: | Less than 10% | 0 | |

**Continue to page 2**

Project Name: _____ Project Agency: _____

Evaluator Name: _____ Date: _____

| | Points | Awarded |
|---|---|---|
| | | |
| **PROJECTS DEDICATED TO SURVIVORS OR RUN BY VICTIM SERVICE PROVIDERS** | | |
| 7. Housing Stability: % HHs maintaining or exiting to permanent housing: 80% or more | 6 | |
| Housing Stability: % HHs maintaining or exiting to permanent housing: 65% to 79% | 4 | |
| Housing Stability: % HHs maintaining or exiting to permanent housing: 64% or less | 0 | |
| | | |
| 8. Safety of survivors improved: 90% or more | 4 | |
| Safety of survivors improved: 80% to 89% | 2 | |
| Safety of survivors improved: 79% or less | 0 | |
| | | |
| **PROJECTS NOT DEDICATED TO SURVIVORS OR RUN BY VICTIM SERVICE PROVIDERS** | | |
| 9. Housing Stability: % HHs maintaining or exiting to permanent housing: 90% or more | 10 | |
| Housing Stability: % HHs maintaining or exiting to permanent housing: 76% to 89% | 5 | |
| Housing Stability: % HHs maintaining or exiting to permanent housing: 65% to 75% | 3 | |
| Housing Stability: % HHs maintaining or exiting to permanent housing: 64% or less | 0 | |
| **Part D. Target Population (Multiple choices allowed; Maximum Points - 20)** | | |
| 1. 100% Individuals or Families Experiencing Chronic Homelessness or DedicatedPLUS population | 10 | |
| 2. Youth (18- 24) | 5 | |
| 3. Households with Children under 18 | 4 | |
| 4. Veterans | 1 | |
| **Part E: Monitoring (Maximum Points - 5)** | | |
| 1. Drawdown at least monthly | 2 | |
| 2. Utilization rate of housing units at least 95% * | 1 | |
| 3. Recaptured funds is less than 10% of total award * | 2 | |
| 4. Cost effectiveness is at or below $9,500 per unit/year (Total HUD CoC funds/number of units) | 1 | |
| FINAL SCORE (Maximum Points = 100) **TOTAL** | | |

**CoC Ranking Team comments:**

*If project is a first time renewal or has not completed a full operating it will receive full points on this question

| | |
|---|---|
| *HUD Continuum of Care # and Name*:<br>**VT 500 - Vermont Balance of State CoC** | |
| *VT BoS CoC Primary Decision-Making Body*:<br>**Vermont Coalition to End Homelessness (VCEH)** | |
| *Policy/Procedure*:<br>**CoC Program Project Ranking** | |
| *VT BoS CoC approved/revised*: **12/20/13; 10/20/2015; 7/19/16, 7/28/17, 7/18/18)** | |

Purpose:

Policy and procedure to guide the CoC Project Ranking Committee and Collaborative Applicant in activities required to review and prioritize CoC Program applications submitted in response to the annual Notice of Funding Availability (NOFA) for the Housing and Urban Development (HUD) Continuum of Care Program (CoC). This process defines methods to ensure the scoring and ranking of CoC Program applications are conducted in a fair, transparent, and unbiased manner.

Ranking Committee:

A CoC Project Ranking Committee will be developed and maintained to review renewal and new CoC Program project applications. The CoC Project Ranking Committee membership will include a person familiar with CoC Program requirements and the community's homeless system who are not competing for funding or affiliated with an organization who is competing for funding (i.e., Provider Agency Board Member). Each year the CoC Project Ranking Committee members will sign a statement of confidentiality and certify they have no conflict of interest in the regard to any discussions or determinations of specific project applications and/or applicants. Members will be recruited annually and approved by the VCEH Board after their eligibility is verified by the CoC.

The following list is the current Committee membership approved by the VCEH CoC Board:

- **Good Samaritan Haven** (Brooke Jenkins)
- **U.S. Dept. of Veteran Affairs-WRJ** (Jason Brill or Designee)
- **United Ways of Vermont** (MaryEllen Mendl or Designee)
- **VT Dept. of Housing & Community Development** (Shaun Gilpin or Designee)
- **VT Housing and Conservation Board** (Jen Hollar or Designee)
- **VT Housing and Finance Agency** (Andrea Tieso or Designee)
- **VT Network Against Domestic & Sexual Violence** (Kara Casey or Designee)

Ranking Process:

The CoC will implement goals for each HUD CoC NOFA application cycle which maximize competitiveness of the CoCs Consolidated Application in consideration of local CoC priorities. Local CoCs will be included in making initial funding priorities recommendations. Prior to each year's project ranking meeting the full CoC or its designee will review, approved and publish the current CoC priorities and scoring criteria.

The CoC Project Ranking Committee will meet to review each CoC Program project application against the approved scoring criteria established in the CoC Project Rating Tool(s) which will include: minimum grant threshold requirements, objective scoring criteria, performance data and established CoC priorities. These combined factors will inform the CoC Project Ranking Committee in the determination of a CoC project ranking list and, if applicable, any necessary funding reductions to one or more projects.

The CoC Project Ranking Committee may consider application adjustments and propose changes to project scope or budget for such issues as HUD incentives, bonus funding, program requirements, geographic distribution, identified community needs, etc. The CoC Project Ranking Committee determines the rank and funding levels of all CoC projects considering all available and objective information.

Minimum Threshold Requirements: eligible population for project type, eligible costs for project type, eligible applicant, minimum match; utilization of the VT BoS CoC HMIS implementation (VTHMIS) or comparable system for victim service providers; all project referrals must come from the CoC Coordinated Entry; and Housing First practices.

Project Scoring Tool:
Each year the CoC Project Scoring Tool will be reviewed and any proposed edits will be presented to the CoC Board or its designee for approval. The final tool will be posted to the CoC website for public access. The tool will also be distributed to all members and stakeholders via the CoC's listserv which is open to the public.

The following elements will be present in all project ranking tools for applications proposing to serve participants:

- Severity of Needs and Vulnerability of Populations Served
- Project Performance and Monitoring Results
- Housing Type and Cost Effectiveness
- Target Population and HMIS Data Quality

*The sources of information to complete the ranking tool may include but are not limited to: HUD Priorities; Vermont HMIS ( Mediware-ServicePoint); Comparable Databases for victim service providers (e.g. Osnium); Project Monitoring Results; Annual Performance Reports (APR); Project Participant Performance; Match Documentation; Bed/Unit Utilization; HMIS Data Quality reports; LOCCS drawdown reports/Expenditure of Funds; Annual CoC PIT counts and other needs-based reports; HUD Fair Market Rent (FMR) amounts; HUD Preliminary Pro Rata Need (PPRN); CoC Project Applications; Request for Proposals (RFP); and local/regional CoC priorities.*

Project Ranking Order for FFY 2018 projects:

- Upon review of CoC continued need and Applicant performance, ***Homeless Management Information System*** (HMIS) renewal project applications will be reviewed for threshold criteria and will be placed as the second to last full project in Tier 1. New HMIS project applications will be ranked in order of need as determined by the CoC.
- Upon review of CoC continued need and Applicant performance, ***Supportive Services Only-Coordinated Entry*** (SSO-CE) renewal project applications will be reviewed for threshold criteria and will be placed as the last full project in Tier 1. New SSO-CE project applications will be ranked in order of need as determined by the CoC.
- New project applications for reallocation, expansion and Bonus funds will be placed in Tier 2, unless a renewal project is ranked low enough to be placed into Tier 2 due to poor performance.*
- New DV Bonus applications will be placed after new reallocation/expansion and Bonus projects.

Reallocation Process: See VCEH/VT BoS "Reallocating CoC Projects Policy" for both voluntary and involuntary reallocation.

VCEH/VT BoS CoC and HUD Policy Priorities

1. Create a Systemic Homeless Response
   a. Coordinate System Planning
   b. Encourage and support participation from persons with lived homeless experiences
   c. Ensure equal and fair access to all CoC Program-funded projects
   d. Promote participant choice, privacy and dignity
   e. Implement and operate an effective Coordinated Entry process
   f. Measure System Performance
   g. Develop and operate the delivery of homeless assistance in an open, inclusive and transparent manner
2. Strategic Allocation of Resources
   a. Comprehensive and regular reviews of CoC project quality, performance and cost effectiveness
   b. Integration of persons with disabilities
   c. Optimize self-sufficiency of households experiencing homelessness by maximizing the use of mainstream and other community-based resources (housing, employment/income, non-cash benefits)
3. Ending Chronic Homelessness
4. Ending Family & Youth Homelessness
5. Ending Veteran Homelessness
6. Implement Low Barrier Practices (CoC Program participants will not be screened out based on the following):
   a. Having too little or no income
   b. Active or history of substance use (illegal substances are prohibited in all federally-assisted units)
   c. Having a criminal record with exceptions for state-mandated restrictions
   d. History of victimization (e.g. domestic violence, dating violence, sexual assault, human trafficking and/or stalking)
7. Implement a Housing First Approach (CoC Program participants will not be terminated for the following reasons):
   a. Failure to participate in supportive services
   b. Failure to make progress on a service plan
   c. Loss of income or failure to improve income
   d. Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area
8. Quickly house and rehouse persons experiencing homelessness
9. Develop and maintain relationships with property owners/managers and landlords
10. Prioritize CoC Program funds to serve populations based upon severity of needs and vulnerability
    a. Individuals and families experiencing chronic homelessness
    b. Persons with one or more disabling conditions of long duration
    c. Persons fleeing and/or with a history of domestic violence, dating violence, sexual assault, human trafficking and/or stalking

d. Households with children under 18 years of age
e. Unaccompanied youth and young adults
f. Households with low or no income
g. Current or past substance use
h. Criminal histories

Project Determinations and Appeals Process:
Applications which do not meet the minimum threshold requirements will not be included in the CoC Consolidated Application submitted to HUD.

If the CoC receives more Requests for Proposals than can be supported with available CoC funding, the CoC Ranking Committee will rank the grants in order of an agreed upon priority as approved by VCEH.

New projects that have not yet begun or completed their grant term will be held harmless and ranked in Tier 1, unless determined otherwise by the CoC Ranking Committee due to special circumstances (i.e. non-compliance of HUD regulations and/or CoC policies, violation of state/federal laws, withdrawal, etc.).

The Collaborative Applicant will send formal notification of a preliminary determination made by the CoC Project Ranking Committee to each project applicant along with: individual project ranking summary, individual project ranking number, and any potential budget reduction or increase).

The Collaborative Applicant will provide all appeals to the CoC Project Ranking Committee to make a final determination that will be sent to the CoC for a review, vote (minus any and all voting members with a bias or conflict of interest) and posting to CoC website.

## Daniel Blankenship

**From:** Helping to House <rick=vsha.org@mail95.atl161.mcsv.net> on behalf of Helping to House <rick@vsha.org>
**Sent:** Friday, July 20, 2018 3:33 PM
**To:** Daniel Blankenship
**Subject:** VT BoS CoC-approved FFY2018 Project Ranking Policy & Scoring Tools

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Vermont Coalition to End Homelessness

*Coalition members and friends:*

*The following were approved by the VT Balance of State CoC (VT-500) at the VT Coalition to End Homelessness meeting on 7/17/18:*

- *VT BoS CoC Program Project Ranking Policy – final version*
- *FFY18 CoC NEW Project Scoring Tool – final version*
- *FFY18 CoC RENEWAL project scoring tool – final version*

*The tools and policies listed above apply to the FFY2018 Request for Proposals for CoC Program projects that was distributed on 7/11/2018.*

*Full details including funding amounts can be found by clicking here.*

*Complete applications must be submitted electronically to the Vermont State Housing Authority - Daniel Blankenship (daniel@vsha.org) before* ***4:00PM Friday, AUGUST 3, 2018.***

forward to a friend

All interested parties are welcome and invited to join the Vermont Coalition to End Homelessness in our work through general membership, committees and workgroups.

For more about joining the Vermont Coalition to End Homelessness, visit our website: www.helpingtohousevt.org

To submit news, events or information for the VCEH mailing list, please email Rick Castillo.

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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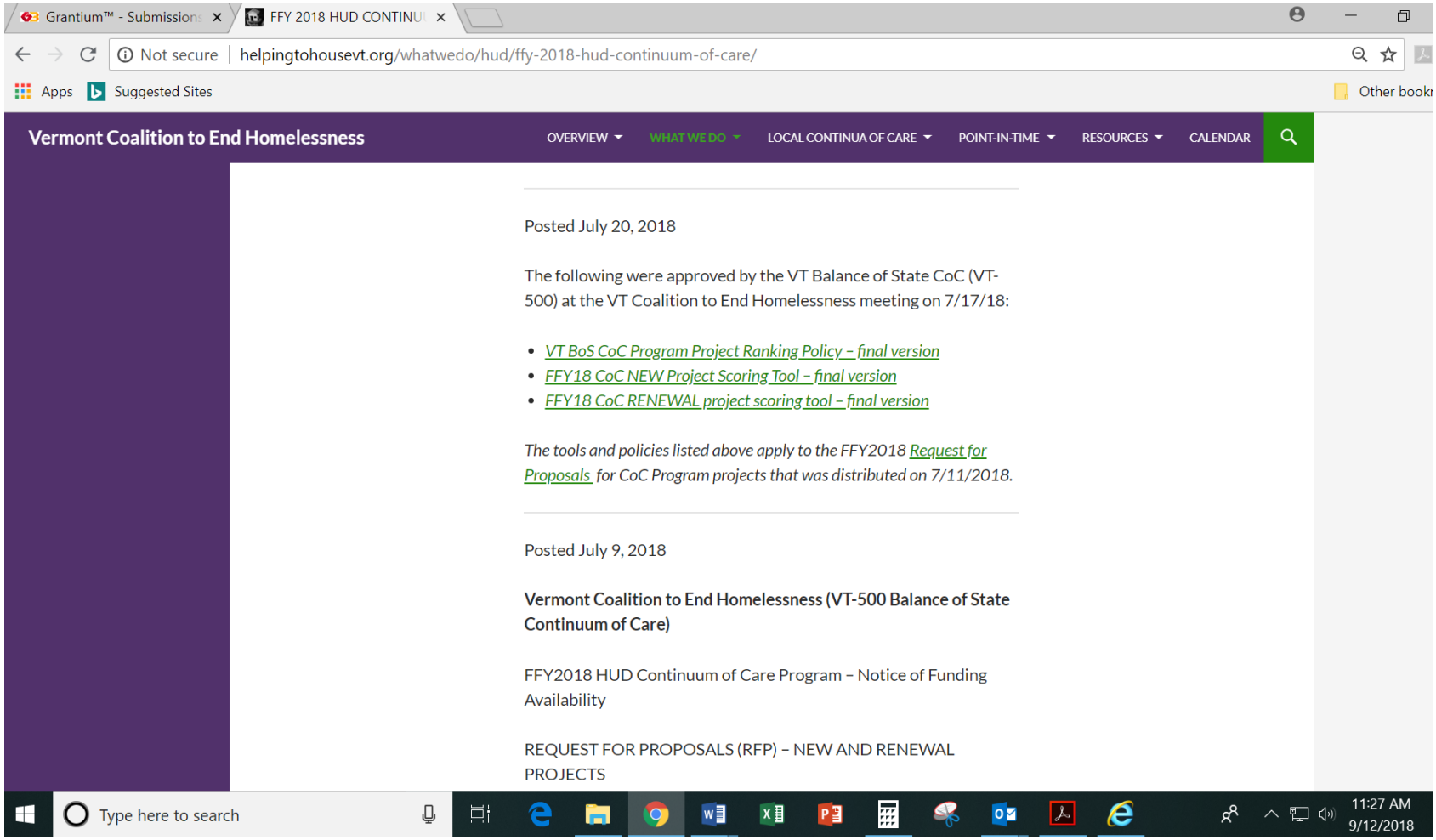
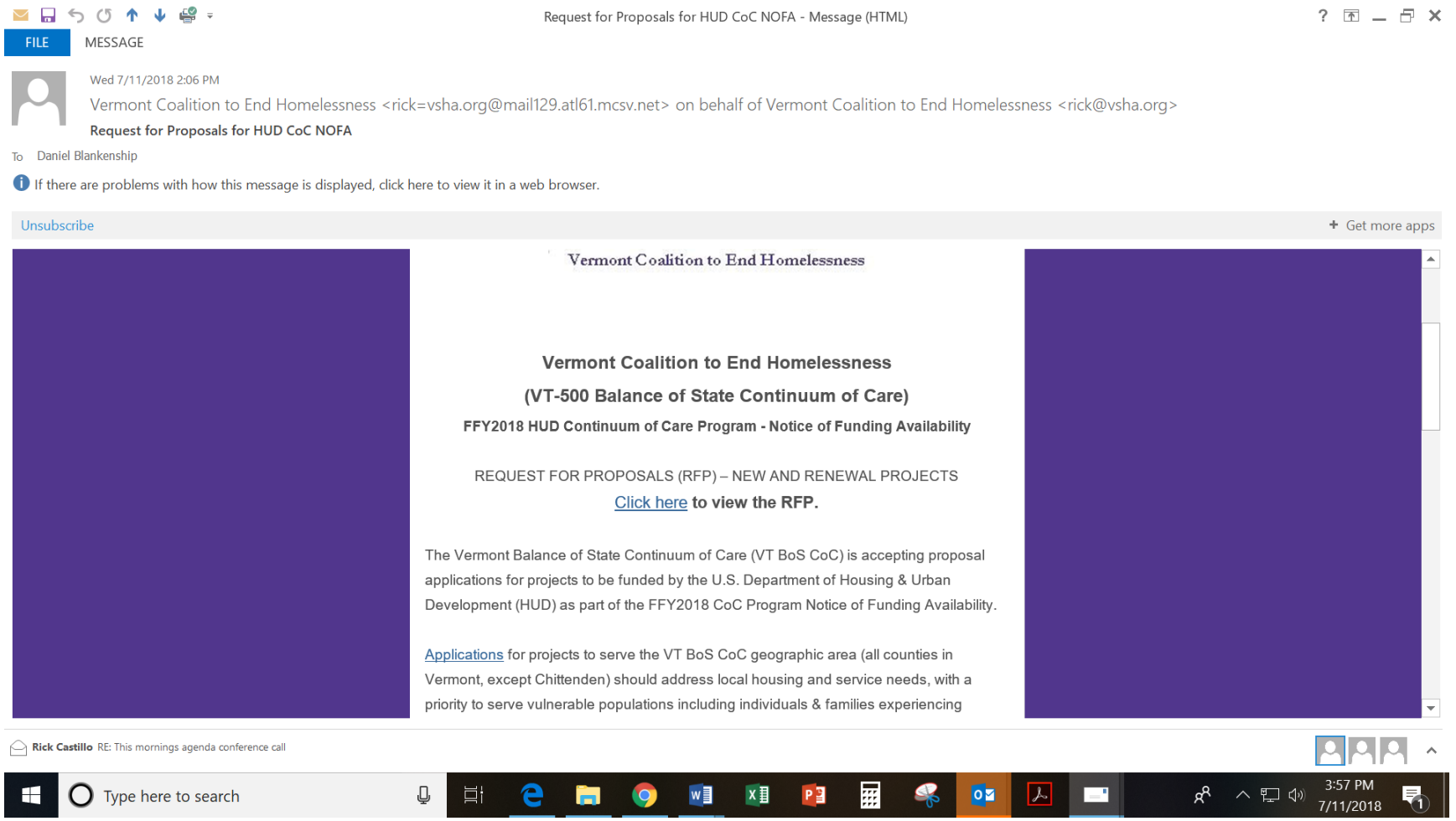
**7.20.18 CoC Public Website Posting New and Renewal Project Tools [posted on VT-500 BoS CoC operated website & sent via email listserve]**



**7.11.18 CoC Public Website Posting RFP [posted on VT-500 BoS CoC operated website & sent via email listserve]**



Request for Proposals for HUD CoC NOFA - Message (HTML)

FILE MESSAGE

Wed 7/11/2018 2:06 PM

Vermont Coalition to End Homelessness <rick=vsha.org@mail129.atl61.mcsv.net> on behalf of Vermont Coalition to End Homelessness <rick@vsha.org>

**Request for Proposals for HUD CoC NOFA**

To Daniel Blankenship

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priority to serve vulnerable populations including individuals & families experiencing chronic homelessness, persons fleeing domestic violence, youth/young adults (18-24), families with children under 18, and Veterans.

Any and all eligible entities, *including those that do not currently receive CoC Program funds*, are encouraged to submit complete proposal applications (only one request per application) for any NEW and/or RENEWAL project with the following available funds:

- $3,162,700; Existing CoC Projects - Renewal (currently funded FFY17 recipients)
- $201,372; New or Expansion Projects - Reallocation funding (any eligible entity)
- $201,884; New or Expansion Projects – Bonus funding (any eligible entity)
- $162,411; New or Expansion Projects – DV Bonus funding (any eligible entity)

Complete applications must be submitted electronically to the Vermont State Housing Authority - Daniel Blankenship (daniel@vsha.org) before **4:00PM Friday, AUGUST 3, 2018.**

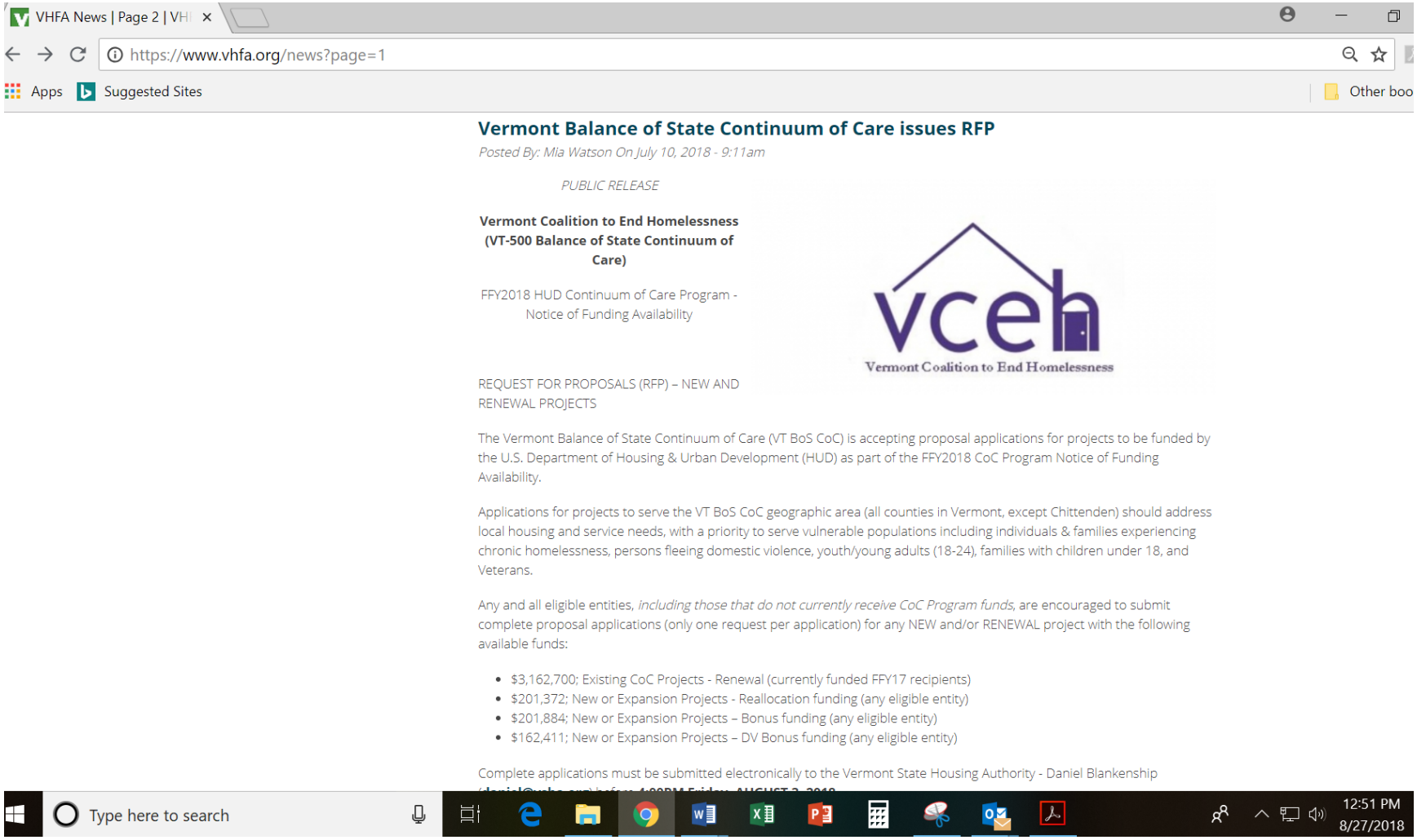
More information on the CoC Program, HEARTH Act, the CoC Interim Rule and the NOFA

**Rick Castillo** RE: This mornings agenda conference call

Type here to search

3:58 PM
7/11/2018

**7.10.18 Public Website Posting RFP [posted by a CoC-affliated organization – VT Housing Finance Agency]**



VHFA News | Page 2 | VH

https://www.vhfa.org/news?page=1

Apps Suggested Sites Other boo

## Vermont Balance of State Continuum of Care issues RFP

*Posted By: Mia Watson On July 10, 2018 - 9:11am*

*PUBLIC RELEASE*

**Vermont Coalition to End Homelessness (VT-500 Balance of State Continuum of Care)**

FFY2018 HUD Continuum of Care Program - Notice of Funding Availability

Vermont Coalition to End Homelessness

REQUEST FOR PROPOSALS (RFP) – NEW AND RENEWAL PROJECTS

The Vermont Balance of State Continuum of Care (VT BoS CoC) is accepting proposal applications for projects to be funded by the U.S. Department of Housing & Urban Development (HUD) as part of the FFY2018 CoC Program Notice of Funding Availability.

Applications for projects to serve the VT BoS CoC geographic area (all counties in Vermont, except Chittenden) should address local housing and service needs, with a priority to serve vulnerable populations including individuals & families experiencing chronic homelessness, persons fleeing domestic violence, youth/young adults (18-24), families with children under 18, and Veterans.

Any and all eligible entities, *including those that do not currently receive CoC Program funds,* are encouraged to submit complete proposal applications (only one request per application) for any NEW and/or RENEWAL project with the following available funds:

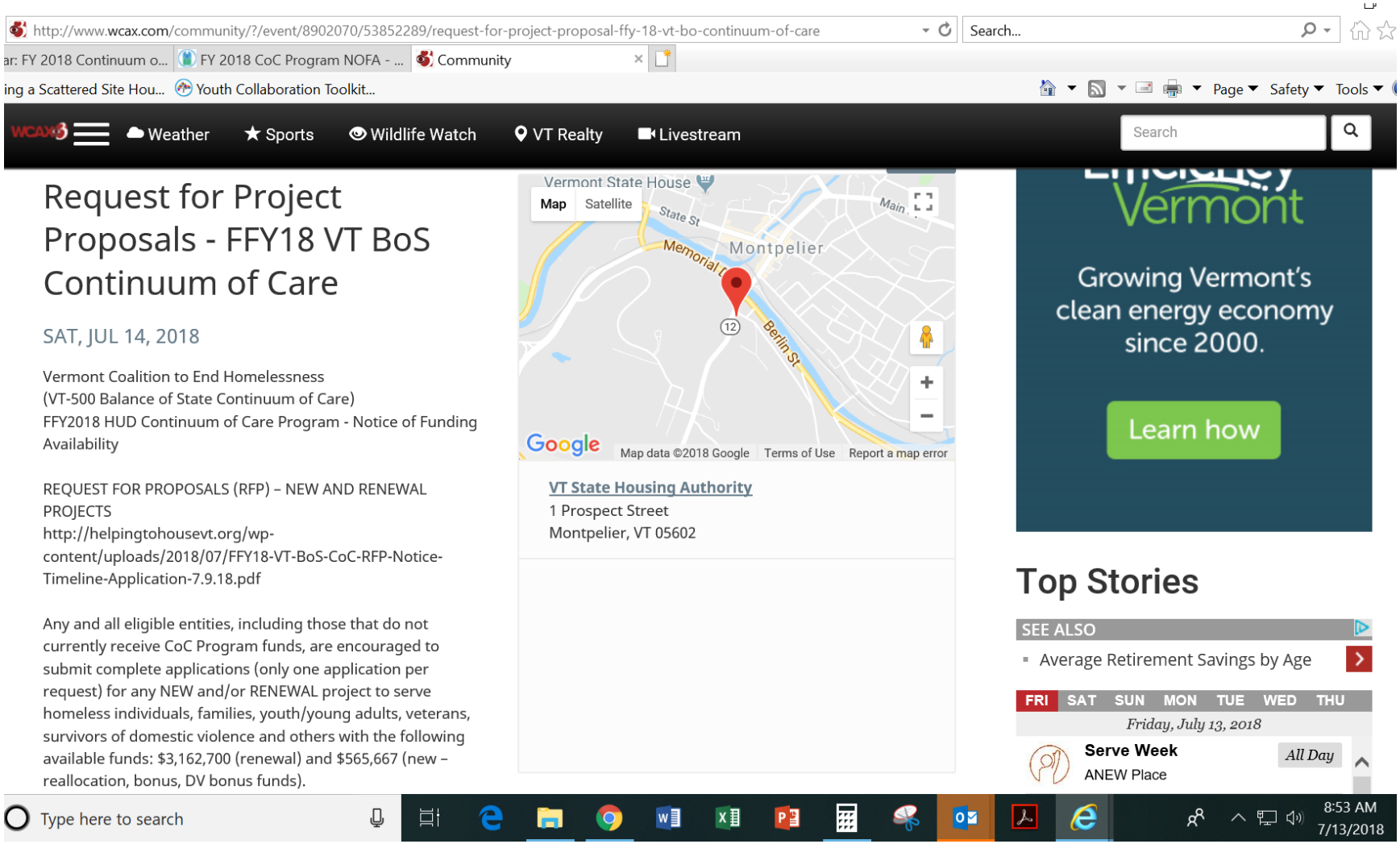
- $3,162,700; Existing CoC Projects - Renewal (currently funded FFY17 recipients)
- $201,372; New or Expansion Projects - Reallocation funding (any eligible entity)
- $201,884; New or Expansion Projects – Bonus funding (any eligible entity)
- $162,411; New or Expansion Projects – DV Bonus funding (any eligible entity)

Complete applications must be submitted electronically to the Vermont State Housing Authority - Daniel Blankenship

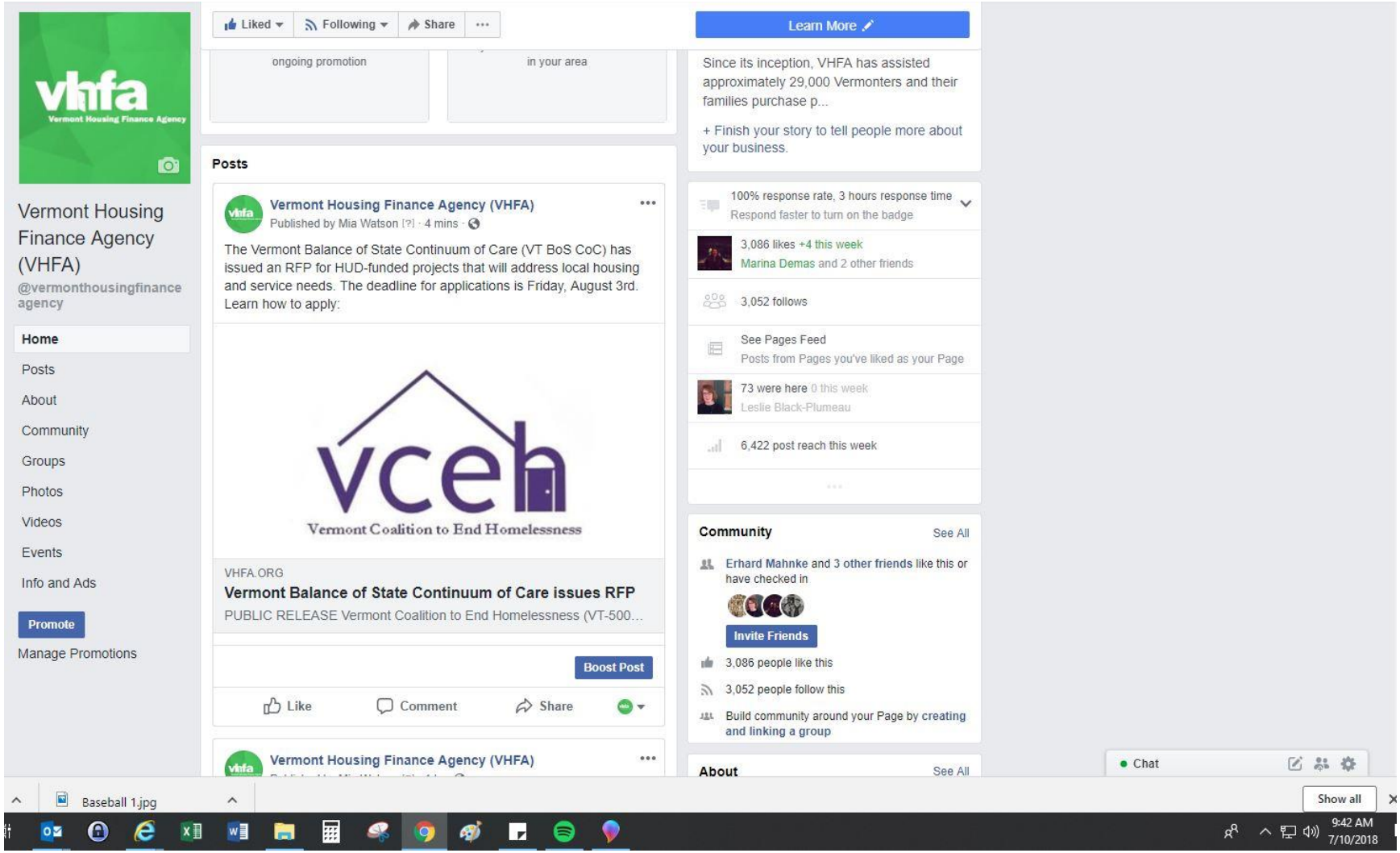
Type here to search

12:51 PM
8/27/2018

**7.14.18 Public Media Posting RFP [WCAX – Local Television Station]**



**7.10.18 Social Media Posting RFP [posted on Facebook by a CoC-affliated organization – VT Housing Finance Agency]**



**7.10.18 Social Media Posting RFP [posted on Twitter by a CoC-affliated organization – VT Housing Finance Agency]**

| | |
|---|---|
| *HUD Continuum of Care # and Name*:<br>**VT 501 - Vermont Balance of State CoC** | |
| *VT BoS CoC Primary Decision-Making Body*:<br>**Vermont Coalition to End Homelessness (VCEH)** | |
| *Policy/Procedure*:<br>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.

Funding from projects that voluntarily reallocated are first offered to the current recipient or subrecipient to design another project to meet local goals to end homelessness as long as annual funding is available to fund all existing renewals and the project appears viable.

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.

*Note: As of FY16, all reallocations of CoC Program projects within the VT BoS CoC have occurred as the result of voluntary non-renewal by each CoC Program Recipient/Subrecipient/Partner.*

**Daniel Blankenship**

**From:** Daniel Blankenship
**Sent:** Thursday, August 23, 2018 9:07 AM
**To:** Emily Higgins (AHS-OEO)
**Cc:** Sarah Phillips (AHS-OEO)
**Subject:** FY18 CoC Project Ranking (Initial Determinations): AHS CE proposals

Dear Emily Higgins (VT AHS-OEO),

Thank you for submitting FY18 CoC project proposals for funding to be considered by the VT Coalition to End Homelessness (VCEH)/VT Balance of State Continuum of Care.

Appeals to the CoC Ranking Committee's decision must be submitted in writing (email or fax) to VSHA (Daniel Blankenship) or DHCD (Shaun Gilpin) no later than 4PM on Tuesday, August 28th. See original RFP for more information.

On behalf of the VCEH, the Ranking Committee met on 8/20/18 and made the following initial determinations of your proposals based upon CoC-approved policies, scoring tools (points are different for Renewal and New projects) and HUD priorities with objective data derived from APRs, eLOCCS, and other sources:

RENEWAL PROJECT PROPOSALS

CE: "Coordinated Entry Partnership Expansion" **$305,639**

- **Rank #7** out of 12 (per CoC policy CE renewals are not scored with points but are ranked at the bottom of Tier 1 if they meet minimum grant thresholds and CoC priorities).
- **Missing Information**: Copies of eLOCCS statements were not available for review by the Ranking Committee during the 8/20 meeting. Please submit them to VSHA by *4PM Friday, August 24th*.

NEW PROJECT PROPOSALS

CE: "Coordinated Entry Expansion" **$200,000**
Per CoC policy CE new projects are not scored with points but are ranked in accordance with meeting minimum grant thresholds and CoC priorities.

- **Rank #8** out of 12 * **$50,000**
  - The Ranking Committee voted to rank the requested amount of $50,000 in Tier 1 in order to improve the chances of a HUD award so that the BoS CoC can achieve full CE implementation.
- **Rank #10** out of 12 * **$100,922**
  - The Ranking Committee voted to allocate half of the CoC Bonus funds to partially fund the remainder of the CE expansion new proposal to allow another new project (VSHA RRH-DV) to also be partially allocated.

*Gratitude*,
**Daniel Blankenship**

(he/him or they/them)
Homeless Grants Administrator

*"When you can't change the direction of the wind – adjust your sails" ~ H.Jackson Brown Jr.*

**VERMONT STATE HOUSING AUTHORITY**
1 Prospect Street, Montpelier, VT 05602
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Email: **daniel@vsha.org** * Website: **www.vsha.org**

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**Daniel Blankenship**

**From:** Daniel Blankenship
**Sent:** Thursday, August 23, 2018 10:22 AM
**To:** David DeAngelis (BHP)
**Cc:** Chris Hart (BHP); Shaun Gilpin (DHCD)
**Subject:** FY18 CoC Project Ranking (Initial Determinations): BHP PSH proposal

Dear David DeAngelis (BHP/BHA),

Thank you for submitting FY18 CoC project proposals for funding to be considered by the VT Coalition to End Homelessness (VCEH)/VT Balance of State Continuum of Care.

Appeals to the CoC Ranking Committee's decision must be submitted in writing (email or fax) to VSHA-Daniel Blankenship) or DHCD-Shaun Gilpin no later than 4PM on Tuesday, August 28th. See original RFP for more information.

On behalf of the VCEH, the Ranking Committee met on 8/20/18 and made the following initial determinations of your proposals based upon CoC-approved policies, scoring tools (points are different for Renewal and New projects) and HUD priorities with objective data derived from APRs, eLOCCS, and other sources:

RENEWAL PROJECT PROPOSAL

PSH: "BRAHAFY18 – S+C Renewal" **$244,594**

- **Rank #2** out of 12 (63 out of 100 total points **no CoC Renewal project achieved more than 64 points using the CoC-approved scoring tool*).
- Concerns: The Ranking Committee expressed concerns that last year's VCEH/VT BoS CoC NOFA application received fewer points due to BHA's inability to meet a HUD priority of collecting ***homeless admissions data*** for HCV/PH programs. This year's NOFA also prioritizes points if PHAs implement a ***CoC-PSH preference*** (e.g. "Shelter+Care") as part of a move-on strategy, which is also not offered by BHA at this time.

*Gratitude*,

**Daniel Blankenship**
(he/him or they/them)
Homeless Grants Administrator

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Email: daniel@vsha.org * Website: www.vsha.org

**Daniel Blankenship**

| | |
|---|---|
| **From:** | Daniel Blankenship |
| **Sent:** | Thursday, August 23, 2018 11:54 AM |
| **To:** | Adam Smith (ICA) |
| **Cc:** | David Eberbach (ICA); Julie Eberbach (ICA); Meghan Morrow Raftery (ICA-VT HMIS); Caitlin Ettenborough (ICA); Shaun Gilpin (DHCD) |
| **Subject:** | FY18 CoC Project Ranking (Initial Determinations): ICA HMIS proposals |

Dear Adam Smith (ICA),

Thank you for submitting FY18 CoC project proposals for funding to be considered by the VT Coalition to End Homelessness (VCEH)/VT Balance of State Continuum of Care.

Appeals to the CoC Ranking Committee's decision must be submitted in writing (email or fax) to VSHA-Daniel Blankenship or DHCD-Shaun Gilpin no later than 4PM on Tuesday, August 28th. See original RFP for more information.

On behalf of the VCEH, the Ranking Committee met on 8/20/18 and made the following initial determinations of your proposals based upon CoC-approved policies, scoring tools (points are different for Renewal and New projects) and HUD priorities with objective data derived from APRs, eLOCCS, and other sources:

RENEWAL PROJECT PROPOSALS

HMIS: "Vermont BoS HMIS Project" **$30,572**

- **Rank #5** out of 12 (per CoC policy HMIS renewals are not scored with points but are ranked at the second to bottom of Tier 1 if they meet minimum grant thresholds and CoC priorities).

HMIS: "Vermont BoS HMIS Expansion" **$28,810**

- **Rank #6** out of 12 (per CoC policy HMIS renewals are not scored with points but are ranked at the second to bottom of Tier 1 if they meet minimum grant thresholds and CoC priorities).

NEW PROJECT PROPOSALS

HMIS: "Vermont BoS HMIS Expansion" **$39,500**

Per CoC policy HMIS new projects are not scored with points but are ranked in accordance with meeting minimum grant thresholds and CoC priorities.

- **Project Rank Status**: REJECTED
- **Reasons for project rejection**:
  - The Ranking Committee determined that a greater need existed for other project proposals available for consideration of currently available new CoC funding.
  - The Ranking Committee determined that the submitted proposal for a new HMIS project did not provide a strong case of need to justify increased CoC funds.
  - On 6/22/18, the Collaborative Applicant (VSHA) requested from both the Coordinated Entry Lead and the HMIS Lead to indicate if there was a CoC priority need for new CoC Program funds. VSHA was informed by ICA on 7/3/18 that: "We [ICA] do not have any plans to ask for additional CoC program funds." Due to that information, the VCEH

excluded HMIS activities from a CoC survey on project priorities completed by the general membership. Other than the 7/3/18 email, the Ranking Committee did not receive any evidence or advanced notice of a CoC priority need or any indication of prior discussion for the need of new HMIS funds as determined by the VCEH/VT BoS CoC, HMIS Advisory Board (committee) or ICA.

*Gratitude*,

**Daniel Blankenship**
(he/him or they/them)
Homeless Grants Administrator

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**Daniel Blankenship**

| | |
|---|---|
| **From:** | Daniel Blankenship |
| **Sent:** | Thursday, August 23, 2018 8:31 AM |
| **To:** | Kathy Berk |
| **Cc:** | Daniel Blankenship |
| **Subject:** | FY18 CoC Project Ranking (Initial Determinations): VSHA PSH and RRH proposals |

Dear Kathleen Berk (VT State Housing Authority),

Thank you for submitting FY18 CoC project proposals for funding to be considered by the VT Coalition to End Homelessness (VCEH)/VT Balance of State Continuum of Care.

Appeals to the CoC Ranking Committee's decision must be submitted in writing (email or fax) to VSHA (Daniel Blankenship) or DHCD (Shaun Gilpin) no later than 4PM on Tuesday, August 28th. See original RFP for more information.

On behalf of the VCEH, the Ranking Committee met on 8/20/18 and made the following initial determinations of your proposals based upon CoC-approved policies, scoring tools (points are different for Renewal and New projects) and HUD priorities with objective data derived from APRs, eLOCCS, and other sources:

RENEWAL PROJECT PROPOSALS

PSH: "Shelter+Care Statewide" **$1,540,598**

- **Rank #1** out of 12 (64 out of 100 total points).
- This amount includes your previous voluntary reallocation *decreased* amount (*$201,372*), which was also approved by the VCEH/CoC. In addition, the Ranking Committee voted to reallocate/*decrease* an additional amount (*$50,472*).
- **Reasons for reallocation**: 1) significant amount of unused/recaptured grant funds from the S+C Statewide FY16 grant; 2) CoC priority to achieve full CE implementation to fund the only missing local CoC-Lamoille ($50,000); and 3) uncertain funding if CE designated with CoC Bonus funds; 4) prevent another project (VSHA S+C WWW) from straddling Tier 1 and Tier 2 ($472).

RRH: "Statewide" **$864,202**

- **Rank #3** out of 12 (58 out of 100 total points).
- RRH5 grant to be consolidated into this project.

RRH: "RRH5-Addison County" **$97,813**

- **Rank #4** out of 12 (no points – this is a new grant and held harmless per CoC policy).
- There were some concerns about the slow utilization of grant funds (e.g. only 2 of 8 units leased as of August 2018).
- This grant to be consolidated into RRH Statewide project.

NEW PROJECT PROPOSALS

PSH: "Shelter+Care Washington/Windham/Windsor" **$201,844**

- **Rank #9** out of 12 (92 out of 100 total points).
- The Ranking Committee voted to *increase* the budget by $472 to reach the full amount of the HUD-required 6% of Annual Renewal Demand for Tier 2 in order to avoid the need to straddle any project. This project is the first in Tier 2.

RRH: "RRH7-DV CoC Bonus" **$100,922** (partial)

- **Rank #11** out of 12 (76 out of 100 total points).
- The Ranking Committee voted to split the available CoC Bonus funds with half for this RRH7-DV project and the other half towards the expansion of CoC Coordinated Entry.

RRH: "RRH6 DV Bonus" **$162,373**

- Rank #12 out of 12 (no points awarded - this project was placed at the bottom of the ranking list per CoC policy as this grant is set-aside funding with no other local proposals in competition).

*Gratitude*,

**Daniel Blankenship**
(he/him or they/them)
Homeless Grants Administrator

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**[VT-500 BoS] FY2018 CoC Program Project Ranking – VT BoS CoC Ranking Committee**
**FINAL DETERMINATION (8/28/18)**

| APPLICANT | TYPE | PROJECTS: TIER 1<br>(Annual Renewal Demand * 94%) | BUDGET<br>**$3,162,228** | CONSOLIDATED BUDGET | RANK |
|---|---|---|---|---|---|
| VSHA | PSH | "Shelter+Care Statewide" RENEWAL (*reduced*) | $1,540,598 | | 1 |
| BHP | PSH | "Brattleboro Shelter+Care" RENEWAL | $244,594 | | 2 |
| VSHA | RRH | "Rapid Rehousing Statewide" (*consolidation of RRH Statewide and RRH5*) | | $962,015 | C3 |
| VSHA | RRH | "Rapid Rehousing Statewide" RENEWAL | $864,202 | | 3 |
| VSHA | RRH | "RRH5/Rapid Rehousing#5-Addison" RENEWAL | $97,813 | | 4 |
| ICA | HMIS | "Vermont BoS HMIS" RENEWAL (*consolidation of VT HMIS and HMIS expansion*) | | $59,382 | C5 |
| ICA | HMIS | Vermont BoS HMIS Project RENEWAL | $30,572 | | 5 |
| ICA | HMIS | Vermont BoS HMIS Expansion RENEWAL | $28,810 | | 6 |
| AHS | CE | CE Partnership Expansion RENEWAL | $305,639 | | 7 |
| AHS | CE | "Coordinated Entry Expansion" NEW-Reallocation | $50,000 | | 8 |
| **APPLICANT** | **TYPE** | **PROJECTS: TIER 2**<br>(ARD 6% + CoC Bonus) | **BUDGET**<br>**$403,688** | | **RANK** |
| VSHA (Pathways) | PSH | "Shelter+Care/Washington-Windham-Windsor" NEW-Reallocation | $201,844 | | 9 |
| AHS | CE | "Coordinated Entry Expansion" (*reduced*) NEW-CoC Bonus | $100,922 | | 10 |
| VSHA | RRH | "RRH7/Rapid Rehousing – Domestic Violence" (*reduced*) NEW-CoC Bonus | $100,922 | | 11 |
| | | **Domestic Violence BONUS**<br>(set-aside funds) | **BUDGET**<br>**$162,411** | | **RANK** |
| VSHA | RRH | "RRH6/Rapid Rehousing" NEW | $162,373 | | 12 |
| | | **CoC Planning Project** | **BUDGET**<br>**$100,922** | | |
| VSHA | Planning | VT BoS CoC Planning Project | $100,922 | | N/A |
| | | *REJECTED - COC PROJECT PROPOSALS* | | | |
| ICA | HMIS | "HMIS Expansion" | $39,500 | | N/A |

Highlights from the VT BoS CoC Ranking Committee's initial project funding/ranking determination:

- Voted to reduce the "VSHA S+C Statewide" project by an additional $50,000 due to: 1) significant amount of unused/recaptured grant funds; 2) CoC priority to achieve full CE implementation to fund the only missing local CoC [Lamoille]; and 3) uncertain funding if CE allocated CoC Bonus funds.
- Voted to increase "VSHA S+C WWW" by $472 to reach 6% ARD in full for Tier 2 – not straddle Tier 1
- Voted "VSHA S+C WWW" to be at top of Tier 2 as it met many HUD/CoC/Local Priorities.
- Voted to split CoC Bonus funding in half in order to support both a CE expansion project to assist assessment partners AND serve an additional six DV-only households.
- Voted to deny/reject the "HMIS Expansion" proposal for a new project due to the lack of a strong case for new CoC funds to support a new HMIS project, especially in comparison to the higher priorities/needs of other CoC project proposals.
- DV Bonus ranked last as it is competitive on a national level with other CoCs.

## Melany Mondello

**From:** Vermont Coalition to End Homelessness <rick=vsha.org@mail254.suw121.mcdlv.net> on behalf of Vermont Coalition to End Homelessness <rick@vsha.org>
**Sent:** Tuesday, August 28, 2018 12:11 PM
**To:** Melany Mondello
**Subject:** VT-500 BoS FY18 CoC Program Project Ranking

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Vermont Coalition to End Homelessness

# VT-500/VT BoS CoC Project Ranking List
# Final Determination for FY18 CoC Program Funding

**The VT-500 - Vermont Balance of State Continuum of Care (VT BoS CoC) Ranking Committee has reviewed all project applications that were submitted for consideration for FY18 Continuum of Care (CoC) Program Funding.**

**Below is a link to the CoC Program Project Ranking Final Determination for the FY18 Continuum of Care Program Competition:**

VT-500 BoS FY18 CoC Program Project Ranking - FINAL Determination

**This list represents the projects that will be submitted to HUD as part of our VT BoS CoC's consolidated application.**

**There were no appeals from project applicants this year.**

**Thank you,**

**Daniel Blankenship**

**VT State Housing Authority**

**(VT BoS CoC Collaborative Applicant)**

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All interested parties are welcome and invited to join the Vermont Coalition to End Homelessness in our work through general membership, committees and workgroups.

For more about joining the Vermont Coalition to End Homelessness, visit our website: www.helpingtohousevt.org

To submit news, events or information for the VCEH mailing list,
please email Rick Castillo.

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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MailChimp

**Daniel Blankenship**

**From:** Daniel Blankenship
**Sent:** Thursday, August 23, 2018 9:07 AM
**To:** Emily Higgins (AHS-OEO)
**Cc:** Sarah Phillips (AHS-OEO)
**Subject:** FY18 CoC Project Ranking (Initial Determinations): AHS CE proposals

Dear Emily Higgins (VT AHS-OEO),

Thank you for submitting FY18 CoC project proposals for funding to be considered by the VT Coalition to End Homelessness (VCEH)/VT Balance of State Continuum of Care.

Appeals to the CoC Ranking Committee's decision must be submitted in writing (email or fax) to VSHA (Daniel Blankenship) or DHCD (Shaun Gilpin) no later than 4PM on Tuesday, August 28th. See original RFP for more information.

On behalf of the VCEH, the Ranking Committee met on 8/20/18 and made the following initial determinations of your proposals based upon CoC-approved policies, scoring tools (points are different for Renewal and New projects) and HUD priorities with objective data derived from APRs, eLOCCS, and other sources:

RENEWAL PROJECT PROPOSALS

CE: "Coordinated Entry Partnership Expansion" **$305,639**

- **Rank #7** out of 12 (per CoC policy CE renewals are not scored with points but are ranked at the bottom of Tier 1 if they meet minimum grant thresholds and CoC priorities).
- **Missing Information**: Copies of eLOCCS statements were not available for review by the Ranking Committee during the 8/20 meeting. Please submit them to VSHA by *4PM Friday, August 24th*.

NEW PROJECT PROPOSALS

CE: "Coordinated Entry Expansion" **$200,000**
Per CoC policy CE new projects are not scored with points but are ranked in accordance with meeting minimum grant thresholds and CoC priorities.

- **Rank #8** out of 12 * **$50,000**
  - The Ranking Committee voted to rank the requested amount of $50,000 in Tier 1 in order to improve the chances of a HUD award so that the BoS CoC can achieve full CE implementation.
- **Rank #10** out of 12 * **$100,922**
  - The Ranking Committee voted to allocate half of the CoC Bonus funds to partially fund the remainder of the CE expansion new proposal to allow another new project (VSHA RRH-DV) to also be partially allocated.

*Gratitude*,
**Daniel Blankenship**

(he/him or they/them)
Homeless Grants Administrator

*"When you can't change the direction of the wind – adjust your sails" ~ H.Jackson Brown Jr.*

**VERMONT STATE HOUSING AUTHORITY**
1 Prospect Street, Montpelier, VT 05602
Direct: (802) 828-0294 * Office: (802) 828-3295 * Fax: (802) 828-2111
Email: **daniel@vsha.org** * Website: **www.vsha.org**

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**Daniel Blankenship**

| | |
|---|---|
| **From:** | Daniel Blankenship |
| **Sent:** | Thursday, August 23, 2018 11:54 AM |
| **To:** | Adam Smith (ICA) |
| **Cc:** | David Eberbach (ICA); Julie Eberbach (ICA); Meghan Morrow Raftery (ICA-VT HMIS); Caitlin Ettenborough (ICA); Shaun Gilpin (DHCD) |
| **Subject:** | FY18 CoC Project Ranking (Initial Determinations): ICA HMIS proposals |

Dear Adam Smith (ICA),

Thank you for submitting FY18 CoC project proposals for funding to be considered by the VT Coalition to End Homelessness (VCEH)/VT Balance of State Continuum of Care.

Appeals to the CoC Ranking Committee's decision must be submitted in writing (email or fax) to VSHA-Daniel Blankenship or DHCD-Shaun Gilpin no later than 4PM on Tuesday, August 28th. See original RFP for more information.

On behalf of the VCEH, the Ranking Committee met on 8/20/18 and made the following initial determinations of your proposals based upon CoC-approved policies, scoring tools (points are different for Renewal and New projects) and HUD priorities with objective data derived from APRs, eLOCCS, and other sources:

RENEWAL PROJECT PROPOSALS

HMIS: "Vermont BoS HMIS Project" **$30,572**

- **Rank #5** out of 12 (per CoC policy HMIS renewals are not scored with points but are ranked at the second to bottom of Tier 1 if they meet minimum grant thresholds and CoC priorities).

HMIS: "Vermont BoS HMIS Expansion" **$28,810**

- **Rank #6** out of 12 (per CoC policy HMIS renewals are not scored with points but are ranked at the second to bottom of Tier 1 if they meet minimum grant thresholds and CoC priorities).

NEW PROJECT PROPOSALS

HMIS: "Vermont BoS HMIS Expansion" **$39,500**

Per CoC policy HMIS new projects are not scored with points but are ranked in accordance with meeting minimum grant thresholds and CoC priorities.

- **Project Rank Status**: REJECTED
- **Reasons for project rejection**:
  - The Ranking Committee determined that a greater need existed for other project proposals available for consideration of currently available new CoC funding.
  - The Ranking Committee determined that the submitted proposal for a new HMIS project did not provide a strong case of need to justify increased CoC funds.
  - On 6/22/18, the Collaborative Applicant (VSHA) requested from both the Coordinated Entry Lead and the HMIS Lead to indicate if there was a CoC priority need for new CoC Program funds. VSHA was informed by ICA on 7/3/18 that: "We [ICA] do not have any plans to ask for additional CoC program funds." Due to that information, the VCEH

excluded HMIS activities from a CoC survey on project priorities completed by the general membership. Other than the 7/3/18 email, the Ranking Committee did not receive any evidence or advanced notice of a CoC priority need or any indication of prior discussion for the need of new HMIS funds as determined by the VCEH/VT BoS CoC, HMIS Advisory Board (committee) or ICA.

*Gratitude*,

**Daniel Blankenship**
(he/him or they/them)
Homeless Grants Administrator

*"When you can't change the direction of the wind – adjust your sails" ~ H.Jackson Brown Jr.*

**VERMONT STATE HOUSING AUTHORITY**
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**Daniel Blankenship**

**From:** Daniel Blankenship
**Sent:** Thursday, August 23, 2018 8:31 AM
**To:** Kathy Berk
**Cc:** Daniel Blankenship
**Subject:** FY18 CoC Project Ranking (Initial Determinations): VSHA PSH and RRH proposals

Dear Kathleen Berk (VT State Housing Authority),

Thank you for submitting FY18 CoC project proposals for funding to be considered by the VT Coalition to End Homelessness (VCEH)/VT Balance of State Continuum of Care.

Appeals to the CoC Ranking Committee's decision must be submitted in writing (email or fax) to VSHA (Daniel Blankenship) or DHCD (Shaun Gilpin) no later than 4PM on Tuesday, August 28th. See original RFP for more information.

On behalf of the VCEH, the Ranking Committee met on 8/20/18 and made the following initial determinations of your proposals based upon CoC-approved policies, scoring tools (points are different for Renewal and New projects) and HUD priorities with objective data derived from APRs, eLOCCS, and other sources:

RENEWAL PROJECT PROPOSALS

PSH: "Shelter+Care Statewide" **$1,540,598**

- **Rank #1** out of 12 (64 out of 100 total points).
- This amount includes your previous voluntary reallocation *decreased* amount (*$201,372*), which was also approved by the VCEH/CoC. In addition, the Ranking Committee voted to reallocate/*decrease* an additional amount (*$50,472*).
- **Reasons for reallocation**: 1) significant amount of unused/recaptured grant funds from the S+C Statewide FY16 grant; 2) CoC priority to achieve full CE implementation to fund the only missing local CoC-Lamoille ($50,000); and 3) uncertain funding if CE designated with CoC Bonus funds; 4) prevent another project (VSHA S+C WWW) from straddling Tier 1 and Tier 2 ($472).

RRH: "Statewide" **$864,202**

- **Rank #3** out of 12 (58 out of 100 total points).
- RRH5 grant to be consolidated into this project.

RRH: "RRH5-Addison County" **$97,813**

- **Rank #4** out of 12 (no points – this is a new grant and held harmless per CoC policy).
- There were some concerns about the slow utilization of grant funds (e.g. only 2 of 8 units leased as of August 2018).
- This grant to be consolidated into RRH Statewide project.

NEW PROJECT PROPOSALS

PSH: "Shelter+Care Washington/Windham/Windsor" **$201,844**

- **Rank #9** out of 12 (92 out of 100 total points).
- The Ranking Committee voted to *increase* the budget by $472 to reach the full amount of the HUD-required 6% of Annual Renewal Demand for Tier 2 in order to avoid the need to straddle any project. This project is the first in Tier 2.

RRH: "RRH7-DV CoC Bonus" **$100,922** (partial)

- **Rank #11** out of 12 (76 out of 100 total points).
- The Ranking Committee voted to split the available CoC Bonus funds with half for this RRH7-DV project and the other half towards the expansion of CoC Coordinated Entry.

RRH: "RRH6 DV Bonus" **$162,373**

- Rank #12 out of 12 (no points awarded - this project was placed at the bottom of the ranking list per CoC policy as this grant is set-aside funding with no other local proposals in competition).

*Gratitude*,

**Daniel Blankenship**
(he/him or they/them)
Homeless Grants Administrator

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**VERMONT STATE HOUSING AUTHORITY**
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**[VT-500 BoS] FY2018 CoC Program Project Ranking – VT BoS CoC Ranking Committee**
**FINAL DETERMINATION (8/28/18)**

| APPLICANT | TYPE | PROJECTS: TIER 1<br>(Annual Renewal Demand * 94%) | BUDGET<br>**$3,162,228** | CONSOLIDATED BUDGET | RANK |
|---|---|---|---|---|---|
| VSHA | PSH | "Shelter+Care Statewide" RENEWAL (*reduced*) | $1,540,598 | | 1 |
| BHP | PSH | "Brattleboro Shelter+Care" RENEWAL | $244,594 | | 2 |
| VSHA | RRH | "Rapid Rehousing Statewide" (*consolidation of RRH Statewide and RRH5*) | | $962,015 | C3 |
| VSHA | RRH | "Rapid Rehousing Statewide" RENEWAL | $864,202 | | 3 |
| VSHA | RRH | "RRH5/Rapid Rehousing#5-Addison" RENEWAL | $97,813 | | 4 |
| ICA | HMIS | "Vermont BoS HMIS" RENEWAL (*consolidation of VT HMIS and HMIS expansion*) | | $59,382 | C5 |
| ICA | HMIS | Vermont BoS HMIS Project RENEWAL | $30,572 | | 5 |
| ICA | HMIS | Vermont BoS HMIS Expansion RENEWAL | $28,810 | | 6 |
| AHS | CE | CE Partnership Expansion RENEWAL | $305,639 | | 7 |
| AHS | CE | "Coordinated Entry Expansion" NEW-Reallocation | $50,000 | | 8 |
| **APPLICANT** | **TYPE** | **PROJECTS: TIER 2**<br>(ARD 6% + CoC Bonus) | **BUDGET**<br>**$403,688** | | **RANK** |
| VSHA (Pathways) | PSH | "Shelter+Care/Washington-Windham-Windsor" NEW-Reallocation | $201,844 | | 9 |
| AHS | CE | "Coordinated Entry Expansion" (*reduced*) NEW-CoC Bonus | $100,922 | | 10 |
| VSHA | RRH | "RRH7/Rapid Rehousing – Domestic Violence" (*reduced*) NEW-CoC Bonus | $100,922 | | 11 |
| | | **Domestic Violence BONUS**<br>(set-aside funds) | **BUDGET**<br>**$162,411** | | **RANK** |
| VSHA | RRH | "RRH6/Rapid Rehousing" NEW | $162,373 | | 12 |
| | | **CoC Planning Project** | **BUDGET**<br>**$100,922** | | |
| VSHA | Planning | VT BoS CoC Planning Project | $100,922 | | N/A |
| | | *REJECTED - COC PROJECT PROPOSALS* | | | |
| ICA | HMIS | "HMIS Expansion" | $39,500 | | N/A |

Highlights from the VT BoS CoC Ranking Committee's initial project funding/ranking determination:

- Voted to reduce the "VSHA S+C Statewide" project by an additional $50,000 due to: 1) significant amount of unused/recaptured grant funds; 2) CoC priority to achieve full CE implementation to fund the only missing local CoC [Lamoille]; and 3) uncertain funding if CE allocated CoC Bonus funds.
- Voted to increase "VSHA S+C WWW" by $472 to reach 6% ARD in full for Tier 2 – not straddle Tier 1
- Voted "VSHA S+C WWW" to be at top of Tier 2 as it met many HUD/CoC/Local Priorities.
- Voted to split CoC Bonus funding in half in order to support both a CE expansion project to assist assessment partners AND serve an additional six DV-only households.
- Voted to deny/reject the "HMIS Expansion" proposal for a new project due to the lack of a strong case for new CoC funds to support a new HMIS project, especially in comparison to the higher priorities/needs of other CoC project proposals.
- DV Bonus ranked last as it is competitive on a national level with other CoCs.

## Melany Mondello

**From:** Vermont Coalition to End Homelessness <rick=vsha.org@mail254.suw121.mcdlv.net> on behalf of Vermont Coalition to End Homelessness <rick@vsha.org>
**Sent:** Tuesday, August 28, 2018 12:11 PM
**To:** Melany Mondello
**Subject:** VT-500 BoS FY18 CoC Program Project Ranking

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Vermont Coalition to End Homelessness

# VT-500/VT BoS CoC Project Ranking List
# Final Determination for FY18 CoC Program Funding

**The VT-500 - Vermont Balance of State Continuum of Care (VT BoS CoC) Ranking Committee has reviewed all project applications that were submitted for consideration for FY18 Continuum of Care (CoC) Program Funding.**

**Below is a link to the CoC Program Project Ranking Final Determination for the FY18 Continuum of Care Program Competition:**

VT-500 BoS FY18 CoC Program Project Ranking - FINAL Determination

**This list represents the projects that will be submitted to HUD as part of our VT BoS CoC's consolidated application.**

**There were no appeals from project applicants this year.**

**Thank you,**

**Daniel Blankenship**

**VT State Housing Authority**

**(VT BoS CoC Collaborative Applicant)**

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All interested parties are welcome and invited to join the Vermont Coalition to End Homelessness in our work through general membership, committees and workgroups.

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**VT-500**

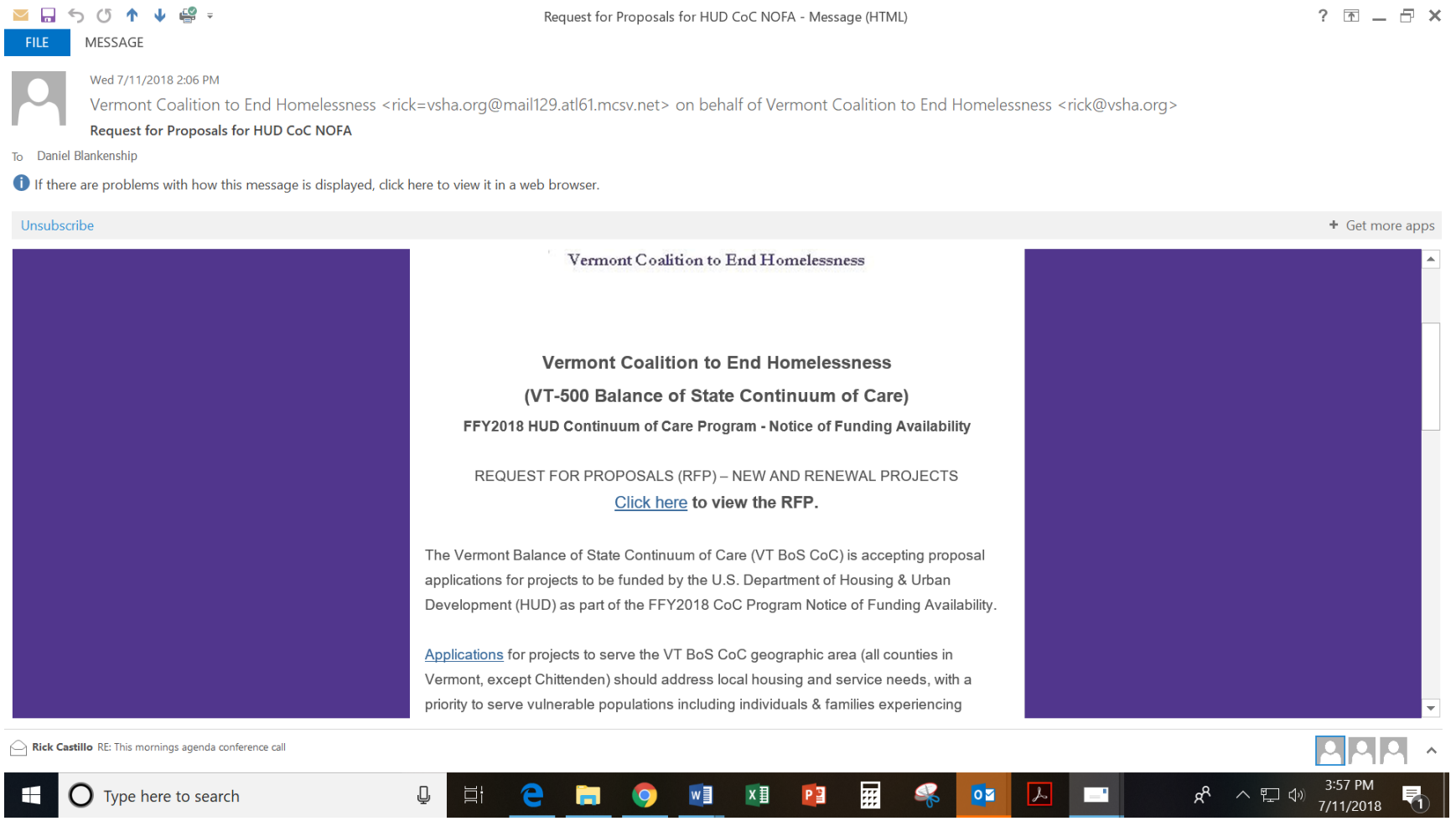
**FY18 CoC Program NOFA**

**1E-5 Public Posting – Local Competition Deadline**

This file contains the documents of public posting about the local competition deadline.

1) E-mail message with link to RFP which contains the deadline
2) Partner agency public posting with link to RFP which contains the deadline
3) Public Media posting with link to RFP which contains the deadline
4) Social Media postings with link to RFP which contains the deadline
5) E-mail message with link to RFP and date due
6) Request for Proposals (RFP) with deadline for submission

**7.11.18 CoC Public Website Posting RFP [posted on VT-500 BoS CoC operated website & sent via email listserve]**



Request for Proposals for HUD CoC NOFA - Message (HTML)

FILE MESSAGE

Wed 7/11/2018 2:06 PM

Vermont Coalition to End Homelessness <rick=vsha.org@mail129.atl61.mcsv.net> on behalf of Vermont Coalition to End Homelessness <rick@vsha.org>

**Request for Proposals for HUD CoC NOFA**

To Daniel Blankenship

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priority to serve vulnerable populations including individuals & families experiencing chronic homelessness, persons fleeing domestic violence, youth/young adults (18-24), families with children under 18, and Veterans.

Any and all eligible entities, *including those that do not currently receive CoC Program funds*, are encouraged to submit complete proposal applications (only one request per application) for any NEW and/or RENEWAL project with the following available funds:

- $3,162,700; Existing CoC Projects - Renewal (currently funded FFY17 recipients)
- $201,372; New or Expansion Projects - Reallocation funding (any eligible entity)
- $201,884; New or Expansion Projects – Bonus funding (any eligible entity)
- $162,411; New or Expansion Projects – DV Bonus funding (any eligible entity)

Complete applications must be submitted electronically to the Vermont State Housing Authority - Daniel Blankenship (daniel@vsha.org) before **4:00PM Friday, AUGUST 3, 2018.**

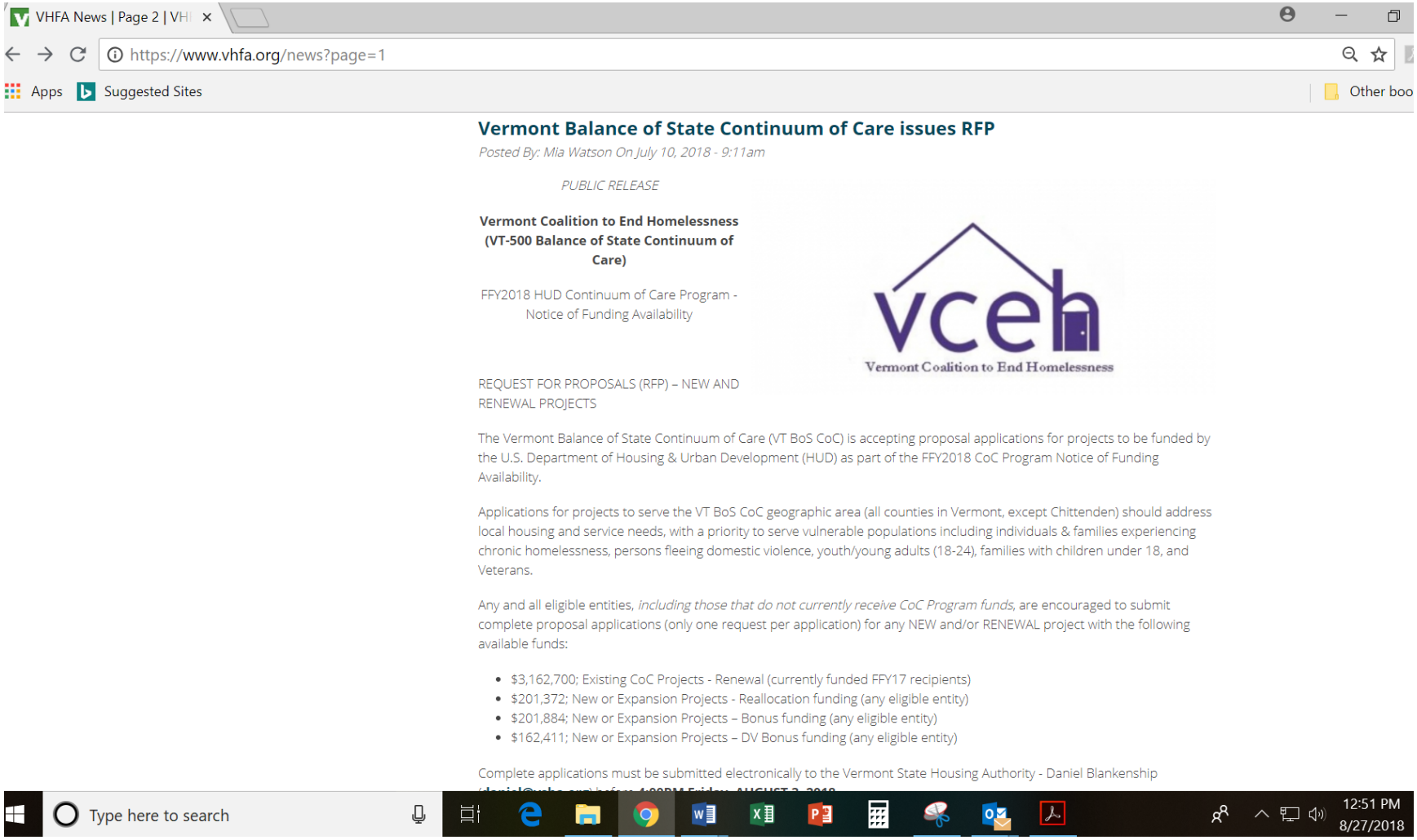
More information on the CoC Program, HEARTH Act, the CoC Interim Rule and the NOFA

**Rick Castillo** RE: This mornings agenda conference call

Type here to search

3:58 PM
7/11/2018

**7.10.18 Public Website Posting RFP [posted by a CoC-affliated organization – VT Housing Finance Agency]**



VHFA News | Page 2 | VH

https://www.vhfa.org/news?page=1

Apps Suggested Sites Other boo

## Vermont Balance of State Continuum of Care issues RFP

*Posted By: Mia Watson On July 10, 2018 - 9:11am*

*PUBLIC RELEASE*

**Vermont Coalition to End Homelessness (VT-500 Balance of State Continuum of Care)**

FFY2018 HUD Continuum of Care Program - Notice of Funding Availability

Vermont Coalition to End Homelessness

REQUEST FOR PROPOSALS (RFP) – NEW AND RENEWAL PROJECTS

The Vermont Balance of State Continuum of Care (VT BoS CoC) is accepting proposal applications for projects to be funded by the U.S. Department of Housing & Urban Development (HUD) as part of the FFY2018 CoC Program Notice of Funding Availability.

Applications for projects to serve the VT BoS CoC geographic area (all counties in Vermont, except Chittenden) should address local housing and service needs, with a priority to serve vulnerable populations including individuals & families experiencing chronic homelessness, persons fleeing domestic violence, youth/young adults (18-24), families with children under 18, and Veterans.

Any and all eligible entities, *including those that do not currently receive CoC Program funds,* are encouraged to submit complete proposal applications (only one request per application) for any NEW and/or RENEWAL project with the following available funds:

- $3,162,700; Existing CoC Projects - Renewal (currently funded FFY17 recipients)
- $201,372; New or Expansion Projects - Reallocation funding (any eligible entity)
- $201,884; New or Expansion Projects – Bonus funding (any eligible entity)
- $162,411; New or Expansion Projects – DV Bonus funding (any eligible entity)

Complete applications must be submitted electronically to the Vermont State Housing Authority - Daniel Blankenship

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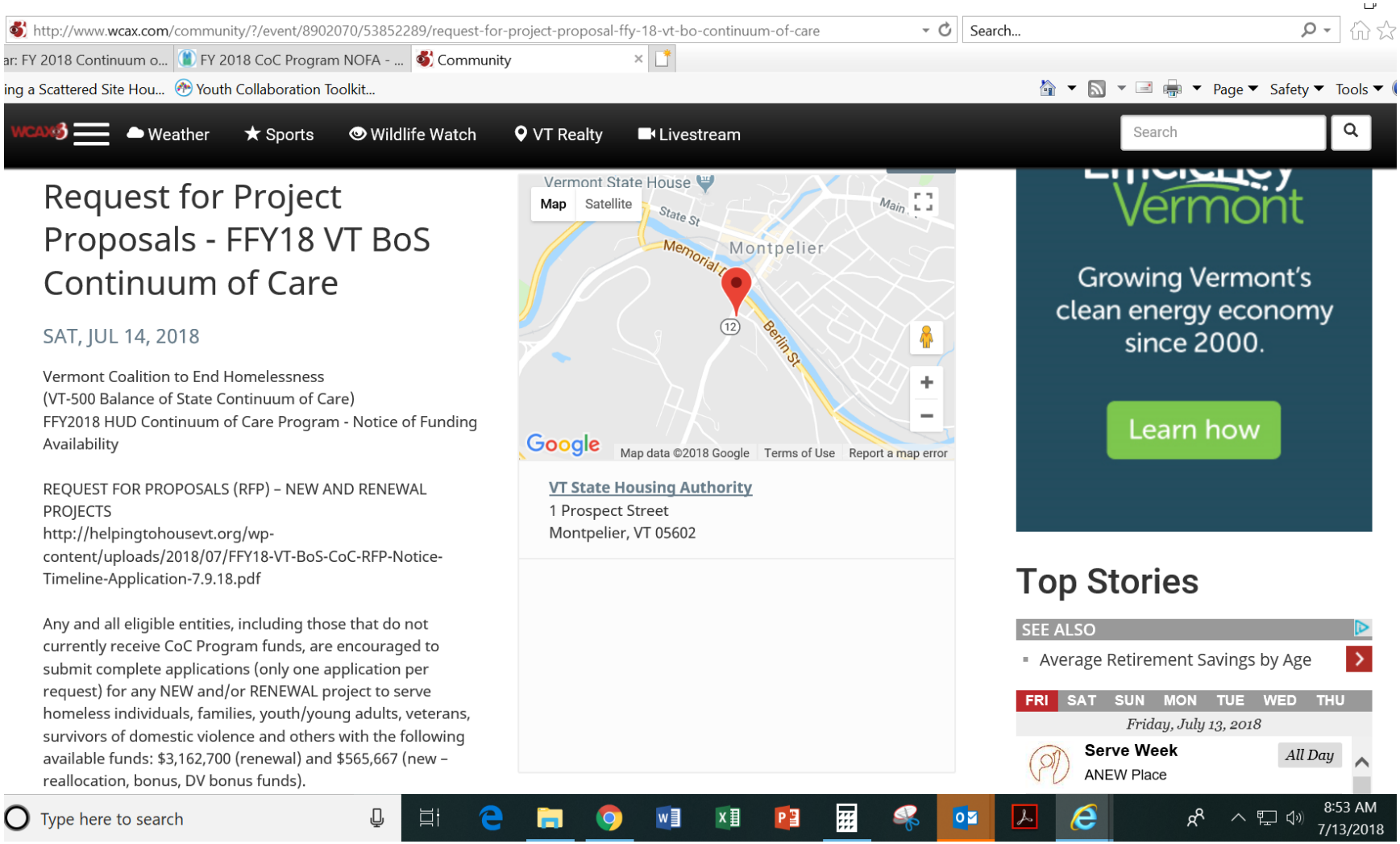
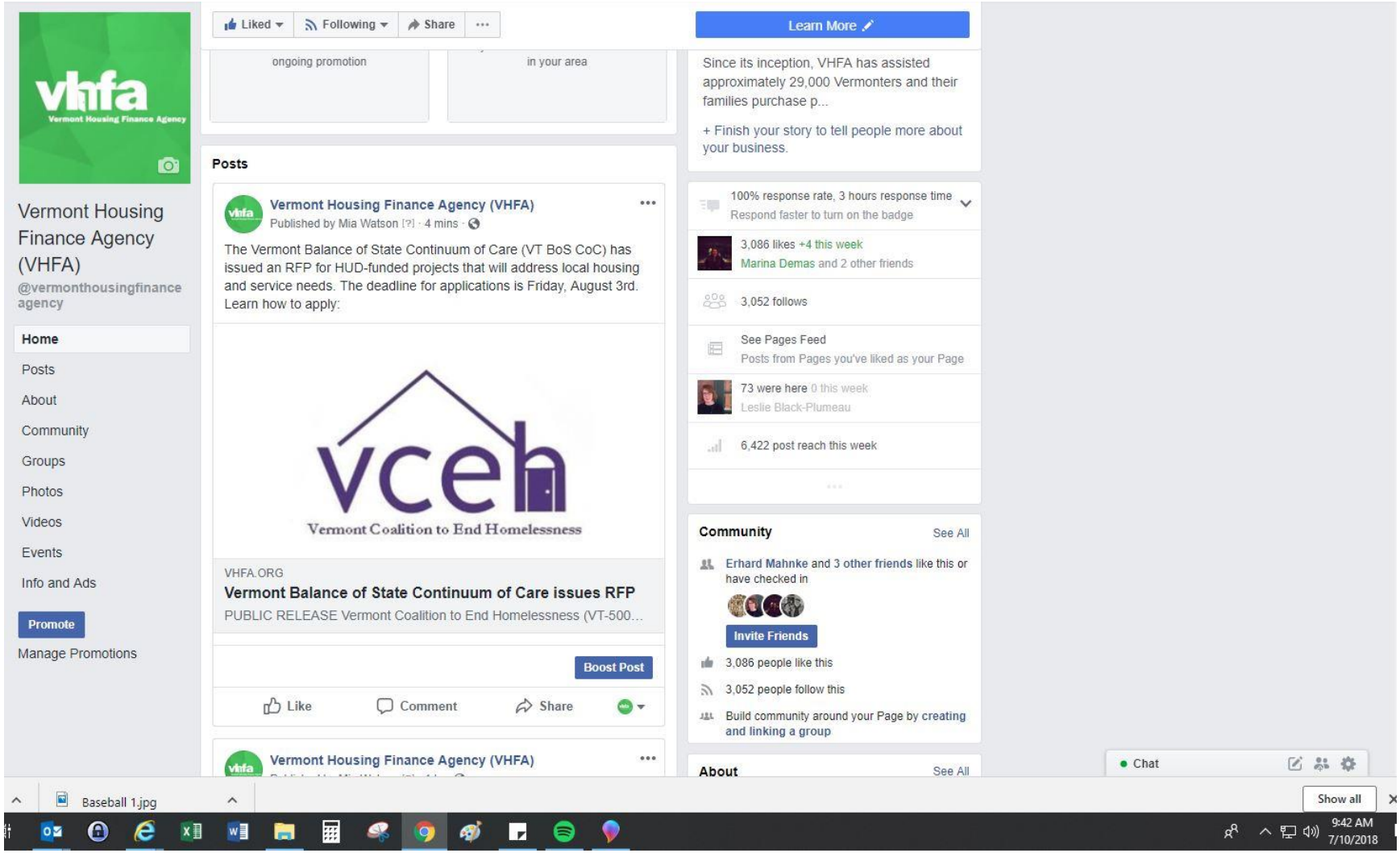
12:51 PM
8/27/2018

**7.14.18 Public Media Posting RFP [WCAX – Local Television Station]**



**7.10.18 Social Media Posting RFP [posted on Facebook by a CoC-affliated organization – VT Housing Finance Agency]**



**7.10.18 Social Media Posting RFP [posted on Twitter by a CoC-affliated organization – VT Housing Finance Agency]**

## Daniel Blankenship

**From:** Helping to House <rick=vsha.org@mail95.atl161.mcsv.net> on behalf of Helping to House <rick@vsha.org>
**Sent:** Friday, July 20, 2018 3:33 PM
**To:** Daniel Blankenship
**Subject:** VT BoS CoC-approved FFY2018 Project Ranking Policy & Scoring Tools

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Vermont Coalition to End Homelessness

*Coalition members and friends:*

*The following were approved by the VT Balance of State CoC (VT-500) at the VT Coalition to End Homelessness meeting on 7/17/18:*

- *VT BoS CoC Program Project Ranking Policy – final version*
- *FFY18 CoC NEW Project Scoring Tool – final version*
- *FFY18 CoC RENEWAL project scoring tool – final version*

*The tools and policies listed above apply to the FFY2018 Request for Proposals for CoC Program projects that was distributed on 7/11/2018.*

*Full details including funding amounts can be found by clicking here.*

*Complete applications must be submitted electronically to the Vermont State Housing Authority - Daniel Blankenship (daniel@vsha.org) before **4:00PM Friday, AUGUST 3, 2018.***

forward to a friend

All interested parties are welcome and invited to join the Vermont Coalition to End Homelessness in our work through general membership, committees and workgroups.

For more about joining the Vermont Coalition to End Homelessness, visit our website: www.helpingtohousevt.org

To submit news, events or information for the VCEH mailing list, please email Rick Castillo.

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**Vermont Coalition to End Homelessness (VT-500 Balance of State Continuum of Care)**
FFY2018 HUD Continuum of Care Program - Notice of Funding Availability

# REQUEST FOR PROPOSALS (RFP) – NEW AND RENEWAL PROJECTS

Any eligible entity that wishes to submit a RFP application for a NEW or RENEWAL project during this year's HUD CoC NOFA must complete the attached form (only one RFP request per form) and submit it electronically before **4:00PM FRIDAY, AUGUST 3, 2018** to the:

Vermont State Housing Authority (Daniel Blankenship; daniel@vsha.org)

## INTRODUCTION

The Vermont Balance of State Continuum of Care (VT BoS CoC) is accepting proposals for projects to be funded by the U.S. Department of Housing & Urban Development (HUD) with FFY2018 Continuum of Care Program funding.

Applications must be submitted to the Vermont State Housing Authority (VSHA), who serves as the Collaborative Applicant for the Vermont Balance of State Continuum of Care (VT BoS CoC) geographic area. The VT BoS CoC geographic area encompasses all counties in Vermont, except Chittenden.

We are seeking proposals to address housing and service priorities established through local communities and stakeholders, with a priority to serve vulnerable populations including individuals & families experiencing chronic homelessness, persons fleeing domestic violence, youth/young adults (18-24) and families with children under 18.

ALL eligible entities, including those that do not currently receive CoC Program funds, are encouraged to submit proposals for any of the VT BoS CoC FFY2018 CoC Program funds listed below.

Any reallocation or bonus project can be: Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), Joint Transitional Housing-RRH (TH-RRH), Coordinated Entry (CE) and/or Homeless Management Information System (HMIS). Please note that HMIS and CE funding will not use this application process. HMIS and CE may be designated an amount from the CoC based on identified needs for any new project applications. HMIS and CE lead agencies must submit a statement of need to VSHA by July 10, 2018 and this will be presented to the full CoC for review and decision.

HUD allows each CoC to submit only one DV Bonus project for each of the following component types: RRH, joint TH-RRH, and/or CE.

Expansion project applications are allowed for reallocation, bonus or DV bonus funding types.

All VCEH planning and other resources related to the FFY20187 HUD CoC NOFA competition will be posted on the VT BoS CoC website at: **http://helpingtohousevt.org/whatwedo/hud/**.

A. All Requests for Proposals must be submitted to the VCEH/VT BoS CoC Collaborative Applicant, VT State Housing Authority (VSHA)[1] – daniel@vsha.org, no later than the date listed in this RFP.

B. As part of the FFY2018 HUD CoC NOFA competition released 6/20/18, any **ELIGIBLE APPLICANT** must submit an Application to the VT BoS CoC through VSHA for consideration for NEW and/or a RENEWAL CoC Program Project(s).

C. The VCEH **RANKING COMMITTEE** will use the approved CoC POLICY & TOOLS, HUD and CoC priorities, as well as CoC Program NOFA thresholds and guidance, to determine funding and project ranking submissions to HUD.

D. **APPEALS PROCESS**: The eligible applicant may send a written response to the CoC Collaborative Applicant [VSHA] or the VCEH CoC Project Ranking Committee if there is an objection to the determination (rejected, reduced funding, lower priority, or other reason). In addition, any applicant whose project is rejected by the VT BoS CoC may appeal the decision by submitting a Solo Application in e-snaps directly to HUD prior to the application deadline of 8PM EST on September 18, 2018. See FFY2018 CoC NOFA for more information.

E. **Coordinated Entry** and **Homeless Management Information System** projects do not need to submit this form but must confirm their intent to renew by e-mail to VSHA by 7/10/18.

F. **AVAILABLE FUNDING** Read the "FFY2018 CoC Program NOFA" for full details

| Amount | Designated Uses/Source | Eligible Applicants |
|---|---|---|
| $3,162,700 | Renewal of existing CoC Program Projects | Currently funded recipient from FY17 |
| $201,372 | New or Expansion projects Reallocation Funding | Any eligible entity per CoC Program interim rule |
| $201,884 | New or Expansion Projects Bonus Funding | Any eligible entity per CoC Program interim rule |
| $162,411 | New or Expansion Projects DV Bonus Funding | Any eligible entity per CoC Program interim rule |

G. **ADDITIONAL RESOURCES**:

- **HUD CoC Program Interim Rule** https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf
- **FY2018 HUD CoC Program Notice of Funding Availability** https://www.hudexchange.info/resource/5719/fy-2018-coc-program-nofa/
- **CoC Program Grants Administration User Guide** https://www.hudexchange.info/resource/2946/coc-program-grants-administration-user-guide/
- **HUD E-SNAPS** https://esnaps.hud.gov/grantium/frontOffice.jsf

[1] *FULL DISCLOSURE: VSHA is the Collaborative Applicant responsible for submitting ALL VT BoS CoC project applications to HUD. VSHA is also an eligible applicant who intends to submit applications for renewal, reallocated, Bonus and DV Bonus projects to the unbiased VCEH CoC Project Ranking Committee for review. VSHA is not a voting member of the CoC Ranking Committee.*

**FFY2018 HUD COC PROGRAM PROJECT APPLICATION TASKS AND DEADLINES**

VT Coalition to End Homelessness (VT-500 Balance of State Continuum of Care)

| TASK | DEADLINE |
|---|---|
| HUD releases the FFY2018 HUD CoC Registration Notice | April 13, 2018 |
| HUD releases FFY2018 HUD **CoC Notice of Funding Availability (NOFA)** | June 20, 2018 |
| VSHA **releases RFP and Application form** via VCEH email listserv, emails (VT League of Cities & Towns, Local CoCs, PHAs, Other Stakeholders), Social Media (VHFA Blog/Facebook/Twitter) and TV (PSAs) | July 9, 2018 |
| **VCEH votes** on CoC Project Ranking Policy, Tools & Committee Members. **Collaborative Applicant (VSHA) updates** VT BoS CoC on Funding Options. | July 17, 2018 |
| **Warn Vote: Local Priorities** (e.g. Project Types: Coordinated Entry, HMIS, Permanent Supportive Housing, Rapid Rehousing (RRH), Transitional Housing-RRH; Subpopulations: Chronic Homeless, Domestic Violence, Families, Individuals, Veterans, Youth, Other; Budget Line Items: Acquisitions/Rehab, Operations/Leasing, Rental Assistance, Services) | July 17, 2018 |
| VSHA-Daniel Blankenship is **available to answer basic questions** via email-only related to submission of the application form and process. | July 9 – July 31, 2018 |
| **CoC Project applications are due** to VSHA via: email (daniel@vsha.org) or fax (802-828-2111) *applicant must confirm after sending | Before 4:00PM Friday, August 3, 2018 |
| **ALL CoC Project applications will be forwarded** by VSHA to the VCEH CoC Project Ranking Committee. | Before 5:00PM Monday, August 6, 2018 |
| **Local CoCs** (counties/districts) **and Community Partners may email priorities** to VSHA for Ranking Committee consideration | Before 12:00PM Tuesday, August 14, 2018 |
| VCEH CoC Project Ranking Committee will meet to **review, accept/reject and prioritize/rank** all VT BoS CoC applications with available HUD funds. | TBD (August 15-22) |
| Proposed Applicants will be notified if their project(s) were **Accepted/Rejected/Reduced** AND the **CoC Ranking number** (if accepted). | Before 5:00PM Thursday, August 23, 2018 |
| Proposed Applicants that are rejected or reduced must **submit a written appeal to the CoC Collaborative Applicant [VSHA]** via:<br>• VSHA - email (daniel@vsha.org) or fax (802-828-2111) **OR**<br>• DHCD - email (shaun.gilpin@vermont.org) or fax (802-828-3258) | Before 4:00PM Tuesday, August 28, 2018 |
| The CoC Ranking Committee will review all appeals and make a final determination (if different), sent by VSHA to each applicant. | Before 5:00PM Friday, August 31, 2018 |
| All CoC Program project applications *approved* by the Ranking Committee must be **completed/submitted in e-snaps and submitted to the Collaborative Applicant within the e-snaps system.** | Before 4:00PM Friday, September 7, 2018 |
| Any applicant whose project is rejected by the VCEH **may appeal the decision directly to HUD**, *with a Solo Application in e-snaps*, if the project applicant believes it was denied the opportunity to participate in the Vermont Balance of State CoC planning process in a reasonable manner.<br>*See the FFY2018 CoC NOFA for full details* | Before 8:00PM Tuesday, September 18, 2018 |

# FFY18 VT BoS CoC Program Initial Project Application

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

2. **Applicant Name and Contact Information**[2] (Direct HUD Recipient, if awarded):

   _____

   _____

   _____

3. **Applicant Agency Type (pick one) ☐ Non-Profit ☐ Local Government ☐ State Entity ☐ PHA**

   *Subrecipient(s)-if applicable:* _____

   _____

   *Primary Partners/Providers-if applicable*: _____

   _____

4. **Pick a preferred funding source and the project type (Pick ONE):**

   ☐ **RENEWAL** Current CoC Program Project with NO changes (*Permanent Supportive Housing "Shelter+Care", Rapid Rehousing)*

   OR

   ☐ NEW-**BONUS** ☐ NEW-**REALLOCATION** ☐ NEW-**BONUS & REALLOCATION** ☐ NEW-**DV BONUS***

**Project Type:**

☐ Permanent Supportive Housing (PSH)

Must be fully dedicated to serve individuals with a disability and/or families in which one adult or one child has a disability who are experiencing **chronic homelessness** OR **meets the Dedicated PLUS definition** which includes the above disability definition and : people experiencing chronic homelessness; people living in place not meant for human habitation, shelter or safe haven BUT were experiencing chronic homelessness AND had been in permanent housing (PH) project within last year and were unable to maintain housing placement; people that live in a place not meant for human habitation, shelter or safe haven for at least 12 months in the last 3 years BUT has not done so on four separate occasions or people in a Department of Veteran Affairs (VA)-funded homeless assistance program AND met one of the above at initial intake to the VA homeless assistance system.

[2] *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.*

☐ Rapid Rehousing (RRH)

*(Tenant-Based Rental Assistance only, Sponsor/Project-Based not available)*
Households including i*ndividuals*, *youth/young adults (18-24)*, *families* who are: coming directly from the **streets** or **emergency shelters**; met the qualifications of Category 4 of the homeless definition which includes fleeing or attempting to flee *domestic violence*; or receiving services through a VA-funded homeless assistance program and met one of the above criteria at intake to VA's homeless assistance system.

☐ Joint Transitional Housing-Rapid Rehousing (TH-RRH)

Households including i*ndividuals*, *youth/young adults (18-24)*, *families* who are: coming directly from the **streets** or **emergency shelters**; met the qualifications of Category 4 of the homeless definition which includes fleeing or attempting to flee *domestic violence*; or receiving services through a VA-funded homeless assistance program and met one of the above criteria at intake to VA's homeless assistance system.

**DV Bonus projects can only serve households that are fleeing or attempting to flee of domestic violence, dating violence, sexual assault, human trafficking or stalking who are defined as homeless at 24 CFR 578.3*

**ALL PROJECTS**

5. **CoC Project Description:** Describe project design showing the target population, plan to address housing and supportive service needs, projected outcomes, and coordination with partners. (Limit response to no more than one page)

   ***DV Bonus Project Applicants*** **–** *You must specifically quantify the need for the project, how large that need is compared to other homeless populations and how this project fills the gap you identified.*

   Explain here:

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

7. **Does the applicant or identified subrecipient have any unresolved HUD Monitoring and/or OIG Audit findings covering any previous grant?**
   ☐YES ☐ NO

   If yes, explain:

8. **Match:** Applicant certifies the *availability*, if selected, to commit/provide a required, **minimum 25% match**, above total budget HUD CoC Program funds, from other otherwise unobligated 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)

9. **If awarded, will the CoC Program project participate in VT BoS CoC Coordinated Entry System?**

☐ YES ☐ NO (*non-eligible*)

10. **If awarded, will this CoC Program project use the VT HMIS Implementation?**

☐ YES ☐ NO

**If No, are you a Victim Service Provider (VSP) who will use a HMIS comparable *database?***

☐ YES ☐ NO

**11. Will you ensure participants move quickly into permanent housing?**

☐ YES ☐ NO

**12. Will/Does the project follow a "Housing First Approach?**

☐ YES ☐ NO

**12a. 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*

**12b. Housing First Principles**: **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 <u>not</u> covered in typical lease agreement*
☐ *None of the above*

**Population Targets**

**13. Subpopulation – Choose all that apply**

☐ Individuals ☐ Families ☐ Youth (18-24) ☐ Veterans ☐ DV and other survivors

☐ Chronically Homeless ☐ Other_____

**14. Target Disability– Choose all that apply** (PSH must choose at least one, other projects types may choose one or none)

☐ Severe/Persistent Mental Illness
☐ Substance Use
☐ Other Disability: _____
☐ No target

**15. Permanent Supportive Housing (PSH) only**

Population

☐ Chronically Homeless-Dedicated (24 CFR 578.3)

**OR**

☐ DedicatedPLUS (See NOFA for more details)
- ☐ Chronically Homeless; or
- ☐ 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; or
- ☐ 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; or
- ☐ Receiving assistance through a U.S. 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.

**16. CoC Project Budget**

| Type of Cost | Proposed Budget | Proposed Activities Covered by Budget (I.e. type of rental assistance, number of units, staff, supportive service type, details of housing costs details, etc.) |
|---|---|---|
| *Rental Assistance (TBRA, SBRA, PBRA)* | | |
| *Leasing* | | |
| *Operations* | | |
| *Services* | | |
| *HMIS* | | |
| *Admin Costs (up to 10%)* | | |
| *TOTAL* | | |

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

Rental Assistance Administrator (if applicable)

☐ **Non-Profit Organization** _____
☐ **Local Government** _____
☐ **State Entity**: _____
☐ **Local PHA** _____
☐ **VT State Housing Authority**

Subrecipient(s) or Primary Service Provider(s):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

**ADDITIONAL QUESTIONS** - **NEW COC PROGRAM PROJECT PROPOSALS**

**17. Do you operate any homeless dedicated projects?**

☐ YES ☐ NO

If yes, do they participate in the VT HMIS or if a VSP do they use a comparable database?

☐ YES ☐ NO

**Project Design and Funding**

**18. Is this NEW project application requesting a "Project Expansion" of an eligible renewal project of the same component type?**

☐ YES ☐ NO

If YES, which of the following activities describe the expansion proposal (check all that apply)?

☐ Increase the number of homeless persons served
☐ Provide additional supportive services to people experiencing homelessness
☐ Bring existing facilities up to state/local government health and safety standards
☐ Replace the loss of nonrenewable funding

If requesting a project expansion, answer the following (all applicable):

a. What is current level of effort (# persons at PIT, # units, and # of beds) and proposed new effort (# additional persons at PIT, # additional units and # additional beds)
b. Describe the reason for the supportive services increase indicated above OR
c. Describe how the project is proposing to bring the existing facility(ies) up to state/local government health and safety standards. OR
d. Replacing the loss of nonrenewable funding (private, federal, other excluding state/local government)

Explain here:

**19. Describe experience with administering PSH and RRH projects and state/federal funding.** (limit response to no more than half a page)

***DV Bonus Project Applicants:*** *In this narrative you must specifically address your previous performance in serving people who are survivors of domestic violence, dating violence, sexual assault, or stalking. The description must also include experience in meeting safety outcomes. Safety must be defined in partnership with the participant and include supports and skill that add to household stability.*

Explain:

20. **Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local and private sector funds.** (limit response to no more than half a page)

    Explain:

21. **Describe the basic organization and management structure of the applicant and potential subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.** *Include the organization and management structure of the applicant and all subrecipients; be sure to include a description of internal and external coordination and the financial accounting system that will be used to administer the grant.*

    Explain:

22. **Timeliness of Grant Activities Complete the following chart** (pick at least one)

| **Project Milestones** | **Days from Execution of Grant Agreement** | **Days from Execution of Grant Agreement** |
|---|---|---|
| | Location or Structure A | Location or Structure B |
| New project staff hired, or other project expenses begin? | | |
| Participant enrollment in project begins? | | |
| Participants begin to occupy leased units or structures(s) and supportive services begin? | | |
| Leased or rental assistance units or structure, and supportive services near 100% capacity? | | |
| Closing on execution of a structure lease? | | |

23. **Describe outreach plan including how program participants will be identified and connected with the offered housing and services and how the project will work with coordinated entry.** (limit response to no more than half a page)

**24. Outreach targets and percentages for Participants – Choose all that apply and fill in percentage**

☐ Persons living in places not meant for human habitation _____%
☐ Persons living in emergency shelter _____%
☐ Persons fleeing or attempting to flee DV _____%
☐ Persons receiving services through a VA-funded homeless assistance program and met one of the above criteria at initial intake to VA homeless system _____% (*PSH – DedicatedPLUS, RRH and joint TH-RRH only*)

**25. Are the proposed project policies and practices consistent with the laws (including the McKinney-Vento Act) related to providing education services to individuals and families?**

☐ YES ☐ NO ☐ Not applicable

**If yes, will the proposed project assign staff to ensure that children and youth are enrolled in school and receive educational services, as appropriate?**

☐ YES ☐ NO ☐ Not applicable

**26. How will the CoC Program project help participants obtain and remain in permanent housing? Address the needs of the target population, how the needs will be addressed through service provision, landlord engagement plan, how units will be identified and how rents will be deemed reasonable.** (limit response to no more than half a page)

***DV Bonus Project Applicants*** **-** *In this narrative you must specifically describe past success and current ability to house survivors in permanent housing. The description must also include how the project will identify and meet safety needs of the population.*

Explain how:

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

How is this percentage determined?

27. **How will the new CoC Program project support participants to increase employment and/or income to maximize their ability to live independently?**

    Explain how:

**28. Housing Type and Location: Indicate the maximum number of units and beds available for project participants at the selected housing site:**

- ☐ Total Units: _____
- ☐ Total Beds: _____
- ☐ Total Dedicated CH Beds: _____ (PSH only)

**29. Will CoC participants be required to live in a particular structure/unit/locality?**

☐ YES ☐ NO

If "YES", where and why:

**30. Will the new CoC Program project use an existing homeless facility or activities?**

☐ YES ☐ NO

If "YES", explain:

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**Governance Charter for the**
**VT Balance of State CoC and Burlington/Chittenden CoC Homeless Management Information System**

## A. Purpose and Scope

The purpose of this Governance Charter is to confirm agreements between the Continuum of Care and the Institute for Community Alliances (hereinafter HMIS Lead Agency). As such, the Governance Charter sets forth the general understandings, and specific responsibilities of each party relating to key aspects of the governance and operation of the Homeless Management Information System (HMIS.) This Governance Charter is effective upon execution by the VT Balance of State CoC, Burlington/Chittenden CoC (hereinafter collectively referred to as the CoC or CoCs) and the Institute for Community Alliances.

## B. Background

The HMIS is a collaborative project of the VT Balance of State CoC, Burlington/Chittenden CoC, the HMIS Lead Agency, and participating Partner Agencies. HMIS is an internet-based data collection 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 all communities and agencies receiving HUD Continuum of Care, Emergency Solutions Grant, Family and Youth Services Bureau's Runaway and Homeless Youth fund and by the U.S. Department of Veterans Affairs for agencies receiving SSVF funds.

The two Vermont Continuum of Care are a community-wide initiative that works to provide a range of housing and services for the homeless. The continuum of care system includes homelessness prevention assistance, emergency shelter, transitional housing, permanent affordable and permanent supportive housing, supportive services, specialized programs and outreach for designated homeless subpopulations, and integration with mainstream programs. HMIS enables homeless service providers to collect uniform client information over time. HMIS is essential to efforts to streamline client services and inform public policy decisions aimed at addressing and ending homelessness at local, state and federal levels. Through HMIS, homeless people benefit from improved coordination in and between agencies, informed advocacy efforts, and policies that result in targeted services. Analysis of information gathered through HMIS is critical to the preparation of a periodic accounting of homelessness in Vermont, which may include measuring the extent and nature of homelessness, the utilization of services and homeless programs over time, and the effectiveness of homeless programs. Such an unduplicated accounting of homelessness is necessary to service and systems planning, effective resource allocation, and advocacy. The parties to this Governance Charter share a common interest in collaborating to end homelessness and successfully implementing and operating the HMIS.

## C. General Understandings

### 1. Continuum of Care Governance

The VT Balance of State CoC and Burlington/Chittenden CoC are responsible for governance of the HMIS. The CoCs are the lead-planning groups for efforts to end homelessness and for implementing and operating homeless service delivery systems in the State of Vermont. As such and under HUD policy (24 CFR part 580), the CoCs are 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 national HMIS Standards. The CoCs' oversight and governance responsibilities are carried

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out by the HMIS Advisory Board (described below), which reviews and approves all HMIS policies and procedures.

2. HMIS Lead Agency Designation

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

3. Homeless Management Information System Advisory Board

The CoCs 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. All CoCs HMIS participating agencies will be represented on the HMIS Advisory Board to ensure shared responsibility and accountability.

*3.1 Advisory Board Requirements*

a. Meetings - 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 - Advisory Board members are required to attend all meetings. A majority of the Advisory Board is one half plus one of the members present at the meeting when the vote is taking place. If a Board member cannot attend meeting, they will give advance notice and send an appropriate stand in.
c. Accessibility - Board members will be publicly identified and available for contact by HMIS users and agencies throughout the state.
d. Policies and Procedures - Approval of policy, procedures and HMIS protocols will be attempted through consensus and conversation but will ultimately be decided by simple majority.
e. Voluntary Board Membership – Advisory Board members are volunteers and are not compensated for their participation.

4. Funding

Funding for the software and operations of the HMIS shall be provided by the two Vermont CoCs, through a HUD Continuum of Care program HMIS grant and other funding from the CoCs. Partner Agencies may be required to pay user fees for the HMIS software and reporting licenses assigned to their agency. In the event there is a shortfall in funding for the software or operation of the HMIS, the CoCs will explore options to increase revenue.

5. Software and Hosting

The CoCs has selected a single software product to serve as the sole HMIS software application, in this case Mediware Information Systems ServicePoint. All Partner Agencies agree to use the product as configured for the CoCs.

6. Compliance with Homeless Management Information System Standards

The HMIS is operated in compliance with the 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 Governance Charter, the HMIS Policies and Procedures, and other

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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 CoCs through the HMIS Advisory Board. These agreements, policies and procedures include but are not limited to the 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 CoCs 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. Balance of State Continuum of Care and Burlington/Chittenden Continuum of Care

Responsible for oversight, project direction, formalizing policy setting, and guidance for the HMIS project. It is the responsibility of the CoCs 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 Continuum of Care Housing Inventory Count and support the HMIS Lead Agency in preparing the Annual Homeless Assessment Report (AHAR) and HUD System Performance Measures (SPM).

2. HMIS Advisory Board

a. The CoCs exercises the following responsibilities for HMIS governance through the HMIS Advisory Board
b. Implement and continuously improve the HMIS.
c. Regularly evaluate HMIS features, functionality and data points

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d. Ensure the HMIS scope aligns with the requirements of agencies, HUD and other federal partners, and other stakeholder groups.
e. Address any issue that has major implications for the HMIS, such as HMIS Data Standards revisions released by HUD, or HMIS Vendor performance problems.
f. Review, revise and approve all HMIS operational policies developed by the HMIS Lead Agency and submit all approved operational documents to each CoC Board of Directors or equivalent CoC governing body.
g. Ensure agency and user compliance with the federal HMIS Standards, and all HMIS operational agreements, policies and procedures.
h. Provide guidance and oversight of HMIS related user and agency compliance monitoring undertaken by the HMIS Lead Agency.
i. Approve HMIS Lead Agency recommendations to terminate a user license or restrict the HMIS participation of a Partner Agency.
j. Convene meetings of the HMIS Advisory Board no less than quarterly.

3. HMIS Lead Agency

The Institute for Community Alliances presently serves as the lead agency for the VT Balance of State CoC and Burlington/Chittenden CoC HMIS projects, 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 CoCs 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. Notify and solicit feedback from the CoCs and the VTHMIS Advisory Board of vendor contract negotiation
c. 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.
d. Provide overall staffing for the operation of the HMIS.
e. Develop and maintain all HMIS operational agreements, policies and procedures, including a written privacy notice.
f. Obtain signed Partner Agency Agreements and User Agreements.
g. Invoice Partner Agencies and jurisdictions for HMIS fees approved by the HMIS Advisory Board.
h. 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.
i. Convene a meeting of the HMIS Advisory Board annually.
j. Participate as a voting or non-voting member of the CoC's Board of Directors or equivalent decision-making body.
k. Attend the HMIS and Data Committee meetings of the CoCs.
l. Provide and maintain the HMIS website.
m. Comply with federal HMIS Standards (including anticipated changes to the HMIS Standards) and all other applicable laws.
n. Apply as the project applicant for all HUD CoC Program HMIS Projects within the CoCs.

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o. Serve as the liaison with HUD regarding HUD HMIS grants.
p. The HMIS Lead will notify the HUD defined Continuum of Care when a board member is needed to represent that CoC.

*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 CoCs and agencies how each software release will change or impact current workflow and operations.
d. Protect confidential data (in compliance with federal HMIS Standards, local privacy policies, and other applicable law), and abide by any restrictions clients have placed on their own data.
*e.* In accordance with and by all HUD regulations and policies
f. Inform HMIS Users of any system bugs and the work arounds

*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 a data quality plan.
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.

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*V. Reporting*

a. Complete, or provide assistance for the completion of the Annual Homeless Assessment Report, 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 federal 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 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 the federal 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.
e. Provide backup and recovery of internal and external networks.
f. Maintain the system twenty-four hours a day, seven days a week.
g. Communicate any planned or unplanned interruption of service to the HMIS Lead Agency.
h. 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 Governance Charter 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.

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2. Amendments

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

***Vermont Balance of State Continuum of Care:***

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Joshua Davis
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8/26/2018 10:18:00 AM PDT

Josh Davis, Co-Chair Date
VT Balance of State CoC Board of Directors

***Burlington/Chittenden Continuum of Care:***

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Margaret Bozik
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8/22/2018 8:07:08 AM PDT

Margaret Bozik, Co-Chair Date
Burlington/Chittenden CoC Steering Committee

***Vermont Balance of State Continuum of Care:***

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Rebeka Lawrence Gomez
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Rebeka Lawrence-Gomez, Co-Chair Date
VT Balance of State CoC Board of Directors

***Burlington/Chittenden Continuum of Care:***

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Travis Poulin
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8/23/2018 5:06:47 AM PDT

Travis Poulin, Co-Chair Date
Burlington/Chittenden CoC Steering Committee

***Institute for Community Alliances:***

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David Eberbach, Executive Director

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**Revision History**

| | |
|---|---|
| 4.18.2018 | Section C item 1: Grammatical edit changing CoCs “is responsible” to “are responsible”. |
| 4.18.2018 | Section C sub section 3: Change to say meetings will be held Quarterly vs. Monthly |
| 4.18.2018 | Section D item 2: Added - Regularly evaluate HMIS features, functionality, and data points and Board Meetings are held Quarterly vs. Monthly. |
| 4.18.2018 | Section D 3.1.b: Add ICA will notify CoCs and VT HMIS Advisory Board of vendor contract negotiations. |
| 4.18.2018 | Section D 3.1.p: The HMIS Lead will notify the HUD defined continuum of care when a board member is needed to represent that CoC. |
| 4.18.2018 | Section D 3.2.f: Inform HMIS Users of any system bugs and the work around |
| 8.8.2018 | Added “s” to CoC to indicate that both Vermont CoCs are being talked about in the document |

# Vermont Statewide

## ServicePoint &

## Homeless Management Information System

## Policies and Procedures Version 2.0

VT HMIS Advisory Board

in partnership with

Institute for Community Alliances

2018

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| N/A | Document updated to version 2.0 | BoS – 6.19.2018<br>Chittenden – 8.2.2018 |
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| 2.2 | Add agency responsibilities and timeline for notifying ICA of changes in users | BoS – 6.19.2018<br>Chittenden – 8.2.2018 |
| 3.4 | Added clarification of written request for law enforcement requesting data | BoS – 6.19.2018<br>Chittenden – 8.2.2018 |
| 3.4 | Remove historical data cannot be used to discriminate against clients. Add historical data cannot be used for eligibility purposes. | BoS – 6.19.2018<br>Chittenden – 8.2.2018 |
| 3.8 | Delete “if possible” change locate to reached. | BoS – 6.19.2018<br>Chittenden – 8.2.2018 |
| 3.10 | Update vendor name | BoS – 6.19.2018<br>Chittenden – 8.2.2018 |
| 5 | Add additional glossary terms | BoS – 6.19.2018<br>Chittenden – 8.2.2018 |

# 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.

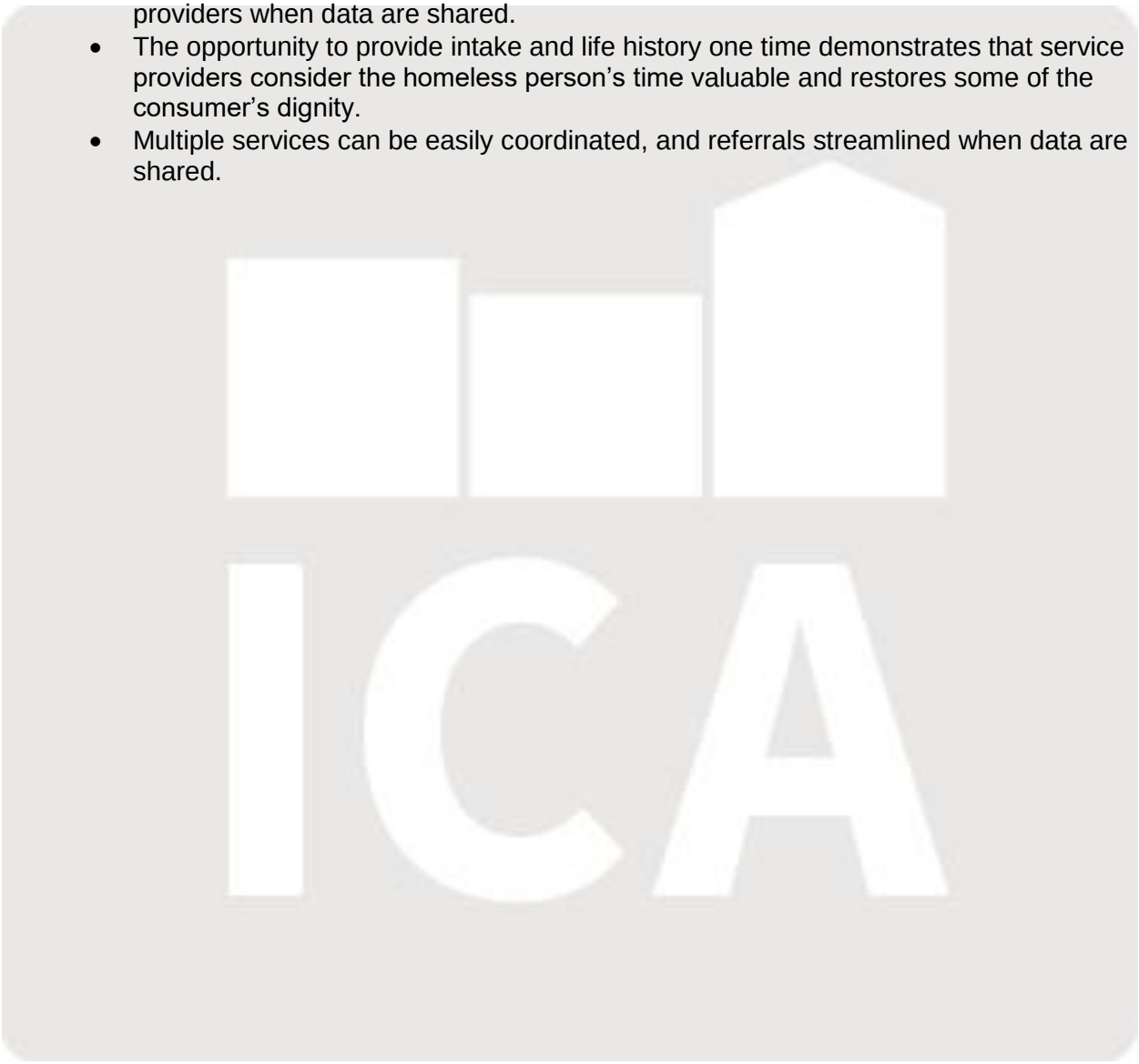
Benefits for service providers

- 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 and secure all required releases of information for sharing client data
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.

It it is the responsibility of the agency Executive Director or agency designee to notify the HMIS Lead Agency when a HMIS user no longer needs access to the VTHMIS within 48 hours.

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 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.
        v. Be approved for release by the Institute for Community Alliances legal counsel after a review period of seven to fourteen days and,
        vi. Have written consent for client data release from the respective governing HUD recognized Continuum of Care.

- 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 head 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 a regionally shared data system. This system allows Partner Agencies to share client information to coordinate services for clients. However, Partner Agencies may not limit client service or refuse to provide service based on historical data contained in HMIS. HMIS data is not to be used for program eligibility purposes.

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.

All confirmed security violations will be communicated in writing to the affected client within 14 days, unless the client cannot be reached. 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. In the event that the suspicion of violation of use is an employee of ICA, the agency or reporting user should contact both the affected Continuum of Care leadership as well the direct ICA managing director.

## 3.10 DISASTER RECOVERY PLAN

Mediware 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.

**Client-** Person or persons receiving services from an agency using the VT HMIS system for data collection.

**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 –** End user, employed by a local agency required to enter data. HMIS users in order to have access to the VT HMIS must pass and adhere to the minimum training and security standards.

**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.

**Official Volunteer -**A recognized and consistent unpaid member of a user agency. They may or may not have access to the VT HMIS. To have access they must pass and adhere to the minimum training and security standards.

**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.

# 2018 HDX Competition Report

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

### Total Population PIT Count Data

| | 2016 PIT | 2017 PIT | 2018 PIT |
|---|---|---|---|
| Total Sheltered and Unsheltered Count | **785** | **934** | **932** |
| Emergency Shelter Total | 470 | 626 | 734 |
| Safe Haven Total | 4 | 3 | 0 |
| Transitional Housing Total | 217 | 199 | 133 |
| Total Sheltered Count | **691** | **828** | **867** |
| Total Unsheltered Count | **94** | **106** | **65** |

### Chronically Homeless PIT Counts

| | 2016 PIT | 2017 PIT | 2018 PIT |
|---|---|---|---|
| Total Sheltered and Unsheltered Count of Chronically Homeless Persons | **59** | **83** | **118** |
| Sheltered Count of Chronically Homeless Persons | 44 | 62 | 104 |
| Unsheltered Count of Chronically Homeless Persons | 15 | 21 | 14 |

# 2018 HDX Competition Report

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

### Homeless Households with Children PIT Counts

| | 2016 PIT | 2017 PIT | 2018 PIT |
|---|---|---|---|
| Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children | **115** | **142** | **136** |
| Sheltered Count of Homeless Households with Children | 109 | 134 | 132 |
| Unsheltered Count of Homeless Households with Children | 6 | 8 | 4 |

### Homeless Veteran PIT Counts

| | 2011 | 2016 | 2017 | 2018 |
|---|---|---|---|---|
| Total Sheltered and Unsheltered Count of the Number of Homeless Veterans | **63** | **79** | **69** | **79** |
| Sheltered Count of Homeless Veterans | 61 | 73 | 66 | 72 |
| Unsheltered Count of Homeless Veterans | 2 | 6 | 3 | 7 |

# 2018 HDX Competition Report

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

### HMIS Bed Coverage Rate

| Project Type | Total Beds in 2018 HIC | Total Beds in 2018 HIC Dedicated for DV | Total Beds in HMIS | HMIS Bed Coverage Rate |
|---|---|---|---|---|
| Emergency Shelter (ES) Beds | **532** | **103** | **392** | **91.38%** |
| Safe Haven (SH) Beds | **0** | **0** | **0** | **NA** |
| Transitional Housing (TH) Beds | **188** | **31** | **107** | **68.15%** |
| Rapid Re-Housing (RRH) Beds | **492** | **0** | **327** | **66.46%** |
| Permanent Supportive Housing (PSH) Beds | **429** | **0** | **226** | **52.68%** |
| Other Permanent Housing (OPH) Beds | **0** | **0** | **0** | **NA** |
| Total Beds | 1,641 | 134 | 1052 | 69.81% |

# 2018 HDX Competition Report

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

### PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

| Chronically Homeless Bed Counts | 2016 HIC | 2017 HIC | 2018 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 | 243 |

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

| Households with Children | 2016 HIC | 2017 HIC | 2018 HIC |
|---|---|---|---|
| RRH units available to serve families on the HIC | 106 | 176 | 137 |

### Rapid Rehousing Beds Dedicated to All Persons

| All Household Types | 2016 HIC | 2017 HIC | 2018 HIC |
|---|---|---|---|
| RRH beds available to serve all populations on the HIC | 341 | 588 | 492 |

2018 HDX Competition Report

# FY2017 - 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) | | |
|---|---|---|---|---|---|---|---|---|
| | Submitted FY 2016 | FY 2017 | Submitted FY 2016 | FY 2017 | Difference | Submitted FY 2016 | FY 2017 | Difference |
| 1.1 Persons in ES and SH | 1406 | 1589 | 69 | 83 | 14 | 44 | 53 | 9 |
| 1.2 Persons in ES, SH, and TH | 1770 | 1825 | 102 | 208 | 106 | 56 | 64 | 8 |

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added 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.

The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

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# FY2017 - Performance Measurement Module (Sys PM)

| | Universe (Persons) | | Average LOT Homeless (bed nights) | | | Median LOT Homeless (bed nights) | | |
|---|---|---|---|---|---|---|---|---|
| | Submitted FY 2016 | FY 2017 | Submitted FY 2016 | FY 2017 | Difference | Submitted FY 2016 | FY 2017 | Difference |
| 1.1 Persons in ES, SH, and PH (prior to "housing move in") | 1414 | 1555 | 116 | 184 | 68 | 58 | 84 | 26 |
| 1.2 Persons in ES, SH, TH, and PH (prior to "housing move in") | 1791 | 1800 | 148 | 208 | 60 | 77 | 102 | 25 |

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# FY2017 - 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.

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

| | Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior) | Returns to Homelessness in Less than 6 Months | | Returns to Homelessness from 6 to 12 Months | | Returns to Homelessness from 13 to 24 Months | | Number of Returns in 2 Years | |
|---|---|---|---|---|---|---|---|---|---|
| | | FY 2017 | % of Returns | FY 2017 | % of Returns | FY 2017 | % of Returns | FY 2017 | % of Returns |
| Exit was from SO | 209 | 17 | 8% | 14 | 7% | 11 | 5% | 42 | 20% |
| Exit was from ES | 284 | 25 | 9% | 15 | 5% | 8 | 3% | 48 | 17% |
| Exit was from TH | 122 | 6 | 5% | 6 | 5% | 5 | 4% | 17 | 14% |
| Exit was from SH | 6 | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| Exit was from PH | 338 | 10 | 3% | 8 | 2% | 12 | 4% | 30 | 9% |
| TOTAL Returns to Homelessness | 959 | 58 | 6% | 43 | 4% | 36 | 4% | 137 | 14% |

## Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

# 2018 HDX Competition Report
# FY2017 - Performance Measurement Module (Sys PM)

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

| | January 2016 PIT Count | January 2017 PIT Count | Difference |
|---|---|---|---|
| Universe: Total PIT Count of sheltered and unsheltered persons | 785 | 934 | 149 |
| Emergency Shelter Total | 470 | 626 | 156 |
| Safe Haven Total | 4 | 3 | -1 |
| Transitional Housing Total | 217 | 199 | -18 |
| Total Sheltered Count | 691 | 828 | 137 |
| Unsheltered Count | 94 | 106 | 12 |

## Metric 3.2 – Change in Annual Counts

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

| | Submitted FY 2016 | FY 2017 | Difference |
|---|---|---|---|
| Universe: Unduplicated Total sheltered homeless persons | 1810 | 1851 | 41 |
| Emergency Shelter Total | 1425 | 1587 | 162 |
| Safe Haven Total | 6 | 10 | 4 |
| Transitional Housing Total | 447 | 273 | -174 |

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# FY2017 - Performance Measurement Module (Sys PM)

## 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

| | Submitted FY 2016 | FY 2017 | Difference |
|---|---|---|---|
| Universe: Number of adults (system stayers) | 165 | 204 | 39 |
| Number of adults with increased earned income | 12 | 16 | 4 |
| Percentage of adults who increased earned income | 7% | 8% | 1% |

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

| | Submitted FY 2016 | FY 2017 | Difference |
|---|---|---|---|
| Universe: Number of adults (system stayers) | 165 | 204 | 39 |
| Number of adults with increased non-employment cash income | 39 | 65 | 26 |
| Percentage of adults who increased non-employment cash income | 24% | 32% | 8% |

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

| | Submitted FY 2016 | FY 2017 | Difference |
|---|---|---|---|
| Universe: Number of adults (system stayers) | 165 | 204 | 39 |
| Number of adults with increased total income | 47 | 76 | 29 |
| Percentage of adults who increased total income | 28% | 37% | 9% |

# 2018 HDX Competition Report
# FY2017 - Performance Measurement Module (Sys PM)

## Metric 4.4 – Change in earned income for adult system leavers

| | Submitted FY 2016 | FY 2017 | Difference |
|---|---|---|---|
| Universe: Number of adults who exited (system leavers) | 84 | 89 | 5 |
| Number of adults who exited with increased earned income | 10 | 7 | -3 |
| Percentage of adults who increased earned income | 12% | 8% | -4% |

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

| | Submitted FY 2016 | FY 2017 | Difference |
|---|---|---|---|
| Universe: Number of adults who exited (system leavers) | 84 | 89 | 5 |
| Number of adults who exited with increased non-employment cash income | 19 | 25 | 6 |
| Percentage of adults who increased non-employment cash income | 23% | 28% | 5% |

## Metric 4.6 – Change in total income for adult system leavers

| | Submitted FY 2016 | FY 2017 | Difference |
|---|---|---|---|
| Universe: Number of adults who exited (system leavers) | 84 | 89 | 5 |
| Number of adults who exited with increased total income | 27 | 30 | 3 |
| Percentage of adults who increased total income | 32% | 34% | 2% |

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# FY2017 - Performance Measurement Module (Sys PM)

## 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 2016 | FY 2017 | Difference |
|---|---|---|---|
| Universe: Person with entries into ES, SH or TH during the reporting period. | 1537 | 1516 | -21 |
| 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. | 212 | 250 | 38 |
| 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) | 1325 | 1266 | -59 |

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

| | Submitted FY 2016 | FY 2017 | Difference |
|---|---|---|---|
| Universe: Person with entries into ES, SH, TH or PH during the reporting period. | 2976 | 2650 | -326 |
| 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. | 344 | 464 | 120 |
| 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.) | 2632 | 2186 | -446 |

# FY2017 - 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 FY2017 (Oct 1, 2016 - Sept 30, 2017) reporting period.

## 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 2016 | FY 2017 | Difference |
|---|---|---|---|
| Universe: Persons who exit Street Outreach | 333 | 276 | -57 |
| Of persons above, those who exited to temporary & some institutional destinations | 82 | 65 | -17 |
| Of the persons above, those who exited to permanent housing destinations | 151 | 121 | -30 |
| % Successful exits | 70% | 67% | -3% |

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

# 2018 HDX Competition Report

## FY2017 - Performance Measurement Module (Sys PM)

| | Submitted FY 2016 | FY 2017 | Difference |
|---|---|---|---|
| Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing | 2502 | 2469 | -33 |
| Of the persons above, those who exited to permanent housing destinations | 1524 | 1494 | -30 |
| % Successful exits | 61% | 61% | 0% |

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

| | Submitted FY 2016 | FY 2017 | Difference |
|---|---|---|---|
| Universe: Persons in all PH projects except PH-RRH | 286 | 276 | -10 |
| Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations | 276 | 262 | -14 |
| % Successful exits/retention | 97% | 95% | -2% |

2018 HDX Competition Report

# FY2017 - 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.

# 2018 HDX Competition Report

## FY2017 - SysPM Data Quality

| | All ES, SH | | | | All TH | | | | All PSH, OPH | | | | All RRH | | | | All Street Outreach | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2013-2014 | 2014-2015 | 2015-2016 | 2016-2017 | 2013-2014 | 2014-2015 | 2015-2016 | 2016-2017 | 2013-2014 | 2014-2015 | 2015-2016 | 2016-2017 | 2013-2014 | 2014-2015 | 2015-2016 | 2016-2017 | 2013-2014 | 2014-2015 | 2015-2016 | 2016-2017 |
| 1. Number of non-DV Beds on HIC | 225 | 201 | 201 | 340 | 254 | 231 | 223 | 217 | 391 | 375 | 434 | 444 | 128 | 299 | 341 | 588 | | | | |
| 2. Number of HMIS Beds | 117 | 107 | 148 | 300 | 109 | 79 | 155 | 149 | 267 | 243 | 229 | 255 | 0 | 0 | 127 | 205 | | | | |
| 3. HMIS Participation Rate from HIC ( % ) | 52.00 | 53.23 | 73.63 | 88.24 | 42.91 | 34.20 | 69.51 | 68.66 | 68.29 | 64.80 | 52.76 | 57.43 | 0.00 | 0.00 | 37.24 | 34.86 | | | | |
| 4. Unduplicated Persons Served (HMIS) | 390 | 658 | 1099 | 1262 | 231 | 355 | 385 | 241 | 342 | 324 | 305 | 255 | 217 | 643 | 1738 | 1486 | 14 | 89 | 115 | 97 |
| 5. Total Leavers (HMIS) | 286 | 498 | 912 | 1045 | 96 | 199 | 237 | 162 | 83 | 63 | 41 | 41 | 158 | 336 | 1262 | 1130 | 6 | 50 | 85 | 71 |
| 6. Destination of Don't Know, Refused, or Missing (HMIS) | 74 | 87 | 167 | 153 | 3 | 32 | 53 | 14 | 8 | 2 | 1 | 1 | 4 | 14 | 104 | 119 | 2 | 19 | 15 | 14 |
| 7. Destination Error Rate (%) | 25.87 | 17.47 | 18.31 | 14.64 | 3.13 | 16.08 | 22.36 | 8.64 | 9.64 | 3.17 | 2.44 | 2.44 | 2.53 | 4.17 | 8.24 | 10.53 | 33.33 | 38.00 | 17.65 | 19.72 |

# 2018 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 2018 PIT Count | 1/31/2018 | |

### Report Submission Date in HDX

| | Submitted On | Met Deadline |
|---|---|---|
| 2018 PIT Count Submittal Date | 4/26/2018 | Yes |
| 2018 HIC Count Submittal Date | 4/26/2018 | Yes |
| 2017 System PM Submittal Date | 5/31/2018 | Yes |

# 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.*

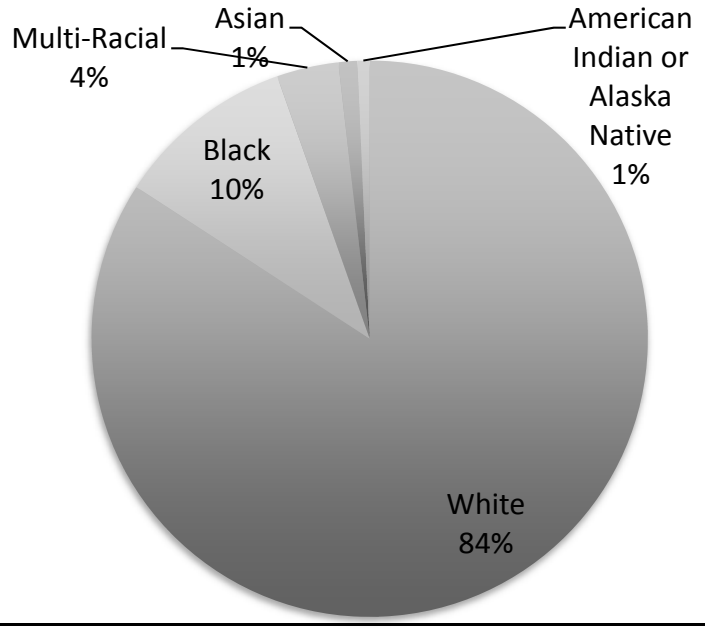
[1] https://www.hudexchange.info/resource/5108/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh/

# Racial Disparities in Youth Homelessness

VT Balance of State Continuum of Care - SFY17

**Who is included?** Persons between the ages of 18-24 regardless of family status or unaccompanied youth ages 12-17.

## Racial Identify of Youth Experiencing Homelessness




## Racial Disparities in Length of Time in Emergency Shelter

| Project Type or Subpopulation of Youth | Average Length of Time in Emergency Shelter (Days) | Median Length of Time in Emergency Shelter (Days) |
|---|---|---|
| All Youth | 63 | 43 |
| White | 62 | 42 |
| Black | 61 | 31 |

## Key Findings:

- 16% of total youth experiencing homelessness identify as youth of color (Black, Multi-Racial, Asian, or American Indian or Alaska Native), compared to 14% of the general youth population in the State of Vermont (2016 Youth Risk Behavior Survey, Department of Health).
- Black youth who are experiencing homelessness stay in emergency shelters shorter than their white counterparts. Black youth spend an average of 61 days, or a median of 31 days, while White youth spend an average of 62 average, or a median of 42 days, in shelters.

## Next Steps:

- Seek to understand the reason(s) Black youth have shorter stays in Emergency Shelters and whether this is a result of disparate treatment.
- Explore youth outcomes by race: exits to permanent housing, returns to homelessness, and increase in employment and non-employment income. Use the outcomes data to identify whether or not youth of color are experiencing poorer outcomes than their White counterparts.