

Thank you,

Emily

From: Daniel Blankenship [mailto:daniel@VSHA.ORG]

Dear Brattleboro/So. Windham County CoC,

The three attachments will assist your local CoC with determining funding priorities for the HUD CoC Program, set for release next month, and allow for a fair/transparent process for the VT BoS CoC to allocate funds most appropriately.

Please contact either Sara Kobylenski (as a Local CoC mentor) or myself ASAP to receive guidance on how to use the CHART. 1) first section is all current project; 2) second section are options for new projects (if selected, funded with any existing VT BoS CoC funds, not just Windham). The BoS Ranking Committee will review local CoC priorities, review VT BoS CoC need/priorities and make funding decisions on all CoC project proposals (new & renewal). **VSHA is not a voting member of the Ranking Committee.*

Please forward all of the attachments via your local listserv and to any possible eligible applicants.

Talk soon,

Daniel Blankenship
Homeless Grants Administrator

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: peter kelerman <pkelerman@yahoo.com>
Sent: Wednesday, July 1, 2015 9:58 AM
To: Ingrid Pixley; Laura Morse; Lynne Klamm; Aliceanne Lavallee; Doug Sinclair; Rick Wheeler; Jeanne Montross; Foresta Castañeda; P. Ackerson-kiely; Elizabeth Ready; Clara Carroll; Ramona Akpo-Sani; Samantha Kachmar; Kate McGowan; Karen Haury; Sharon Wickman; Beth Diamond; Donna Bailey; Hilary Melton; Jan Demers; Quanteshia De'Ella Tennyson; John Kromer; Daniel Blankenship; Sara Gilbert; Rebeka Lawrence-Gomez; Kerri Duquette-Hoffman; Peter Kelerman; Adam Sancic; Tiffany Sargent; Jason Brill; Pat Messerle; Matt Baron; Elise Shanbacker; Sara Kobylenski
Subject: Cof C
Attachments: FFY2015 VT BoS CoC Project Funding Guide.pdf; FFY15 VT BoS CoC Funding Proposal Letter.pdf; Local CoC Chart ADDISON.docx

Hello Friends,

In light of the expressed desire to start discussing the C of C changes we are faced with, I would like to call a special meeting of the Continuum of Care on July 16, 2015. The purpose of the meeting is to discuss funding priorities for the HUD CofC Program. A letter from Sara Kobylenski describing that process is patched in below. Also there are a number of documents attached describing the process. We will need to make recommendations to the Balance of State C of C by July 21. It is important that as many people come as possible, so please mark your calendars.

I have invited Daniel Blankenship from the Vermont State Housing Authority and Sara Kobylenski who chairs the Balance of State Continuum to lead the meeting. They will be able to answer all our questions and help us through the process of making recommendations to the Balance of State. Organizations interested in proposing a project can contact either of them with questions. However, it is important that all Continuum members participate in the meeting, not just those who wish to propose a project.

Thank you. I look forward to seeing you on July 16!

Pete Kellerman
Addison County Continuum of Care

Dear Local Vermont BoS Continua of Care for the Homeless,

Last year, the VT Coalition to End Homelessness-VCEH (acting as the VT BoS CoC primary decision-making body) received one of the highest HUD Continuum of Care application scores in the country; mostly due to hard choices made to cut/discontinue some CoC programs and repurpose those funds into Rapid Rehousing for Families & Permanent Supportive Housing.

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Many stakeholders have asked about options for current CoC projects with others keenly interested in starting new ones. VCEH is required to ensure a fair and transparent process in the determination of where and how CoC homeless program funds are awarded, but we cannot do that without active involvement from your local community.

As such, we have directed the Vermont State Housing Authority (acting as the CoC Collaborative Applicant) to send each local CoC a list of options for their specific area and the VT BoS CoC as a way to determine CoC-wide priorities. **You will receive your list by the end of this week, i.e. June 26. Please review the potential options, determine local need, choose one project or rank them by priority, and conduct a local CoC vote before July 21.** The CoC Ranking Committee (non-biased members acting on behalf of the VT BoS CoC) will then review each project and determine a final prioritization on whether or not to renew, de-fund, and/or fund new CoC projects.

If you have any questions or if we can help you sort out any part of what needs to be done, please give either of us or Daniel Blankenship a call.

Sincerely,
Sara Kobylenski, Upper Valley Haven (VCEH Co-Chair)
Kathy Metras, NE Kingdom Community Action (VCEH Co-Chair)

Daniel Blankenship

From: Brittell, Brooke <bbrittell@nekcavt.org>
Sent: Wednesday, July 1, 2015 9:42 AM
To: Annie Crease; Boucher, Carol; Carole Pomeroy; Dan Haycook; Daniel Blankenship; Doe, Hibbard; Elia Marquis; Irving Fellows; Joe Patrissi; Kathy Metras; Kathy Nolan; Kathy Poginy; Katie Haley; Lisa Levesque; Lisa Viles; Marie Cargill; Michelle Tarryk; Morrissette, Neil; Patrick Ryan; Renee Fortin; Renee Kelley; Rever Kennedy; Robert Norris; Roxie; scherry@communityrjc.org; Shaun Donahue; Stephanie Bowen; Tammy Surprise; Ted Tighe (ted.tighe@uvm.edu); vetshelpingvetsvt@gmail.com
Subject: Fwd: Local CoC Project Review & Funding Opportunity
Attachments: FFY15 VT BoS CoC Funding Proposal Letter.pdf; FFY2015 VT BoS CoC Project Funding Guide.pdf; Local CoC Chart NE KINGDOM.docx

I believe Kathy Metras let you know this would be coming out. Please review and we will follow up either by email or the next meeting.

--

Brooke (Everton) Brittell
Associate Director of Outreach Services
NEKCA Newport
(802) 334-7316 Ext 208
www.nekcavt.org

“A person's a person, no matter how small.” ~Dr. Seuss

Daniel Blankenship

From: Pat Burke <pburke@sevca.org>
Sent: Monday, June 29, 2015 12:22 PM
To: Audrey Bridge; Bethany Cass; Bill Morelock; Corbin; Daniel Blankenship; Jackie Hanlon; Jim Tonkavich; Karla Kangas; Kelly Ryan; Laura Ryan; Lydia Barnes (lbarnes@hcrs.org); Lynn.Boyle@state.vt.us; 'Michelle Sacco' (Michelle.Sacco@youthservicesinc.org); Mona; Lisa Pitcher W; rich; richard; Sara Kagle; Stephanie; Tara Chase; Trevor Hanbridge; Vickie Sterling WFC; wcysmerritt tds.net; Wendi Germain; Will Hunter
Subject: FW: Local CoC Project Review & Funding Opportunity
Attachments: FFY15 VT BoS CoC Funding Proposal Letter.pdf; FFY2015 VT BoS CoC Project Funding Guide.pdf; Local CoC Chart WINDSOR.docx
Importance: High

Here's are chance to participate in this transparent process! We need to be ready to rank projects, Please review docs and come ready to discuss on Tuesday, July 7th at our COC meeting. Thanks

Pat Burke
Family Services Director
SEVCA
91 Buck Dr.
Westminster, VT 05301
802-722-4575 x 127

From: Daniel Blankenship [mailto:daniel@VSHA.ORG]
Sent: Monday, June 29, 2015 11:27 AM
To: Pat Burke
Subject: Local CoC Project Review & Funding Opportunity
Importance: High

Dear So. Windsor/No. Windham County CoC,

The three attachments will assist your local CoC with determining funding priorities for the HUD CoC Program, set for release next month, and allow for a fair/transparent process for the VT BoS CoC to allocate funds most appropriately.

Please contact either Sara Kobylenski (as a Local CoC mentor) or myself ASAP to receive guidance on how to use the CHART. 1) first section is all current project; 2) second section are options for new projects (if selected, funded with any existing VT BoS CoC funds, not just Windsor/Windham). The BoS Ranking Committee will review local CoC priorities, review VT BoS CoC need/priorities and make funding decisions on all CoC project proposals (new & renewal). **VSHA is not a voting member of the Ranking Committee.*

Please forward all of the attachments via your local listserv and to any possible eligible applicants.

Talk soon,

Daniel Blankenship

Daniel Blankenship

From: Sara Kobylenski <SKobylenski@uppervalleyhaven.org>
Sent: Wednesday, June 24, 2015 5:54 PM
To: Abby Tassel; Andrew Winter ; Angela Roberts ; Arwen Farrell; Bev McKinley ; Bill Soule ; Brian Smith; Cara Collins (ccollins@claramartin.org); Cathi Haley; Christie Everett; Christy Husmann ; Daniel Blankenship; Debbi Kelin Smith ; Dianne Munson; Doug Kleintop ; Durgin, Rita C CTR NG VTARNG (US); George Karabakakis; Jack Howard; James Mayers; Jennie Gibson; Jennifer Fontaine; Jim Tonkovich; Joyce Cloutier (joycecloutier@veteransinc.org); Karen Lipinczyk; Kate Rohdenburg ; Krista LaFont-Leamey; Kristen Briggs; Leah Torrey; Linda Anderson ; Linda Neily; Liz Whitmore; Lynn Boyle ; Mark Young ; Meghan Snitkin ; Pat Burke; Ramsey Papp; Renee Thayer ; Renee Weeks; Rhonda Mabey; Rob Schultz; Ryan Richards; Sarah Suscinski; Shannon Tzrinske; Stephanie Daugherty-Dennis; Stephanie Kalina
Subject: Preparation for CoC on Thursday
Attachments: Local CoC Chart WINDSOR-ORANGE.docx

Folks, we will go through what this chart means at the meeting. Look forward to seeing you tomorrow. (PS It includes all of Windsor County so will be relevant to those folks who are dealing with the Springfield District, too.)

Sara

Daniel Blankenship

From: Klamm, Lynne <Lynne.Klamm@state.vt.us>
Sent: Monday, July 20, 2015 9:44 AM
To: 'peter kelerman'; Ingrid Pixley; Laura Morse; Aliceanne Lavallee; Doug Sinclair; Wheeler, Rick; Jeanne Montross; Foresta Castañeda; P. Ackerson-kiely; Elizabeth Ready; Clara Carroll; Ramona Akpo-Sani; Samantha Kachmar; Kate McGowan; Karen Haury; Sharon Wickman; Beth Diamond; Bailey, Donna; Hilary Melton; Demers, J; Quanteshia De'Ella Tennyson; John Kromer; Daniel Blankenship; Sara Gilbert; Rebeka Lawrence-Gomez; Kerri Duquette-Hoffman; Sancic, Adam; Tiffany Sargent; Jason Brill; Pat Messerle; Elise Shanbacker; Sara Kobylenski
Cc: Smith, Sandy
Subject: RE: Cof C

Good Morning All

This is a reminder that the Addison Continuum of Care will meet again on Thursday, July 23 at 1:30 to continue our discussion and complete our vote on Addison County projects for the up-coming year. I expect that there will be a re-tooled proposal from Hill House and we have a proposal from John Graham Shelter we could also choose to consider. Daniel Blankenship has sent me an outline that I will share at the meeting that details our potential options. Once we review the options and proposals, we will vote, with each organization having one vote. My intention is that voting will be anonymous, with both projects voted on and rated in terms of priorities. We will go over that process at the meeting as well.

Ric, I think you were going to check and see if the large conference room at Catamount was available. Please let me know. Thanks.

Lynne

Lynne Klamm
Agency of Human Services
Field Director
Rutland County
802-786-5952
Fax: 802-789-0088
Addison County
802-388-5385
Fax: 802-388-4665

From: peter kelerman [mailto:pkelerman@yahoo.com]
Sent: Wednesday, July 01, 2015 9:58 AM
To: Ingrid Pixley; Laura Morse; Klamm, Lynne; Aliceanne Lavallee; Doug Sinclair; Wheeler, Rick; Jeanne Montross; Foresta Castañeda; P. Ackerson-kiely; Elizabeth Ready; Clara Carroll; Ramona Akpo-Sani; Samantha Kachmar; Kate McGowan; Karen Haury; Sharon Wickman; Beth Diamond; Bailey, Donna; Hilary Melton; Demers, J; Quanteshia De'Ella Tennyson; John Kromer; Daniel Blankenship; Sara Gilbert; Rebeka Lawrence-Gomez; Kerri Duquette-Hoffman; Peter Kelerman; Sancic, Adam; Tiffany Sargent; Jason Brill; Pat Messerle; Matt Baron; Elise Shanbacker; Sara Kobylenski
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Sincerely,
Sara Kobylenski, Upper Valley Haven (VCEH Co-Chair)
Kathy Metras, NE Kingdom Community Action (VCEH Co-Chair)

Daniel Blankenship

From: bcchvt@bcch-vt.org
Sent: Monday, July 20, 2015 10:12 AM
To: Daniel Blankenship
Cc: Christopher Oldham (BCCH); Maryann St. John (BROC); Sadie Fischesser (AHS-FSD)
Subject: Re: Local CoC Project Review & Funding Opportunity

Yes, our COC decided that we would like to move forward with "re-tooling" McCall Street apartments to transitional housing for Homeless persons in recovery/Treatment from addiction marked as high priority.

Chris

Quoting Daniel Blankenship <daniel@vsha.org>:

> Hi Chris & Maryann:

>

> What decisions has your local CoC made to determine local priorities
> and ranking of current projects? Will you be able to meet the VCEH
> July 21 deadline? Let me know if you have questions. I will be
> sending a link to the webinar recording soon; the guide & proposal
> letter are currently on the HTH website.

>

> At this point I am not sure what the level of need or availability
> of new funding will be for Bennington County, or any area, but any
> eligible entity is encouraged to submit a proposal letter.

>

> In addition to understanding opportunities for new projects, this
> process is also intended for local CoCs and providers to
> reevaluate/fully vet past awarded projects (BCH TH) that may have
> had limited options to compete within your area or other areas of
> the State in the past due to insufficient time & capacity of the BoS
> CoC. THESE are the core purposes of the webinar and new proposal
> letter process: transparency & fairness.

>

> Best,
> Daniel

>

> From: Daniel Blankenship
> Sent: Friday, June 26, 2015 2:29 PM
> To: Christopher Oldham (BCCH)
> Cc: Carol Flint (BROC); Elizabeth Eddy (BROC); Amie Niles (UCS);
> Blair Sebastian (execdir@benningtonhousing.org); 'rahc@comcast.net';
> Sadie Fischesser (AHS-FSD)
> Subject: Local CoC Project Review & Funding Opportunity
> Importance: High

>

> Dear Bennington CoC,

>

> The three attachments will assist your local CoC with determining
> funding priorities for the HUD CoC Program, set for release next
> month, and allow for a fair/transparent process for the VT BoS CoC
> to allocate funds most appropriately. I have included eligible
> entities in this email but please also forward via your local
> listserv and to any possible additional eligible applicants.
>
> Please read the 6/22/15 email from Sara & Kathy with the VT
> Coalition to End Homelessness of a July 21 deadline.
>
> Please contact either Sara Kobylenski (as a Local CoC mentor) or
> myself ASAP to receive guidance on how to use the CHART. 1) first
> section is all current project; 2) second section is an option to
> change existing Transitional Housing to serve a different
> population; 3) third options are for potential new projects (if
> selected, funded with any existing VT BoS CoC funds, not just
> Franklin/GI). The BoS Ranking Committee will review local CoC
> priorities, review VT BoS CoC need/priorities and make funding
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> a voting member of the Ranking Committee.
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> Talk soon,
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> Daniel Blankenship
> Homeless Grants Administrator
>
>
> 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<<mailto:daniel@vsha.org>> * Website:
> www.vsha.org<<http://www.vsha.org/>>
>
> [cid:image001.png@01D0BEF5.AC911A80]
>
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> as addressee. If you have received this email in error please notify
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> the sender or to contact@vsha.org<<mailto:contact@vsha.org>> or
> destroy all copies of this message and any attachments. Confidential
> personal and/or health information is protected by state and federal
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> and Accountability Act of 1996 and related regulations.

VT BoS CoC Process for Reallocating Projects

November 10, 2015

The Vermont Balance of State Continuum of Care, with the Vermont Coalition to End Homelessness acting as Primary-Decision Making Entity, conducted many strategic planning meetings (between June-October 2015), posted numerous CoC project options resources on the CoC website (www.helpingtohouse.org), sent multiple email blasts to all eligible entities, full CoC membership vote and review of all policies and ranking tools, and conducted a CoC-selected Project Ranking & Review Committee with unbiased members. *See attached "CoC Rating and Review Procedures" for related documents and "CoC Rating and Review Procedures - Public Posting Evidence" for evidence of notice to the VT BoS CoC.

During this strategic planning process, all three entities with current CoC projects volunteered for non-renewal (email evidence attached) so that the VT BoS CoC could reallocate those funds for a new CoC-Rapid Rehousing project and a new HMIS expansion project.

Sincerely,

Daniel Blankenship

Vermont State Housing Authority [VT BoS CoC Collaborative Applicant on behalf of VCEH]

OVERVIEW: HUD CONTINUUM OF CARE PROGRAM * FFY2015
VT Coalition to End Homelessness (VT Balance of State CoC)
www.helpingtohouse.org

Does your agency want to submit an application for a NEW or RENEWAL CoC Project?

- 1) Participate in your local CoC and/or a committee of the VT Coalition to End Homelessness.
- 2) Read the following and all related resources, including the “HUD CoC Program Interim Rule”, “Intro to VT CoC’s”, and NAEH/USICH/HUD CoC websites.
- 3) Collaborate with your local CoC to assess current CoC projects & need for new/different ones.
*See the “All Options Chart” by county
- 4) Submit “letter of interest” form to VSHA for ANY current/renewal project and new projects.
- 5) An unbiased VCEH Ranking Committee will review & prioritize all CoC project proposals.
- 6) Any CoC project applicant may appeal the funding & ranking decision to the Ranking Committee.
- 7) VT BoS CoC votes on slate of project applications to be submitted to HUD for consideration.
- 8) Any CoC project applicant may send a direct appeal to HUD if they feel unfair treatment of project selection made by the Ranking Committee and/or the VT BoS CoC.

ACRONYMS/DEFINITIONS

USICH = US Interagency Council on Homelessness; all federal programs & States collaborating to end homelessness (view *Opening Doors*- http://usich.gov/opening_doors/). End Veteran Homeless = December 2015; End Chronic Homeless = December 2017; End Youth & Family & All Homeless = 2020.

HUD = US Dept. of Housing & Urban Development; funds Continuum of Care (CoC) Program thru an annual *competition*; and Emergency Solutions Grants Program (ESG) through *formula* (non-competitive).

HUD CoC NOFA = Notice of Funding Availability for the annual Continuum of Care Program competition.

HUD CoC Program = competitive homeless program regulated by annual NOFA, CoC Interim Rule, etc.

Continuum of Care = HUD-recognized geographic area (*i.e.* VT BoS CoC) coordinated by a primary-decision making group (*i.e.* VT Coalition to End Homelessness) to submit an annual CoC Program application, conduct Point-in-Time count of the homeless; oversee the Collaborative Applicant and HMIS Lead, planning, etc.

Homeless/Subpopulation Need = local need of literal/chronic homelessness; Point-in-Time Counts; provider experiences; community observations; VT 211 reports; HMIS data; etc.

Services = HUD wants CoC project funds to support housing with services from non-CoC sources (*i.e.* Medicaid/TANF-Reach Up, state & private funds; etc.).

Housing First = different models applicable to PSH-Chronic Homeless Households or RRH-Families; quick transition from shelter/street directly into affordable housing of choice with few barriers/preconditions, mental health services not required to attain or keep housing.

Chronic Homeless (CH) = persons on streets/shelter for one full year or 4 episodes over past three years; individuals with a disabling condition (and their families); served through Permanent Supportive Housing (*i.e.* Shelter+Care, HUD-VASH/Veterans, HOPWA, etc.).

Disabling Conditions (MH+) = PSH projects must serve: Severe/Persistent Mental Health, HIV/AIDS, Substance Abuse Disorder, Developmental Disability, Chronic Disease and/or other Disabling Condition.

Summary: Each year, CoCs across the U.S. apply for HUD CoC Program funds through a competitive process. The VT BoS will soon submit CoC project applications with an estimated value of **\$2,730,000**.

FFY2015 HUD CoC NOFA will be released mid-July with a 60-90 day deadline.

Last year over 400 HUD CoC projects across the U.S. were eliminated due to non-funding or reallocation. VT BoS CoC earned an almost perfect application score, primarily due to our collaborative diligence to reallocate all of the *CoC Services Only* projects (and one Transitional Housing project) into new Rapid Rehousing projects to serve Rutland, Caledonia, Windham and Windsor Counties. As a result, we kept all of our funds in Vermont for one more year; plus awarded a new CoC Planning grant (\$30,000). This year, we may be eligible for up to **\$80,000** for a CoC Planning grant to pay for stipends to formerly homeless members, an AmeriCorps, staff support for the CoC application, PIT/HIC, etc.

The McKinney-Vento Act as amended by HEARTH, in combination with heightened attention by the U.S. Interagency Council on Homelessness to realign **ALL** federal funding, HUD has changed its priorities for use of the CoC Program to target serving certain populations by specific programs (*i.e. VT BoS reduced Chronic Homelessness by 50% this year due to HUD-recommended policy changes to Shelter+Care*).

As directed by USICH, HUD recognizes that communities may see value in keeping some current projects that may be out of alignment with current federal priorities of the CoC Program. This means VT BoS CoC and the State needs to match those programs with more appropriate, "alternative funding sources".

All CoCs in the U.S., including Vermont, runs an increasing risk of permanently losing limited federal funding if we do not continue the reallocation process to adjust CoC programs to new federal priorities.

FFY2015 HUD CoC Registration Notices-Priorities: During the FFY2015 NOFA, HUD will continue "the Reallocation process...and the Tier 1 & Tier 2 funding process [Tier 2 is not guaranteed to be funded]...to **promote a more competitive process between CoCs.**" CoCs will also have the opportunity to apply for Bonus Projects [PSH-CH], not likely for VT BoS CoC as limited funding targeted to "Highest Needs" CoCs. CoCs again required to rank all projects submitted to HUD.

1. Strategic Resource Reallocation: comprehensive review of CoC projects; maximize mainstream resources [fund projects with services from non-CoC funds]; "Transitional Housing can be an effective tool for addressing *certain [homeless] needs*...to serve **Youth, Domestic Violence, and/or Addiction/Recovery**...HUD **strongly encourages** CoCs & recipients to carefully review CoC-TH projects...to determine if **rapid-rehousing** might be a better model..."
 2. Ending Chronic Homelessness: increase PSH units/target existing to serve CH.
 3. Ending Family Homelessness: reallocation Transitional Housing to create new CoC-Rapid Rehousing.
 4. Ending Youth Homelessness: coordinate with youth partners & address LGBTQ youth.
 5. Ending Veteran Homelessness: CoC projects prioritize VA non-eligible veterans & partner with VA.
 6. Using a Housing First Approach: Remove Barriers; Coordinated Entry; Client-Centered Services; Prioritize Households Most in Need; Inclusive CoC Decision-Making [all relevant providers at table].
- *FFY2015 HUD CoC Program Registration Notice-*
<https://www.hudexchange.info/resource/4464/fy-2015-coc-program-registration-notice/>

Eligible Types for New CoC Projects in the FFY2015 CoC NOFA:

- Coordinated Entry System (CES) = collaborative process to assist & prioritize homeless households.
- Homeless Management Information System (HMIS) = database & process to assist with providing services, assessing agency/local/state/federal need, reporting, performance, etc.
- CoC Rapid Rehousing (PH:RRH) = quick transition to permanent housing with a time-limited (up to 24 months) tenant-based rental subsidy with services (as needed) to serve families living on street/shelter; **FFY15 NOFA added other populations.** (i.e. new VSHA RRH: Rutland-HPC & Windham-GWC for July 2015; add Caledonia-NEKCA & Windsor-UVH winter 2015.)
- CoC Permanent Supportive Housing (PH:PSH) = Housing assistance combined with services funded by other sources (i.e. Medicaid) to serve an individual experiencing a current episode of literal homelessness with a disabling condition (and their family, if applicable); current CoC-PSH projects **should** first serve Chronic Homeless/Highest Need; new projects **must** serve *CH only*; Housing First practices strongly recommended by USICH/HUD/VA.
 - Operations/Leasing = participants reside in a fixed unit/building that is leased or owned by recipient/sponsor agency paid via *leasing or operations*.
 - Tenant-Based Rental Assistance (TBRA) = scattered-site; similar to Sect. 8 HCV voucher; participant connected to sponsor with case management via **subsidy** (i.e. VSHA Shelter+Care).
 - Sponsor-Based RA (SBRA) = non-profit sponsor leases/owns building or units and subleases to a participant with a rental subsidy administered by another entity (i.e. VSHA Shelter+Care).
 - Project-Based RA (PBRA) = non-profit sponsor leases/owns building or units and subleases to a participant with a rental subsidy administered by another entity (i.e. VSHA Shelter+Care);
*RA must be administered by a State, unit of general local government, or a public housing agency.

Options to Fund CoC Projects:

- Reallocate = a community process to shift funds in whole or in part from existing CoC-funded projects into one or more NEW CoC projects. (i.e. see above "eligible FFY2015 CoC projects").
- Retool = change current CoC **Transitional Housing** to serve "certain [homeless] needs" (i.e. Homeless Youth, Persons Fleeing Domestic Violence, or Treatment/Recovery of Substance Abuse Disorder).
- Renew = reapply for current CoC project funding without changes.

When Should a CoC Reallocate? [USICH "Allocation"]: The most important CoC tool to make strategic improvements by creating new, evidence-informed projects thru elimination of underperforming projects or ones more appropriately funded from other sources. CoCs should direct funding towards projects that:

- a. Serve the highest need individuals or families;
- b. Help participants obtain permanent housing as rapidly & directly from homelessness as possible;
- c. Ensure long-term housing stability; and
- d. Ensure the best and most cost-effective fit given a community's needs.

CoCs should strive to match their inventory of projects to the needs of people experiencing homelessness. A CoC may find that the majority of existing projects serve lower-barrier households but that they cannot meet the needs of chronically homeless individuals/families. Through reallocation, CoCs can correct this imbalance to ensure adequate capacity. Reallocation specifically applies to projects funded through HUD's CoC program; communities should assess ALL of the projects in their inventory, regardless of how they are funded, and decide which ones are most needed and which ones shifted to other purposes.

- "Strategic Resource Allocation: Role of Long-Term, Congregate Transitional Housing in Ending Homelessness" http://usich.gov/usich_resources/coc-resources/.
- "Creating Effective Systems to End Homelessness: A Guide to Reallocating Funds in the CoC Program" http://usich.gov/resources/uploads/asset_library/FINAL_Reallocation_Tool_09_30_14.pdf.

Posted on CoC HTH website and emailed via CoC HTH list serve on 10/27/15 to the full CoC membership, CoC Board, Ranking Committee, and all current CoC Program recipients/subrecipients.

Dear CoC Project Recipients/Subrecipients, CoC Members and all Entities:

On Oct. 22, the Ranking Committee prioritized projects in rank order. The Collaborative Applicant (VT State Housing Authority) offered the opportunity for each project applicant to appeal the score and/or priority number. The VT BoS CoC received no appeal requests with the FINAL Project Priority Listing, to be submitted to HUD, as follows:

Tier 1 (CoC project funding up to \$2,318,400; HUD may defund/change prioritization):

1. Brattleboro Housing Authority Shelter Plus Care [2 partners] Mental Health+ **\$221,530**
2. VSHA Rapid Rehousing1 (Windham/Rutland) **\$96,234**
3. VSHA Rapid Rehousing2 (Caledonia/Windsor So/Rutland) **\$165,663**
4. ICA HMIS renewal project **\$30,572**
5. VSHA Shelter Plus Care [HPC] Rutland1/Mental Health+/Chronic Homeless Only **\$63,719**
6. VSHA Shelter Plus Care [HPC] Rutland2/Mental Health+/CH only/Veterans **\$63,719**
7. ICA HMIS new/expansion project **\$28,845**
8. VSHA Transitional Housing [TPHT/Overlook/Windsor]-Families **\$39,269**
9. VSHA Transitional Housing [BCH/McCall/Bennington]-Families **\$56,064**
10. VSHA Transitional Housing [NEKCA/Orleans]-Youth **\$57,005**
11. VSHA Safe Haven [CMC/Orange]-Mental Health **\$113,736**
12. HOPE Transitional Housing [CSAC/Hill House/Addison]-Mental Health **\$133,027**
13. VSHA Shelter Plus Care [16 partners] Statewide/Mental Health+ **\$1,502,860** (full amount)
Tier 1 = **\$1,249,017** *Project application straddles Tier 1 & 2.

Tier 2 (Projects subjected to higher scoring criteria):

14. VSHA Shelter Plus Care [16 partners] Statewide
Tier 2 = **\$253,843** *Project application straddles Tier 1 & 2.
15. VSHA Rapid Rehousing3 (Washington/Lamoille/Franklin) **\$155,286**
*Reallocated funds from non-renewing TH projects: NCSS (Franklin) & GSH (Washington).
16. VSHA Rapid Rehousing4 (6 partners/5 counties)- New/PH BONUS **\$407,169**

Tier 3 (not included in ranking process):

17. VSHA CoC Planning Project **\$81,826**

*See INITIATIVE – “HUD Funding and Regulations” section of VCEH website www.helpingtohousevt.org.

**Additional guidance on this year’s FFY2015 HUD CoC NOFA competition can be found at:
<https://www.hudexchange.info/resource/4708/fy-2015-coc-program-competition-nofa-broadcast/>

VT Coalition to End Homelessness (VT Balance of State CoC)
FFY2015 HUD Continuum of Care Program * Notice of Funding Availability

PROPOSAL LETTER

Any eligible entity wishing to submit a request to fund a NEW and/or RENEWAL CoC Project during this year's HUD CoC NOFA must complete this form and submit it to VT State Housing Authority (Daniel Blankenship) before **4PM FRIDAY, JULY 24**. Only one request per form.

Webinar Trainings (repeated): JULY 07, 2015 at 11:00 AM and July 10, 2015 at 2:00 PM

1. Options for any FFY2015 CoC Projects (pick one):

NEW CoC Project **RENEW-Retool** Transitional Housing CoC Project **RENEW** Current CoC Project

- **VT BoS CoC County/Counties Served by Proposed CoC Project** (list all): _____
- **Local CoC Ranking Level:** HIGH MEDIUM LOW NONE
- Applicant is in **good standing** with any and all state & federal funding: YES NO
- Applicant certifies the *availability*, if selected, to commit **25% minimum match**, above HUD CoC Program funds, from other sources [i.e. Medicaid, ESG, FSH, DMH, Other] for this **NEW or RENEWAL** CoC Project Proposal: YES NO (non-eligible)
- **Name All Sources/Amounts:** 1) _____ 2) _____
3) _____ 4) _____ 5) _____
- **CoC Project Name** (proposed new or renewal): _____
- **Name of Primary Applicant** (Direct HUD Recipient, if awarded): _____
Subrecipient(s)-if applicable: _____
Primary Partners-if applicable: _____

***Eligible Applicants:* Non-profit organizations, States, local governments, and instrumentalities of State or local governments are eligible to apply. **Rental assistance** must be administered by a State, unit of general local government, or a public housing agency. Only HMIS Lead may apply for **HMIS** projects. **

2. Resources for new & renewal CoC Projects:

- **Intro to VT CoCs Guide** (soon on www.helpingtohouse.org or request from VSHA)
- **FFY2015 VT BoS CoC Project Funding Guide** (www.helpingtohouse.org or request from VSHA)
- **HUD CoC Program Interim Rule**
https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf
- **FFY2015 HUD CoC Program Registration Notice**
<https://www.hudexchange.info/resource/4464/fy-2015-coc-program-registration-notice/>
- **Strategic Resource Allocation: Role of Long-Term, Congregate Transitional Housing in Ending Homelessness** http://usich.gov/usich_resources/coc-resources/
- **Creating Effective Systems to End Homelessness: Guide to Reallocating Funds in CoC Program**
http://usich.gov/resources/uploads/asset_library/FINAL_Reallocation_Tool_09_30_14.pdf.

*** **Attend** one of the Webinars and **Read** related resources materials, especially- "VT BoS Project Funding Guide"; "HUD CoC Program Interim Rule" [Subparts C/D/F/G]; "Intro to VT CoC's"; websites.***

3. Eligible Types for NEW CoC Projects Only (pick one):

Permanent Housing-Rapid Rehousing/Tenant-Based Rental Assistance only/Literal Homeless-coming directly from Streets, Shelter-including GA motel, or Fleeing Domestic Violence (DV):

Pick one or more: Individuals Families Unaccompanied Youth (18-24) Fleeing DV

Rental Assistance Administrator: VSHA Local PHA Unit of Local Government State: _____

Requested CoC Funding Amount (County FMR amounts X number/size of units): _____

Permanent Housing-Permanent Supportive Housing/Chronic Homeless only (pick one housing type):

Pick one or more: Individuals Families Unaccompanied Youth (18-24)

Pick one or more: Severe/Persistent Mental Health Chronic Substance Disorder Other: _____

Pick one: Tenant-Based Rental Assistance Sponsor-Based RA Project-Based RA

Rental Assistance Administrator: Local PHA Unit of Local Government State: _____

Requested CoC Funding Amount (County FMR amounts X number/size of units): _____

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

Recipient (pick one): Non-Profit Local PHA Unit of Local Government State: _____

Number & Size of Units: _____ **Address-Units/Building(s):** _____

Project TOTAL Budget Request: _____ **Housing Budget Request:** _____

New Dedicated-HMIS Project (HMIS Lead only) – Requested Amount: _____

General New HMIS Activities: _____

New Coordinated Assessment System Project – County/Area: _____ Amount: _____

General Activities: _____

4. Population Change for a RENEW-Retool Transitional Housing CoC Project (pick one or more):

Homeless Youth Persons Fleeing Domestic Violence [including in a shelter/GA motel voucher]

Homeless Persons in Recovery/Treatment from Addiction

5. Eligible Types to RENEW Current CoC Project with no Changes (pick one):

PH/Permanent Supportive Housing (i.e. Shelter+Care) PH/Rapid Rehousing HMIS

Transitional Housing (serving “certain needs”) Other Transitional Housing/Safe Havens

Daniel Blankenship

From: Sara Kobylenski <SKobylenski@uppervalleyhaven.org>
Sent: Friday, November 6, 2015 6:18 PM
To: Daniel Blankenship
Subject: RE: Urgent: Orange-Windsor CoC minutes [June?]

Daniel, the Orange/No. Windsor CoC did indeed vote not to renew the Shelter+Care/Windsor project in order to fund the HMIS reallocation grant. I will find the notes on Monday. Sean Brown happened to be a visitor and present at that meeting.

Sara

From: Daniel Blankenship [mailto:daniel@VSHA.ORG]
Sent: Friday, November 06, 2015 5:55 PM
To: Sara Kobylenski <SKobylenski@uppervalleyhaven.org>
Subject: Urgent: Orange-Windsor CoC minutes [June?]
Importance: High

Hi Sara:

Did you email me confirmation notice that Orange/No. Windsor CoC voted to not renew the Shelter+Care/Windsor project in order to fund HMIS reallocation grant? We need to show HUD proof of the project reallocations and I do not have any minutes from you for the meeting and cannot locate any email from you about it either.

Please send ASAP Monday.

Thanks!

Daniel Blankenship
Homeless Grants Administrator

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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law, including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 and related regulations.

Daniel Blankenship

From: Prior, Kristin <Kristin.Prior@state.vt.us>
Sent: Thursday, July 16, 2015 10:50 AM
To: Daniel Blankenship
Subject: RE: Please Share-Webinar: CoC Funding Opportunity (NEW & RENEWAL Projects)

~~Sam Sweet, Marya Vincent and Holly Olio all from NCSS were all present and they are in agreement that they will reallocate this year. CVOEO and Laurie's House for sure, possibly Samaritan House as well. CVOEO will be the financial agent.~~

Thanks,

Kristin K. Prior, M.S.
State of Vermont
Agency of Human Services
Field Services Director
Franklin & Grand Isle Counties
27 Federal Street, Suite 202
St. Albans, VT 05478
802.527.5438
fax 802.527.5403
kristin.prior@state.vt.us
www.humanservices.vermont.gov

A simple act of caring creates an endless ripple.

From: Daniel Blankenship [mailto:daniel@VSHA.ORG]
Sent: Thursday, July 16, 2015 10:36 AM
To: Prior, Kristin
Subject: RE: Please Share-Webinar: CoC Funding Opportunity (NEW & RENEWAL Projects)

Okay. Both Linda and Jan have told me that Franklin CoC decided (with NCSS reluctant agreement) to reallocate 174 No. Main Street Transitional Housing into a new CoC Rapid Rehousing Program. Is this your understanding as well. Can you provide me with more details?

1. Did NCSS agree to reallocate this year?
2. Which provider(s) was identified, if any, to be a CoC RRH sponsor? CVOEO only? Samaritan House as primary? Multiple sponsors?

From: Prior, Kristin <Kristin.Prior@state.vt.us>
Sent: Thursday, July 16, 2015 10:14 AM
To: Daniel Blankenship
Subject: RE: Please Share-Webinar: CoC Funding Opportunity (NEW & RENEWAL Projects)

Thanks for the generous offer, I think I am all set after our meeting on Tuesday!

Kristin K. Prior, M.S.
State of Vermont
Agency of Human Services
Field Services Director

Franklin & Grand Isle Counties
27 Federal Street, Suite 202
St. Albans, VT 05478
802.527.5438
fax 802.527.5403
kristin.prior@state.vt.us
www.humanservices.vermont.gov

A simple act of caring creates an endless ripple.

From: Daniel Blankenship [<mailto:daniel@VSHA.ORG>]
Sent: Friday, July 03, 2015 9:29 AM
To: Prior, Kristin
Subject: RE: Please Share-Webinar: CoC Funding Opportunity (NEW & RENEWAL Projects)

No, but i could go over the basics with you on the phone then if you want?

From: Prior, Kristin <Kristin.Prior@state.vt.us>
Sent: Thursday, July 2, 2015 2:55 PM
To: Daniel Blankenship
Subject: RE: Please Share-Webinar: CoC Funding Opportunity (NEW & RENEWAL Projects)

Hi Daniel,

Thanks for the information. It is nice that the webinar is offered twice however I am on vacation the entire week next week, so it is not an option for me. Is there any ability to offer it again maybe the next week, July 13th?

Thanks,

Kristin K. Prior, M.S.
State of Vermont
Agency of Human Services
Field Services Director
Franklin & Grand Isle Counties
27 Federal Street, Suite 202
St. Albans, VT 05478
802.527.5438
fax 802.527.5403
kristin.prior@state.vt.us
www.humanservices.vermont.gov

A simple act of caring creates an endless ripple.

From: Daniel Blankenship [<mailto:daniel@VSHA.ORG>]
Sent: Wednesday, July 01, 2015 4:47 PM
Subject: Please Share-Webinar: CoC Funding Opportunity (NEW & RENEWAL Projects)

Dear Colleagues,

Join us for a webinar on **July 7th** or **July 10th**. Offered twice. Marcy Krumbine Esbjerg, CEDO, Chittenden CoC Collaborative Applicant and Daniel Blankenship, VSHA, Balance of State CoC Collaborative Applicant, will present information and answer questions on the expected CoC NOFA from HUD, including options for reallocating or retooling projects.

Vermont CoCs Prepare for the NOFA

Join us for a webinar on July 7th or July 10th. Offered twice.

Marcy Krumbine Esbjerg, CEDO, Chittenden CoC Collaborative Applicant and Daniel Blankenship, VSHA, Balance of State CoC Collaborative Applicant, will present information and answer questions on the expected CoC NOFA from HUD, including options for reallocating or retooling projects.

Register for July 07, 2015 at 11:00 AM EDT: <https://attendee.gotowebinar.com/register/1209173986420414209>

Register for July 10, 2015 at 2:00 PM EDT: <https://attendee.gotowebinar.com/register/7933240644619459073>

After registering, you will receive a confirmation email containing information about joining the webinar.

[View System Requirements](#)

Best,

Daniel Blankenship
Homeless Grants Administrator

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: Brooke Salls <bsalls@goodsamaritanhaven.org>
Sent: Friday, July 24, 2015 11:37 AM
To: Daniel Blankenship
Cc: Phillips, Sarah; Liz Genge; dbutterfield@capstonevt.org; tcollier@capstonevt.org; drubin@capstonevt.org; Johnson, Christine M.; Kpinkham@wcysb.org
Subject: Re: Washington NOFA

Thank you all for your support of our shelter; GSH would be happy to provide a letter of support for the Capstone RRH project to the ranking committee if needed. We are very supportive of the RHH project and look forward to working together on implementation of the project!

On Fri, Jul 24, 2015 at 11:16 AM, Daniel Blankenship <daniel@vsha.org> wrote:

Thank you for the update and THANK you to Good Samaritan/Brooke for making a very difficult decision under these unfortunate circumstances.

From: Phillips, Sarah [mailto:Sarah.Phillips@state.vt.us]
Sent: Friday, July 24, 2015 11:14 AM
To: Daniel Blankenship <daniel@VSHA.ORG>; Liz Genge <lgenge@downstreet.org>; Brooke Salls <bsalls@goodsamaritanhaven.org>; dbutterfield@capstonevt.org; tcollier@capstonevt.org; drubin@capstonevt.org; Johnson, Christine M. <Christine.M.Johnson@state.vt.us>; Kpinkham@wcysb.org
Subject: RE: Washington NOFA

Hi Folks –

I wanted to close the loop with you all. I spoke with Brooke this morning. Good Samaritan Haven is not going to submit a letter of intent for retooling/renewal of funding. They are relying on the knowledge that the CoC will support them in their application next year to expand their HOP funding, and will turn their attention to developing other funding sources to bridge the gap. From Brooke and others, it seems evident that Good Samaritan Haven would very likely not receive renewal of funding due to the low priority of transitional housing and the anticipation of other new applications for Rapid Rehousing across the state.

Capstone intends to submit an application for Rapid Rehousing to serve Washington County, including youth. If funded, this would allow Washington Co CoC to preserve funding.

And, I look forward to partnering with you all on cultivating some community-based alternatives to GA Emergency Housing.

Sarah Phillips

Vermont Office of Economic Opportunity

(802) 585-9218

Sarah.phillips@state.vt.us

--

Sincerely,
Brooke Salls
Development Director
Cell (W) 802-522-4493

Good Samaritan Haven
105 North Seminary Street
Barre, VT 05641
802-479-2294

Please refrain from using email to communicate confidential or privileged information.



VERMONT COALITION TO END HOMELESSNESS STANDING RULES [GOVERNANCE CHARTER]

ARTICLE I. MISSION

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

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

The Coalition will achieve this mission by:

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

ARTICLE II. MEMBERSHIP

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

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

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

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

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

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

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

ARTICLE III. MEETINGS

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

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

1st Quarter: Hold Annual Meeting, including elections. Set annual goals and propose changes to the standing rules. Approve an annual budget.

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

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

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

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

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

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

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

ARTICLE IV. GOVERNING BOARD

Section 1. **Board Composition.** The Governing Board shall be comprised of up to twenty-five representatives who are members in good standing:

- A. One representative for each Local Continuum of Care
- B. One representative for youth
- C. One representative for victims of domestic/sexual violence
- D. One representative for veterans
- E. Up to two representatives who are self-identified as currently or previously experiencing homelessness
- F. Two representatives for the Vermont Agency of Human Services, including one representative from the Department of Mental Health
- G. One representative for Housing Partners
- H. One representative for the Vermont State Housing Authority
- I. One representative for the HMIS Lead Agency
- J. Up to two representatives at large.

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

enforcement, and other organizations that serve veterans and homeless and formerly homeless individuals.

Section 2. **Nominations.** Representatives shall be nominated as follows and corresponding with the Section preceding:

- A. By each respective Local Continuum of Care
- B. By the Vermont Coalition of Runaway & Homeless Youth Programs
- C. By the Vermont Network Against Domestic & Sexual Violence
- D. By the network of Veteran Service Providers, including the White River Junction Veterans Affairs Medical Center, Vermont Veteran Services, Veteran's Inc
- E. By the Membership Committee
- F. By the Vermont Agency of Human Services
- G. By Housing Partners, including the Vermont Housing and Conservation Board, the Vermont Housing Finance Agency, and the Department for Housing and Community Development
- H. By the Vermont State Housing Authority
- I. By the HMIS Lead Agency
- J. By the membership committee

Nominations shall be permitted from the floor.

Section 3. **Board Duties and Power.** The Board shall have general supervision of the affairs of the Coalition. The Board shall be subject to the standing rules of the Coalition, and none of its acts shall conflict with action taken by the Coalition. Coalition members who serve on the Board represent the greater good of the Coalition and not necessarily the interests of one specific organization.

The Board may designate Committees or Officers to undertake specific work for the Coalition. Board representatives may be removed from office by a majority vote of the membership at a meeting warned for that purpose.

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

ARTICLE V. VOTING

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

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

Section 3. **Votes by the Membership.** The Board may vote to take a motion to the full membership for a vote. In these cases, the vote will be warned as part of a membership meeting notice. Each member in good standing will be eligible to vote. Votes will be determined by a majority of members present.

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

ARTICLE VI: OFFICERS

Section 1. **Officers and Duties.** The officers shall be 2 Co-Chairs, Secretary and Treasurer. These officers shall perform the duties prescribed by these Standing Rules. All Officers shall be elected from the Board Representatives.

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

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

Section 2. **Nominations.** The Membership Committee (described in Article VII) shall nominate candidates for the election at the annual meeting. Additional nominations shall be permitted from the floor.

Section 3. **Elections.** Officers shall be elected at the Annual Meeting. Elections shall be by ballot for any position with more than one nominee.

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

ARTICLE VII. COMMITTEES

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

Section 2. **Membership Committee.** The Membership Committee will annually coordinate nominations for the election of Board representatives and officers. The committee shall also conduct membership outreach through the Coalitions website, mailing list, and in-person.

Annually, mailing list registrants will be invited to become voting members of the Coalition and their local Continuum of Care. The Membership Committee shall aim to promote participation statewide and from the full diversity of organizations and stakeholders working to end homelessness.

Section 3. **Legislative Committee.** A Legislative Committee shall exist to initially deliberate over any advocacy and/or legislative matters for consideration by the larger group. Recommendations to support or not support issues should be brought to a vote by the full Coalition.

Section 4. **HUD Continuum of Care Funding Committee (“NOFA Committee”).** The committee shall be comprised of Coalition members with experience and willingness to work on the federal grant.

Section 5. **Point-In-Time Committee.** This committee plans and supports implementation of the annual Point-In-Time Count of the Homeless, including related reports and activities such as the Housing Inventory Chart of Homeless Beds and needs analysis.

Section 6. **HMIS Advisory Board.** This committee serves to inform and advise the Coalition and the HMIS Lead Agency on the Vermont Balance of State Continuum of Care HMIS implementation, including: utilization, compliance, budget, security and privacy, data quality, and HMIS activities. This charge of this committee is fully outlined in the HMIS Governance Charter. This committee will improve efficiency and opportunity for the homeless that the Coalition serves.

Section 7. **Coordinated Entry Committee.** This committee plans and supports the implementation of coordinated entry and assessment across the Balance of State Continuum of Care, including ongoing evaluation of coordinated entry processes and support for local Continua of Care.

Section 8. **Committee Composition and Reports.** It is required that at least one Board representative actively participate in each committee formed under the Coalition. All committees shall provide reports of their activities at regular Board meetings. As appropriate, it is the intention of the Coalition that all Committees operate in a manner which is open, fair and transparent.

ARTICLE VIII. LOCAL CONTINUUM OF CARE

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

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

2. Northeast Kingdom Continuum of Care
 - Covering all of Orleans County
 - Covering the Essex County towns of: Norton, Canaan, Warrens Gore, Avery's Gore, Averill, Lemington, Lewis, Bloomfield, Brighton, Ferdinand, Brunswick, and Maidstone.
3. Chittenden Continuum of Care
 - Covering all of Chittenden
4. Lamoille Continuum of Care
 - Covering all of Lamoille County
5. Caledonia Continuum of Care
 - Covering all of Caledonia County
 - Covering the Essex County towns of East Haven, Granby, Guildhall, Lunenburg, Victory, and Concord
6. Washington Continuum of Care
 - Covering all of Washington County
7. Addison Continuum of Care
 - Covering all of Addison County
8. Windsor – Orange West Continuum of Care
 - Covering the Windsor County towns of Bethel, Rochester, and Stockbridge
 - Covering the Orange County towns of Bradford, Braintree, Brookfield, Chelsea, Corinth, Newbury, Orange, Randolph, Topsham, Tunbridge, Vershire, Washington, and Williamstown
9. Windsor – Orange East Continuum of Care
 - Covering the Windsor County towns of Barnard, Hartford, Hartland, Norwich, Pomfret, Royalton, Sharon, and Woodstock
 - Covering the Orange County town of Bridgewater, Fairlee, Strafford, Thetford, and West Fairlee
10. Rutland Continuum of Care
 - Covering all of Rutland County
11. Southern Windsor – Windham Continuum of Care
 - Covering the Windsor County towns of Andover, Baltimore, Cavendish, Chester, Ludlow, Plymouth, Reading Springfield, Weathersfield, Weston, West Windsor, and Windsor.
 - Covering the Windham County towns of Grafton, Londonderry, Rockingham, and Windham.

12. Bennington Continuum of Care

- Covering all of Bennington County

13. South Windham Continuum of Care

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

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

1. To nominate a Board representative who is responsible for relaying information between the regional Continuum and the statewide Coalition and for voting on its behalf.
2. To organize and facilitate regular regional meetings, including outreach to encourage participation in the meetings. Regular meetings shall be held no less than once every two months.
3. To the greatest extent possible, actively reach out to and include varying types of organizations and stakeholders in its activities, such as: nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, and other organizations that serve veterans and homeless and formerly homeless individuals.
4. To take minutes of each meeting, utilizing the forms provided, and to maintain the minutes should the Coalition need to provide evidence of activities. The Chair of the local Continuum of Care (or designee) is responsible for these minutes and must maintain for at least three (3) years. The Coalition's website may be used to post and archive local meeting minutes and information.
5. To facilitate documentation of regional efforts to provide housing and services.
6. To coordinate within their local region Homeless Day activities, and assist in organizing Homeless Day activities through the Coalition.
7. To coordinate region wide homeless data collection efforts consistent with statewide homeless efforts as needed for planning and reporting.
8. To organize regional prioritization of projects to be presented at the statewide Coalition, and to provide updates for the Coalition.
9. To work toward the coordination of regional and statewide housing and services.
10. To encourage participation in the Continuum of Care planning process by people who have direct experience with homelessness.
11. To coordinate the regional response to State and Federal applications for homeless funding.

12. To participate in ad hoc committees as needed.

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

ARTICLE IX: AMENDMENTS

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

ARTICLE X: GOVERNANCE CHARTER

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

ARTICLE XI: NON-DISCRIMINATION

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

ADOPTED: JANUARY 17, 2006

Revised: June 20, 2006 (Article VI/Section 1)

Revised: November 21, 2006 (Article I, Article II/Section 2, Article IV/Section 1, Article V/Section 2, Article VII/ new Section 4 and 5)

Revised: February 20, 2007 (Article VII/Section 5)

Revised: May 20, 2008 (Article II/Section 2; Article III/Section 4; Article VII/Sections 1, 2, 3)/Section /Sections 1/Section

Revised: October 18, 2011 (Article VIII/Section 2/number 12)

Revised: September 17, 2012 (Article VI/Section 1)

Revised: January 21, 2014 (Article 1; Article VI/Section 1)

Revised: August 20, 2015 (Major Reorganization and Revisions)

HMIS Governance Charter

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

A. Purpose and Scope

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

B. Background

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

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

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

C. General Understandings

1. Continuum of Care Governance

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

2. HMIS Lead Agency Designation

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

3. HMIS Advisory Board

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

3.1 HMIS Advisory Board Requirements

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

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

4. Funding

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

5. Software and Hosting

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

6. Compliance with Homeless Management Information System Standards

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

7. Operational Policies and Agreements

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

8. Data Ownership

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

D. Specific Responsibilities of the Parties

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

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

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

2. HMIS Advisory Board

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

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

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

3. Institute for Community Alliances (HMIS Lead Agency)

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

I. General

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

II. Administer the software, including:

- a. Ensure the software vendor complies with the responsibilities designated below in Section D.4.
- b. Report any concerns with the software vendor to the HMIS Advisory Board.

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

III. Administer HMIS end users, including:

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

IV. Ensure Data Quality

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

V. Reporting

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

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

VI. Satisfactory Assurances Regarding Confidentiality and Security:

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

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

4. Software Vendor

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

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

E. Period of Agreement and Modification/Termination

1. Period of Operation and Termination

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

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

2. Amendments

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

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

VT Coalition to End Homelessness (VT BoS CoC):

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

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

Institute for Community Alliances (HMIS Lead Agency):

David Discher *6-12-2015*
David Discher, Chief Executive Director Date



Vermont Coalition to End Homelessness-VT BoS CoC

CODE OF CONDUCT

(Adopted by VCEH Steering Committee on 1/15/13; amended CoC votes on 1/21/14 & 10/20/15)

The following Code of Conduct has been adopted in order to provide a foundation of ethics for the Vermont Coalition to End Homelessness (VCEH), the Vermont Balance of State Continuum of Care.

The VCEH prohibits the solicitation and acceptance of gifts, gratuities or any item of monetary value by any of its officers, voting members or employees, hereinafter referred to as Agents, for their personal benefit. Any gift offered as a result of the intended recipient's position with the VCEH shall be declined.

The VCEH requires impartiality in the performance of official duties, and prohibits any activity representing a conflict of interest. Agents shall not act on a matter if a reasonable person who knew the circumstances of the situation could legitimately question the impartiality of such action. In such an event of a conflict of interest, a CoC voting member will recuse themselves.

The VCEH prohibits the misuse of position. Agents shall not use their position with the VCEH for their own personal gain or for the benefit of family or friends or their specific agency.

Agents shall put forth honest and diligent effort in the performance of their duties.

Agents shall not knowingly make unauthorized commitments or promises of any kind purporting to bind the Continuum without prior approval of the VCEH Steering Committee.

Agents shall disclose any violation of this Code, or any other waste, fraud, abuse, or corruption related to the VCEH, to the Steering Committee and to any other appropriate authority.

Agents shall at all times act in a manner which promotes adherence to all laws and regulations that provide equal opportunity for all persons, regardless of race, color, ethnicity, religion, gender, sexual orientation, national origin, age, or disability.

Violation of any portion of this code will be subject to disciplinary action, which could include immediate termination of an agent's position with the VCEH.



VT Coalition to End Homelessness-VT BoS CoC
Standards for Administering Assistance Policy
(Approved by VT BoS CoC on 10/20/15)

All ESG and CoC-funded projects within the Vermont Balance of State Continuum of Care must consistently follow the written standards below when administering assistance. These requirements, established in consultation with recipients (VT AHS-Office of Economic Opportunity) of Emergency Solutions Grants program funds within the geographic area, are intended to coordinate service delivery across the geographic area and assist the VT BoS CoC and its recipients to evaluate the eligibility of individuals and families consistently and administering assistance fairly and methodically. A description of the written standards in the interim rule can be found in § 578.7(a)(9).

1. Determination and prioritization for which eligible individuals and families will receive assistance will be attained through participation in the VT BoS CoC Coordinated Entry System and will follow consistent & fair measures (i.e. Needs Assessment, etc.).
2. The amount and/or percentage of program participant household rent will be determined on a case-by-case basis with no minimum amount required.
3. The maximum percentage of rental assistance that a program participant household may receive is 100%.
4. The maximum number of months a program participant household may receive rental assistance is determined based upon the needs of each household, not to exceed federal requirements.
5. The maximum number of times that a program participant household may receive rental assistance is determined on a case-by-case basis.
6. The extent to which a program participant household must the share cost of rent will be determined based upon their financial ability to pay.



VT Coalition to End Homelessness-VT BoS CoC
Chronic Homeless Priority of All CoC-PSH Policy
(Reconfirmed with vote conducted by VT BoS CoC on 10/20/15)

In accordance with Notice CPD-14-012:

All CoC-funded Permanent Supportive Housing (PSH) projects must prioritize, upon unit turnover, must first serve persons that are chronically homeless and keep documentation of chronic homeless status on file.



VT Coalition to End Homelessness-VT BoS CoC
McKinney-Vento Homeless EDUCATION ASSURANCES Policy
(reconfirmed by the VT BoS CoC on 10/20/15)

1. All CoC-funded projects and local CoCs must demonstrate that they collaborate with local education agencies to assist in the identification of homeless families as well as informing these homeless families and youth of their eligibility for McKinney-Vento education services.
2. All CoC-funded projects and local CoCs must demonstrate that they consider the educational needs of children when families are placed in emergency or transitional shelter and, to the maximum extent practicable, placing families with children as close as possible to their school of origin so as not to disrupt the children's education.
3. All CoC-funded projects and local CoCs must demonstrate the establishment of policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness.
4. All CoC-funded projects and local CoCs must demonstrate that they ensure that programs that provide housing or services to families are designating a staff person to ensure that children are enrolled in school and connected to the appropriate services within the community, including early childhood programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services.

The educational needs of homeless children and youth, and their families, will be supported within the VT BoS CoC through the development of community collaborations between homeless providers and local homeless education liaisons that address the following:

- Identification
- Enrollment
- Transportation
- Trainings conducted by to homeless providers and others
- Coordination
- Student Rights
- Parent Rights
- Dispute Resolution

Definitions

- School of origin: The school that the child or youth attended when permanently housed or the school in which the child or youth was last enrolled.
- Enrollment- Attending classes and participating fully in school activities.

Definition of the Term “Homeless Children and Youth”

The term “homeless children and youth” is defined by the McKinney-Vento Homeless Assistance Act as:

- Children who lack a fixed, regular and adequate nighttime residence.
- Children and youth who are sharing the housing of others, with or without their parents, due to loss of housing (doubled up).
- Children living in motels or hotels or trailer home due to lack of alternative adequate accommodations.
- Children living in emergency or transitional shelters.
- Children and youth who have 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.
- Children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.
- Unaccompanied youth includes youth not in the physical custody of a parent or guardian.
- Migratory children and youth who are living in a situation described above.
- Children awaiting foster care placement.

Vermont's Education for Homeless Children and Youth Program

Contact VEHCYP to find out more about education laws and resources to ensure homeless children and youth are connected to schools at the following website:

<http://education.vermont.gov/homeless-children-and-youth>

- Vermont Homeless Education Liaison Contact List & Toolbox
- McKinney-Vento Homeless Education Act & National Resources



Vermont Coalition to End Homelessness-VT BoS CoC
ESG MONITORING

Memorandum of Agreement

(Signed by VT BoS CoC/ESG Recipient/Collaborative Applicant: December 2013)

VCEH will “participate in the development of performance standards for Emergency Solutions Grants (ESG) projects and evaluate overall ESG program outcomes.” (Page 2)

VCEH will “consult with the Vermont Office of Economic Opportunity (OEO), Emergency Solutions (ESG) grantee, on: the plan for allocating ESG program funds; ESG performance standards; and overall outcomes of ESG-funded activities.” (Page 3)

Final Emergency Solutions Grant Report

(Posted for Review on VT BoS CoC/VCEH website: September 21, 2015)

The Office of Economic Opportunity has published its end of year report for the Emergency Solutions Grant Program.

Vermont’s Emergency Solutions Grants (ESG) program, provided a blend of state and federal (HUD) funding to support operations, staffing and homelessness prevention and re-housing assistance at approximately 40 non-profit emergency shelter, transitional housing and prevention programs serving all regions of the state.

This report details the services and shelter provided by these publicly-funded, privately operated nonprofit partners during State Fiscal Year ’16 (July 1, 2015 – June 30, 2016), including performance measures for the statewide program and trends over time.

The report can be viewed here: http://dcf.vermont.gov/sites/dcf/files/pdf/oEO/ESG_Final_Report.pdf

This year, the Emergency Solutions grant combined with Community Housing Grants and the program is now Housing & Opportunity Grant Program (HOP).

MEMORANDUM OF AGREEMENT:

This Memorandum of Agreement is entered into by the
Vermont Coalition to End Homelessness (VCEH),
the Vermont Agency of Human Services (AHS),
and the Vermont State Housing Authority (VSHA).

VCEH, AHS and VSHA each play critical roles in preventing and ending homelessness within the State of Vermont and the Vermont Balance of State Continuum of Care (VT BoS CoC). This Memorandum of Agreement strives to outline the roles and responsibilities of each entity in an effort to ensure a mutual understanding and strong joint partnership.

The HUD Continuum of Care program is authorized by subtitle C of title IV of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11381-11389), as amended by the HEARTH Act (https://www.onecpd.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf) (24 CFR Part 578), and designed to:

- (1) Promote communitywide commitment to the goal of ending homelessness;
- (2) Provide funding for efforts by nonprofit providers, States, and local governments to quickly rehouse homeless individuals (including unaccompanied youth) and families, while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness;
- (3) Promote access to, and effective utilization of, mainstream programs by homeless individuals and families; and
- (4) Optimize self-sufficiency among individuals and families experiencing homelessness.

A Continuum of Care (CoC), as recognized by the U.S. Department of Housing & Urban Development (HUD), is comprised of representatives from relevant organizations within a geographic area to carry out the duties as detailed in the McKinney-Vento Homeless Assistance Act and HUD regulations.

The VT BoS CoC geographic area is recognized by HUD to include all counties in Vermont, with the exception of Chittenden.

VCEH is recognized by HUD as the Primary Decision-Making Group charged with the primary responsibility of managing the overall planning effort on behalf of the VT BoS CoC.

VSHA is recognized by HUD as the Collaborative Applicant designated by and working on behalf of the VT BoS CoC/VCEH and charged with the primary responsibility of coordinating

and submitting the annual HUD CoC Notice of Funding Availability Homeless Assistance application.

AHS is recognized by HUD as the HMIS Lead designated by and working on behalf of the CoC to operate the CoC's Homeless Management Information System (HMIS).

The Vermont Coalition to End Homelessness agrees to:

- Act as the Primary Decision-Making Group on behalf of the VT BoS CoC to oversee CoC operational functions and ensure adherence to HEARTH/HUD CoC regulations.
- Hold meetings of the full membership, with published agendas, at least semi-annually.
- Make an invitation for new VCEH members to join publicly available within the VT BoS CoC geographic at least annually.
- Adopt and follow a written process to select a board to act on behalf of the CoC. The process must be reviewed, updated, and approved by the CoC at least once every 5 years.
- Appoint additional committees, subcommittees, or workgroups.
- Support local Continua of Care within the VT BoS CoC to identify and address issues and strengthen capacity.
- Develop, follow, and update annually a governance charter, in consultation with the Collaborative Applicant and the HMIS Lead, which will include all procedures and policies required by HUD; and a code of conduct and recusal process for the board, its chair(s), and any person acting on behalf of the board.
- Consult with Continuum of Care program grant recipients and subrecipients to establish performance targets appropriate for population and program type, monitor recipient and subrecipient performance, evaluate outcomes, and take action against poor performers.
- Participate in the development of performance standards for Emergency Solutions Grants (ESG) projects and evaluate overall ESG program outcomes.
- Establish and operate a coordinated assessment system in consultation with recipients of HUD Emergency Solutions Grants program funds within the geographic area that

provides an initial comprehensive assessment of the needs of individuals and families for housing and services.

- Establish and consistently follow written standards for providing HUD Continuum of Care assistance, in consultation with the State Office of Economic Opportunity (OEO), recipient of Emergency Solutions Grants program funds within the geographic area.
- Designate and operate an HMIS: designate an eligible applicant to oversee the Continuum's Homeless Management Information System (HMIS), which will be known as the HMIS Lead; designate, in consultation with the HMIS Lead, a single HMIS software system for the geographic area; review, revise, and approve a privacy plan, security plan, and data quality plan for the HMIS; ensure consistent participation of grant recipients and subrecipients in the HMIS; and ensure the HMIS is administered in compliance with requirements prescribed by HUD.
- Coordinate and support implementation by members of a housing and service system within its geographic area that meets the needs of the homeless individuals (including unaccompanied youth) and families. At a minimum, such system encompasses: Outreach, engagement, and assessment; Shelter, housing, and supportive services; Prevention strategies.
- Plan and conduct, at least biennially, a point-in-time count of homeless persons within the geographic area that meets the requirements established by HUD notice. Publish and publicly promote the results of the Point in Time count within three months of the date of the count.
- Conduct annual gaps analysis of the homeless needs & services available within the CoC.
- Provide information required to complete the Consolidated Plan(s) within the Continuum's geographic area.
- Consult with the Vermont Office of Economic Opportunity (OEO), Emergency Solutions (ESG) grantee, on: the plan for allocating ESG program funds; ESG performance standards; and overall outcomes of ESG-funded activities.
- Design, operate, and follow a collaborative process for the development of applications and approve the submission of applications in response to a NOFA published by HUD.
- Establish priorities for funding projects in the geographic area.

- Designate an eligible applicant to be the Collaborative Applicant to collect, combine and submit the required, consolidated HUD CoC application information from all applicants and for all projects within the geographic area that the CoC has selected for funding.
- The VCEH retains all of its responsibilities, even if it designates one or more eligible applicants other than itself to apply for funds on behalf of the VT BoS CoC. This includes approving the HUD NOFA Continuum of Care application.
- Ensure that any potential and/or perceived conflicts of interest are addressed in an effective, fair, open and timely manner and in compliance with the following requirements established by HUD: procurement; Continuum of Care board members; organizational conflict; other conflicts.

The Vermont Agency of Human Services agrees to:

- Act as HMIS Lead by working on behalf of the VCEH to oversee HMIS operational functions within the VT BoS CoC, including:
 1. Formation of a multi-departmental agency HMIS oversight team comprised of staff from the Department of Mental Health, Office of Economic Opportunity, DCF Economic Services Division, Agency of Human Services Information Technology Unit, and Agency of Human Services Secretary's Office;
 2. Subrecipient administration of HUD CoC HMIS grant;
 3. Contract management for purchase of user licenses from the designated HMIS software vendor;
 4. Supervision of a contract to provide technical administrative support for the geographic area's designated HMIS software and system, to include:
 - a. HMIS user training and technical support for CoC recipients and subrecipients;
 - b. Support fulfilling CoC HMIS grant subrecipient obligations;
 - c. Assistance to VCEH and VSHA to ensure adherence to all HUD HMIS reporting requirements, application and project applications, Point-in-Time Count of the Homeless, Housing Inventory Chart of Homeless Beds;
 - d. Support with implementation of HMIS data quality standards;
 - e. Participation in HMIS strategic planning process;
 - f. Support with HMIS bed utilization report;
 - g. Preparation and transmission of quarterly data exports to the HMIS Lead (in a non-identifiable, de-duplicated format agreed upon by the CoC and HMIS Lead) to be shared with the VCEH, VSHA, Agency of Human Services and Vermont Council on Homelessness.

- h. Ensure the HMIS is administered in compliance with requirements prescribed by HUD and other relevant federal law, including the Violence Against Women Act (VAWA) 2013.
- Provide administrative support for the Vermont Council on Homelessness to coordinate statewide strategic planning, including development of Vermont's Plan to End Homelessness.
- Collaborate with VCEH and VSHA to fulfill HEARTH legislation and HUD CoC regulations including: representation on the CoC Board; implementation of a coordinated assessment system; and other federal requirements.
- Assist the VT BoS CoC/VCEH in its requirements to consult with the State Office of Economic Opportunity on the plan for allocating Emergency Solutions Grants program funds for eligible activities and reporting on and evaluating the overall performance of the Emergency Solutions Grants program.
- Support the VCEH and VSHA with operation of, and participation in, the Point-in-Time Count of the Homeless and Housing Inventory Chart of Homeless Beds.
- Collaborate with the Vermont Council on Homelessness and other partners to support and implement, to the maximum extent practicable and where appropriate, policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons.

The Vermont State Housing Authority agrees to (funding permitted):

- Continue supporting the VT BoS CoC/VCEH with the provision of substantial in-kind donations towards critical CoC activities to prevent and end homelessness.
- Act in the role of Collaborative Applicant on behalf of the VT BoS CoC/VCEH with primary responsibility to coordinate, complete and submit the annual HUD CoC Consolidated Application and all individual project applications to maximize the application score. VSHA is empowered to contract for assistance as needed.

The VCEH retains all of its responsibilities, even if it designates one or more eligible applicants other than itself to apply for funds on behalf of the VT BoS CoC. This includes approving the HUD Continuum of Care Consolidated Application.

- Provide lead coordination, in consultation with VCEH and AHS, to conduct the annual Point-in-Time Count of the Homeless and Housing Inventory Chart of Homeless Beds.
- Assist the VCEH, AHS, and others to ensure high data quality and compliance of other HUD HMIS requirements, although the primary responsibility of HMIS compliance is retained by the VCEH and AHS (HMIS Lead).
- Continue to maintain administration of applicable HUD-VSHA CoC grants including: grants management; technical assistance and trainings; financial accounting and draw down of HUD funds; coordination and submission of Annual Performance Reports to HUD; and other measures to ensure project and overall compliance with regulations.
- Support VT BoS CoC through participation in management activities of VCEH, although VCEH retains this activity as one of its primary responsibilities.
- Ensure open and fair methods of communication and processes in the monitoring of CoC program grants administered by VSHA to reduce the potential of a perceived or actual conflict of interest, e.g. performance monitoring, etc.

Problem Resolution

Should disagreements arise under this Memorandum of Agreement the parties agree to work to resolve these as quickly and agreeably as possible. While most disagreements can be resolved among the parties, none shall be adverse to requesting assistance from a neutral party if needed.

Amendment or Termination

A signatory party to this Memorandum of Agreement may submit a written request to amend the Agreement. The signatory parties shall then meet without unnecessary delay to consider the proposed amendment. Any party may terminate this Memorandum of Agreement with 30 days prior written notice.

This Agreement may be rendered null and void by changes in federal or state law that prevents any party from fulfilling the terms of the agreement. If this circumstance should arise, the parties agree to notify one another as soon as reasonably possible.

This Agreement shall be reviewed annually, and presented to the VCEH membership for a vote each year, on the date of the VCEH annual meeting. The VSHA and AHS shall ensure that any changes or amendments to this Agreement they wish to propose shall be presented in writing to the VCEH at least two months before the VCEH annual meeting. This Agreement shall not be considered to expire due to delay in any vote to extend it, but shall remain in full force and effect until it is amended or revoked.

This Memorandum of Agreement is hereby agreed to, and executed, as follows:

On behalf of the **Vermont Coalition to End Homelessness:**

Leanne Montross

Name (print)

[Signature]
Chair, VCEH

[Signature]

Signature

12/17/2013

Date

Duly Authorized

On behalf of the **Vermont Agency of Human Services:**

Douglas A. Racine

Secretary, AHS

[Signature]

Signature

12/13/13

Date

Duly Authorized

On behalf of the **Vermont State Housing Authority:**

Richard M. Williams

Name (print)

Executive Director, VSHA

[Signature]

Signature

12/18/2013

Date

Duly Authorized

Vermont Balance of State Continuum of Care

ServicePoint /

Homeless Management
Information System

Policies and Procedures

Institute for Community Alliances

2015

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1. Introduction

The Vermont Homeless Management Information System (HMIS) is a collaborative project of the Vermont Balance of State Continuum of Care (CoC), the Institute for Community Alliances (ICA), and participating Partner Agencies. HMIS is an internet-based database, called ServicePoint, which is used by homeless service organizations across Vermont's Balance of State CoC 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 Vermont Balance of State CoC 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 Vermont Balance of State CoC.

Benefits for service providers

- 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.
- 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 with other agencies and programs.
- Provides access to a statewide database of service providers, allowing agency staff to easily select a referral agency.
- Better able to define and understand the extent of homelessness throughout Vermont.
- 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.
- 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.

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 2014 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 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.
5. Ensure a minimum standard of data quality by accurately answering the Universal Data Elements and required program specific data elements for every individual entered into HMIS.
6. Inform clients about the agency's use of HMIS.
7. Take responsibility for any actions undertaken with one's username and password.
8. Complete required training.
9. Read the Vermont HMIS News email newsletter.

2.2 PARTNER AGENCY REQUIREMENTS

Participation Agreement Documents

Partner Agencies must complete the following documents:

1. **Partnership Agreements** must be signed by each participating agency's executive director. 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. All users must undergo a criminal background check as detailed in the Agency Partnership Agreement.

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, pass 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 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 -2014 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 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 Forms

In addition to posting the HMIS Consumer Notice, agencies may require clients to sign a client consent form. 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.

New users may request permission from ICA to take the new user training series over two consecutive months if new users are unable to attend all trainings during one month. ICA must receive the request in writing prior to the start of the new user training series.

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 except 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
- The only mobile device that is officially supported by Bowman Systems is the Apple iPad running 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.

Non-use Fee

Agencies with users who do not access their HMIS account at least once every 90 days will be assessed a Non-use Fee. For each user who does not meet the access requirement, the agency will be charged \$500 at the time of annual license renewal. Participating Agencies are responsible for monitoring staff use of the HMIS to ensure that their agency is not charged Non-use Fee.

Fees for Programs Mandated to Use HMIS

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

ART Licenses

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

2.9 HMIS OPERATING POLICIES VIOLATION

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

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

will notify the HMIS Advisory Board of the violation during the next scheduled Advisory Board meeting following the violation.

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

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

Notifying the HMIS Lead Agency of a Violation

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

Violations of Local, State or Federal Law

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

Multiple Violations within a 12-Month Timeframe

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

3. Privacy and Security

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

3.1 DATA ASSESSMENT AND ACCESS

All HMIS data will be handled according to the following major classifications: Shared or Closed Data. HMIS staff will assess all data, and implement appropriate controls to ensure that data classified as shared or closed 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 an open system that defaults to allow shared data. Providers have the option of changing their program settings to keep client data closed.

Closed Data

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. 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.
7. 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.
8. For a law enforcement purpose (if consistent with applicable law and standards of ethical conduct) under any of these circumstances:

- In response to a lawful court order, court-ordered warrant, subpoena or summons issued by a judicial officer or a grand jury subpoena, if the court ordered disclosure goes through the Institute for Community Alliances and is reviewed by the Executive Director for any additional action or comment.
 - If the law enforcement official makes a written request for personal information. The written request must meet the following requirements:
 - i. Be signed by a supervisory official of the law enforcement agency seeking the personal information.
 - ii. State how the information is relevant and material to a legitimate law enforcement investigation.
 - iii. Identify the personal information sought.
 - iv. Be specific and limited in scope to the purpose for which the information is sought, and
 - v. Be approved for release by the Institute for Community Alliances legal counsel after a review period of seven to fourteen days.
 - If it is believed that the personal information constitutes evidence of criminal conduct that occurred at the agency where the client receives services.
 - If the official is an authorized federal official seeking personal information for the provision of protective services to the President or other persons authorized by 18 U.S.C. 3056, or to a foreign heads of state or other persons authorized by 22 U.S.C. 2709(a)(3), or for the conduct of investigations authorized by 18 U.S.C. 871 (threats against the President and others), and the information requested is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought.
9. 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.
10. To comply with government reporting obligations for homeless management information systems and for oversight of compliance with homeless management information system requirements.

Inspection and Correction of Personal Information

Clients may inspect and receive a copy of their person information maintained in HMIS. The agency where the client receives services will offer to explain any information that a client may not understand.

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

A request to inspect or copy one's personal information may be denied if:

- The information was compiled in reasonable anticipation of litigation or comparable proceedings

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

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

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

Limits on Collection of Personal Information

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

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

Limits on Partner Agency Use of HMIS Client Information

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

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

Complaints and Accountability

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

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

3.5 USE OF A COMPARABLE DATABASE BY VICTIM SERVICE PROVIDERS

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

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

3.6 USER CONFLICT OF INTEREST

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

3.7 SECURITY PROCEDURE TRAINING FOR USERS

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

3.8 VIOLATION OF SECURITY PROCEDURES

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

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

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

3.9 PROCEDURE FOR REPORTING SECURITY INCIDENTS

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

3.10 DISASTER RECOVERY PLAN

Bowman Systems Disaster Recovery Plan

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

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

Standard Data Recovery

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

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

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

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

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

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

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

Vermont HMIS Disaster Recovery Plan

The Institute for Community Alliances operates a regional approach to administering the Vermont HMIS. The main ICA Vermont HMIS office is in Madison, WI, a secondary office in Green Bay, WI, and an office located in the Vermont Balance of State CoC. 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 databases are required to have the capacity to accept XML imports, ICA reserves the right to not allow XML imports into Vermont's HMIS. Allowing XML imports will impact data integrity and increase the likelihood of duplication of client files in the system.

4.5 HMIS DATA PROTECTION

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

5. Glossary

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

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

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

Confidential Data – contains personal identifying information.

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

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

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

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

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

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

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

Open Data – does not contain personal identifying information.

Partner Agencies – the homeless service organizations that use HMIS.

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

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

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

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

6. Appendices

6.1 USER MANUALS

The 5.8 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

1. Manual for General Users – Part 1
2. Manual for General Users – Part 2

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.

	<p>2. Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex familial status, and disability.</p> <p>3. Serve on the state of Vermont's Fair Housing Committee, a committee of the Vermont Housing Council. The Fair Housing Committee is comprised of representatives from numerous housing agencies, the Vermont Department of Housing and Community Affairs and the Human Rights Commission and work collaboratively on fair housing initiatives and assist in identifying impediments to fair housing choice.</p> <p>4. Work with the HRC to promote Vermont's law prohibiting discrimination on the basis of receipt of public assistance, including housing assistance.</p> <p>5. Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of housing choice or unit size required.</p> <p>Goal 4. Continue Collaborative work with the Vermont Agency of Human Services around the administration of the Family Unification program, the Mainstream Housing Program, Shelter plus Care Program, AHS' HPRP Program and DMH's Subsidy Plus Care Program.</p>
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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

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:

→ **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.

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 rapid rehousing initiative administered by the Vermont Agency of Human Services).
- • 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 Continuum of Care Programs administered by VSHA (Shelter plus Care and Rapid Rehousing);

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

1. Actively participating in a case-management plan – which includes an exit 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 cannot 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 case management plan.*



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.

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".

hierarchy of preferences, if applicable. Within each targeted funding or preference category, families will be selected on a first-come, first-served basis according to the date and time their complete application is received by the PHA. Documentation will be maintained by the PHA as to whether families on the list qualify for and are interested in targeted funding. If a higher placed family on the waiting list is not qualified or not interested in targeted funding, there will be a notation maintained so that the PHA does not have to ask higher placed families each time targeted selections are made.

Local Preferences

Local preferences will be used to select families from the waiting list.

The VSHA has selected the following system to apply local preferences:

- The Disaster Preference will be ranked the highest of all local preferences.
- The Transitional Housing Preference for **Youth transitioning from VSHA Family Unification program** will have the greatest weight among all local preferences. Applicants qualifying for this preference will be served before any other preference category.
- All other local preferences will be treated equally.

Among Applicants with Equal Preference Status

Among applicants with equal preference status, the waiting list will be organized by **date and time**. Applicants with local preference status will be served before families without local preference status.

4-III.D. NOTIFICATION OF SELECTION

Families will be notified in writing when their application has been selected from the waiting list.

4-III.E. THE APPLICATION INTERVIEW

VSHA does not interview applicants.

4-III.F. COMPLETING THE APPLICATION PROCESS

The PHA must verify all information provided by the family (see **Chapter 7**). Based on verified information, the PHA must make a final determination of **eligibility** (see **Chapter 3**) and must confirm that the family qualified for any special admission, targeted admission, or selection preference that affected the order in which the family was selected from the waiting list.

PHA Policy

HMIS Governance Charter

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

A. Purpose and Scope

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

B. Background

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

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

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

C. General Understandings

1. Continuum of Care Governance

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

2. HMIS Lead Agency Designation

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

3. HMIS Advisory Board

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

3.1 HMIS Advisory Board Requirements

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

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

4. Funding

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

5. Software and Hosting

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

6. Compliance with Homeless Management Information System Standards

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

7. Operational Policies and Agreements

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

8. Data Ownership

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

D. Specific Responsibilities of the Parties

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

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

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

2. HMIS Advisory Board

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

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

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

3. Institute for Community Alliances (HMIS Lead Agency)

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

I. General

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

II. Administer the software, including:

- a. Ensure the software vendor complies with the responsibilities designated below in Section D.4.
- b. Report any concerns with the software vendor to the HMIS Advisory Board.

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

III. Administer HMIS end users, including:

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

IV. Ensure Data Quality

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

V. Reporting

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

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

VI. Satisfactory Assurances Regarding Confidentiality and Security:

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

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

4. Software Vendor

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

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

E. Period of Agreement and Modification/Termination

1. Period of Operation and Termination

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

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

2. Amendments

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

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

VT Coalition to End Homelessness (VT BoS CoC):

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

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

Institute for Community Alliances (HMIS Lead Agency):

David Discher 6-12-2015
David Discher, Chief Executive Director Date



VT Coalition to End Homelessness-VT BoS CoC
Chronic Homeless Priority of All CoC-PSH Policy
(Reconfirmed with vote conducted by VT BoS CoC on 10/20/15)

In accordance with Notice CPD-14-012:

All CoC-funded Permanent Supportive Housing (PSH) projects must prioritize, upon unit turnover, must first serve persons that are chronically homeless and keep documentation of chronic homeless status on file.

VSHA Shelter Plus Care Program
SUBSIDY ALLOCATION POLICY
(revised 2/19/2014)

VSHA works with several Sponsor Agencies to administer Shelter Plus Care (S+C) Programs throughout the VT Balance of State Continuum of Care (VT BoS CoC). VT BoS CoC consists of all counties in Vermont, except Chittenden County (which is administered by the Burlington Housing Authority). Brattleboro Housing Authority's S+C Program is located within the VT BoS CoC, but not administered by VSHA.

In the event that funding allows (due to attrition and/or grant savings) VSHA will make available new S+C subsidies based upon three general benchmarks:

1. Compliance, Capacity, and Cooperation.

- a. Sponsor Agency Awareness: Appropriate S+C Sponsor Agency staff are fully informed of the HUD CoC Program and VSHA S+C Program with trainings & internal referral policy/procedures.
- b. Outreach, Referrals & Community: S+C Sponsor Agency conducts comprehensive outreach to identify/serve homeless persons, with HUD **Chronic Homelessness** being the highest priority, including those with longest histories of *Literal Homelessness*; develops/maintains effective external referral process; actively participates with local CoC /Housing Review Team; maintains positive relationships with service providers & community at large; etc.
- c. Homeless Management Information System (HMIS): Sponsor effectively participates in the HMIS as selected by the VT BoS CoC; enters participant household data elements completely, accurately and in a timely manner; attends trainings and effectively addresses technical challenges; maintains dedicated data entry staff; complies with HMIS standards; etc.
- d. Supportive Services: Sponsors will maintain sufficient capacity to provide and/or coordinate appropriate services and other aspects of the S+C program to ensure housing stability; engage participants in a respectful manner that supports person-directed choice through an Individual Service Plan; compliance with all applicable McKinney-Vento legislation & other laws; etc.
- e. Participant Outcomes: Sponsor effectively assists participants to increase & maintain income through enrollment in cash benefits & non-cash programs, employment and/or other sources; maintain permanent housing within the Shelter Plus Care Program **OR** exit S+C to other sustainable permanent housing (if applicable), including Sect. 8 HCV, market-rate, etc.
- f. PSH Evidence-Based Best Practices: practice of a Housing First model whenever feasible; decent, safe, affordable housing; choice in housing & living arrangements; functional separation of housing services; community integration & rights of tenancy; access to housing & privacy; and flexible, voluntary, and recover-focused services.
- g. Additional Compliance Measures: Sponsor maintains open communication & responsiveness with all applicable VSHA staff; submits complete/accurate/timely grant cash match letters, participant applications, Annual Performance Reports, and all requests for information; maintain compliance with other state/federal grants (ESG/CoC, CHG/FSH, DMH-HCF/PATH, etc.).

2. **Minimum Allocation.** The VSHA S+C Statewide grant is funded to serve a minimum of 131 units and VSHA strives to provide a equitable distribution of S+C rental subsidies for each S+C Sponsor Agency to ensure that all 131 units are utilized (at minimum), but reserves the right to dedicate the allocation of new subsidies, upon turnover, to serve households that meet the HUD definition of Chronic Homelessness and those with the longest histories of homelessness.

If a Sponsor consistently does not meet VSHA and HUD program guidelines and/or does not have the capacity and/or need to serve the minimum subsidy allocation then VSHA reserves the right to reallocate unused S+C subsidies to other VSHA S+C Program Sponsors.

3. **Waitlist Preferences.** If a Sponsor otherwise meets program & grant requirements **AND** there is an identified need for additional S+C subsidies in the catchment area of the Sponsor Agency **AND** all S+C Sponsor Agencies have the opportunity to attain their minimum allocation to serve applicants that meet the HUD definition of Chronic Homelessness; THEN applicants will be selected from a time-limited VSHA's S+C waitlist in accordance with the following preference system:
 - a. 1st to be served: Adult individuals and/or households with children which includes at least one eligible adult who meets the HUD definition of **Chronic Homelessness** (when Sponsor first starts application) will have the highest priority, according to VSHA date/time receipt of application.
*See VSHA S+C Guide or contact VSHA S+C Program Administrator (D. Blankenship) for details.
 - b. 2nd to be served: Participants residing in a **HUD CoC Transitional Housing Programs for the Homeless or Safe Haven** (TH/SH) who met the HUD definition of *Literal Homelessness* immediately prior to entering the HUD CoC TH/SH program **AND** certified by the referring HUD CoC TH/SH Sponsor Agency. These applicants will then be served, provided all eligible households meeting the HUD definition of Chronic Homelessness have been served, according to date/time of application.
*Certification is required of *Literal Homelessness* immediately prior to entering HUD CoC TH/SH.
 - c. 3rd to be served: Eligible households, who otherwise meet the HUD definition of **Literal Homelessness** at time of submitting a complete VSHA S+C application, will then be served based upon date/time of application, provided all applicants with preferences listed above are served.

**Certification of Consistency
with the Consolidated Plan**

**U.S. Department of Housing
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Vermont State Housing Authority

Project Name: Multiple - see attached

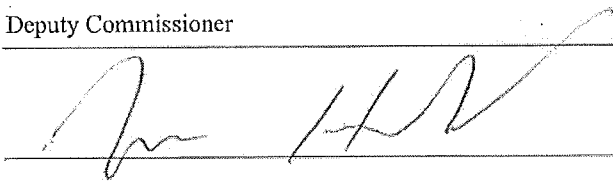
Location of the Project: Multiple - see attached
Balance of State Continuum of Care Coverge Area

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Program 2015 NOFA

Name of Certifying Jurisdiction: Vermont Department of Housing and Community Development

Certifying Official of the Jurisdiction Name: Josh Hanford

Title: Deputy Commissioner

Signature: 

Date: October 19, 2015

Certification of Consistency with the Vermont Consolidated Plan

VT Balance of State Continuum of Care (VT BoS CoC) FFY2015 HUD Continuum of Care NOFA Projects Listing

FFY2014 GRANT NUMBER: VT0013L1T001407
FFY2015 GRANT PERIOD: 08/01/16-04/30/17
RECIPIENT: Brattleboro Housing Authority (dba Brattleboro Housing Partnerships)
MAXIMUM FFY15 ARA: \$221,530
PROJECT NAME: BraHAFY15 (aka Brattleboro Shelter+Care)
PROGRAM TYPE: Tenant-based Rental Assistance (Scattered Site/Brattleboro HA service area)
POPULATION SERVED: Homeless Individuals & Families with a Serious Mental Illness, Chronic Substance Abuse, Co-Occurring Disorder, HIV/AIDS, and People with Other Chronic Disabilities and/or Diseases
PARTNER ORGANIZATIONS: GroundWorks Collaborative and Health Care & Rehabilitation Services
PROJECT ADDRESS: 224 Melrose Street, P.O. Box 2275, West Brattleboro, VT 05303

FFY2014 GRANT NUMBER: VT0004L1T001407
FFY2015 GRANT PERIOD: 02/01/16-01/31/17
GRANT RECIPIENT: Addison County Community Action Group (dba HOPE)
MAXIMUM FFY15 ARA: \$133,027
PROJECT NAME: Hill House (aka Hill House Transitional Housing)
PROGRAM TYPE: Transitional Housing for the Homeless
POPULATION SERVED: Homeless Individuals with a Serious Mental Illness or Co-Occurring Disorder
SUBRECIPIENT ORGANIZATION: Counseling Service of Addison County
PROJECT ADDRESS: 290 Route 7 North, Middlebury, VT 05753

FFY2014 GRANT NUMBER: VT0017L1T001407
FFY2015 GRANT PERIOD: 03/01/16-02/29/17
GRANT RECIPIENT: VT State Housing Authority
MAXIMUM FFY15 ARA: \$56,064
PROJECT NAME: BCH TH FY15 (aka McCall Street Transitional Housing)
PROGRAM TYPE: Transitional Housing for the Homeless
POPULATION SERVED: Homeless Individuals & Families
SUBRECIPIENT ORGANIZATION: Bennington [County] Coalition for the Homeless
PROJECT ADDRESS: 111 – 115 ½ McCall Street, Bennington, VT 05201

FFY2014 GRANT NUMBER: VT0012L1T001407
FFY2015 GRANT PERIOD: 11/01/16-10/31/17
RECIPIENT: VT State Housing Authority
MAXIMUM FFY15 ARA: \$113,736
PROJECT NAME: CMC SH FY15 (aka Safe Haven)
PROGRAM TYPE: Safe Haven
POPULATION SERVED: Homeless Individuals with a Serious Mental Illness or Co-Occurring Disorder
SUBRECIPIENT ORGANIZATION: Clara Martin Center
PROJECT ADDRESS: 4 Highland Avenue, Randolph, VT 05060

Certification of Consistency with the Vermont Consolidated Plan

VT Balance of State Continuum of Care (VT BoS CoC) FFY2015 HUD Continuum of Care NOFA Projects Listing

FFY2014 GRANT NUMBER:	VT0005L1T001407
FFY2015 GRANT PERIOD	06/01/16-05/31/17
RECIPIENT:	Institute for Community Alliances
MAXIMUM FFY15 ARD:	\$30,572
PROJECT NAME:	ICA VT BOS HMIS (aka ICA VT BoS CoC HMIS)
PROGRAM TYPE:	Homeless Management Information Systems (HMIS)
SUBRECIPIENT ORGANIZATION:	Not applicable
PRIMARY AGENCY ADDRESS:	1111 9th Street, Suite 245, Des Moines, IA 50314
FFY2014 GRANT NUMBER:	VT0038L1T001401
FFY2015 GRANT PERIOD	1/1/17-12/31/17
RECIPIENT:	VT State Housing Authority
MAXIMUM FFY15 ARD:	\$96,234
PROJECT NAME:	VSHA RRH1 FY15 - (aka Rapid Rehousing-Windham/Rutland Counties)
PROGRAM TYPE:	CoC Permanent Housing-Rapid Rehousing/Families
POPULATION SERVED:	Literal Homeless Families
SUBRECIPIENT ORGANIZATIONS:	GroundWorks Collaborative/Homeless Prevention Center
PROJECT ADDRESS:	1 Prospect Street, Montpelier, VT 05602
FFY2014 GRANT NUMBER:	VT0044L1T001400
FFY2015 GRANT PERIOD	10/1/16-9/30/17
RECIPIENT:	VT State Housing Authority
MAXIMUM FFY15 ARD:	\$165,663
PROJECT NAME:	VSHA RRH2 FY15 (aka Rapid Rehousing-Caledonia/Windsor/Rutland Counties)
PROGRAM TYPE:	CoC Permanent Housing-Rapid Rehousing/Families
POPULATION SERVED:	Literal Homeless Families
SPONSOR ORGANIZATIONS:	NE Kingdom Community Action/Upper Valley Haven/Homeless Prevention Center
PROJECT ADDRESS:	1 Prospect Street, Montpelier, VT 05602
FFY2014 GRANT NUMBER:	VT0008L1T001407
FFY2015 GRANT PERIOD	04/01/16-03/31/17
RECIPIENT:	VT State Housing Authority
MAXIMUM FFY15 ARD:	\$57,005
PROJECT NAME:	NEKCA TH FY15 (aka NEKCA Youth Transitional Housing)
PROGRAM TYPE:	Transitional Housing for the Homeless
POPULATION SERVED:	Homeless Youth (18-24)
SUBRECIPIENT ORGANIZATION:	Northeast Kingdom Community Action
PROJECT ADDRESS:	216 Hill Street, Newport, Vermont 05855
FFY2014 GRANT NUMBER:	VT0010L1T001407
FFY2015 GRANT PERIOD	07/01/16-06/30/17
RECIPIENT:	VT State Housing Authority
MAXIMUM FFY15 ARD:	\$39,269
PROJECT NAME:	TPHT TH FY15 (aka Overlook House Transitional Housing)
PROGRAM TYPE:	Transitional Housing for the Homeless
POPULATION SERVED:	Homeless Individuals & Families
SUBRECIPIENT ORGANIZATION:	Twin Pines Housing Trust
PROJECT ADDRESS:	36 Overlook Street, White River Junction, VT 05001

Certification of Consistency with the Vermont Consolidated Plan

VT Balance of State Continuum of Care (VT BoS CoC) FFY2015 HUD Continuum of Care NOFA Projects Listing

FFY2014 GRANT NUMBER: VT0024L1T001406
FFY2015 GRANT PERIOD 06/01/16-05/31/17
RECIPIENT: VT State Housing Authority
MAXIMUM FFY15 ARD: \$1,502,860
PROJECT NAME: VSHA S+C SW FY15 (aka VSHA Shelter+Care Statewide)
PROGRAM TYPE: Tenant-based Rental Assistance (Scattered Site/VT BoS CoC only)
POPULATION SERVED: Chronic & Literal Homeless; Individuals & Families; Severe/Persistent Mental Illness, Chronic Substance Abuse, Co-Occurring Disorder, HIV/AIDS, and People with Other Chronic Disabilities and/or Diseases
SPONSOR ORGANIZATIONS: Vermont CARES, Pathways Vermont, Health Care & Rehabilitation Services, Washington County Mental Health Services, Rutland Mental Health Services, Clara Martin Center, Lamoille County Mental Health Services, NW Counseling & Support Services, Samaritan House, NE Kingdom Human Services, United Counseling Service, Counseling Service of Addison County, Helping to Overcome Poverty's Effects (aka ACCAG), Bennington [County] Coalition for the Homeless, Homeless Prevention Center, and the Upper Valley Haven.
PROJECT ADDRESS: 1 Prospect Street, Montpelier, VT 05602

FFY2014 GRANT NUMBER: VT0040L1T001401
FFY2015 GRANT PERIOD 1/1/17-12/31/17
RECIPIENT: Vermont State Housing Authority
MAXIMUM FFY15 ARD: \$63,719
PROJECT NAME: VSHA S+C [Rutland] FY15 - (aka VSHA Shelter+Care/Rutland#1)
PROGRAM TYPE: Tenant-based Rental Assistance (Scattered Site/Rutland County)
POPULATION SERVED: Chronic Homeless-Only; Individuals; Serious Mental Illness/CSA/Other
SUBRECIPIENT ORGANIZATION: Homeless Prevention Center
AGENCY OFFICE ADDRESS: 56 Howe Street, Building A, Rutland, VT 05701

FFY2014 GRANT NUMBER: VT0045L1T001400
FFY2015 GRANT PERIOD 1/1/17-12/31/17
RECIPIENT: Vermont State Housing Authority
MAXIMUM FFY15 ARD: \$63,719
PROJECT NAME: VSHA S+C [Rutland#2] FY15 (aka VSHA Shelter+Care/Rutland#2)
PROGRAM TYPE: Tenant-based Rental Assistance (Scattered Site/Rutland County)
POPULATION SERVED: Chronic Homeless-Only; Individuals; Severe/Persistent Mental Illness/CSA/Other
SUBRECIPIENT ORGANIZATION: Homeless Prevention Center
AGENCY OFFICE ADDRESS: 56 Howe Street, Building A, Rutland, VT 05701

FFY2014 GRANT NUMBER: VT0043L1T001400
FFY2015 GRANT PERIOD 5/1/16 - 4/30/17
RECIPIENT: Vermont State Housing Authority
MAXIMUM FFY15 ARD: \$81,826
PROJECT NAME: VT BoS CoC Planning Project FY15
TYPE: CoC Planning
ACTIVITIES FUNDED: Coordination Activities, Project Evaluation, Project Monitoring Activities, Participation in Consolidated Plan, CoC Application Activities, Determining Geographical Area to Be Served by the CoC, Developing a CoC System, and HUD Compliance Activities, Meeting Stipends for Two Former Homeless CoC Members, etc.
SPONSOR ORGANIZATION: Vermont State Housing Authority
PROJECT ADDRESS: 1 Prospect Street, Montpelier, VT 05602

Certification of Consistency with the Vermont Consolidated Plan

VT Balance of State Continuum of Care (VT BoS CoC) FFY2015 HUD Continuum of Care NOFA Projects Listing

PROPOSED NEW PROJECT APPLICATIONS (as the result of reallocation of old projects or PH Bonus option):

FFY2014 GRANT NUMBER: Undetermined- NEW REALLOCATION PROJECT
FFY2015 GRANT PERIOD 7/1/16-6/30/17 *(if awarded)*
RECIPIENT: Institute for Community Alliances
MAXIMUM FFY15 ARD: \$28,810 (\$28,312 reallocated from expiring VSHA S+C/Windsor+\$498 extra FMR\$)
PROJECT NAME: VT BOS ICA HMIS Expansion
PROGRAM TYPE: Homeless Management Information Systems (HMIS)
SUBRECIPIENT ORGANIZATION: Not applicable
PRIMARY AGENCY ADDRESS: 1111 9th Street, Suite 245, Des Moines, IA 50314

FFY2014 GRANT NUMBER: Undetermined-NEW REALLOCATION PROJECT
FFY2015 GRANT PERIOD 10/1/16-9/30/17 *(if awarded)*
RECIPIENT: VT State Housing Authority
MAXIMUM FFY15 ARD: \$155,321
PROJECT NAME: VSHA RRH3 FY15 (aka Rapid Rehousing-Washington/Franklin Counties)
PROGRAM TYPE: CoC Permanent Housing-Rapid Rehousing/Families
POPULATION SERVED: Literal Homeless Families, Individuals, Youth (18-24), Persons Fleeing Domestic Violence, Veterans – including those who may be otherwise ineligible for VA services.
PARTNER ORGANIZATIONS: Capstone Community Action/CVOEO Community Action
PROJECT ADDRESS: 1 Prospect Street, Montpelier, VT 05602

FFY2014 GRANT NUMBER: Undetermined-NEW PERMANENT HOUSING BONUS PROJECT
FFY2015 GRANT PERIOD 10/1/16-9/30/17 *(if awarded)*
RECIPIENT: VT State Housing Authority
MAXIMUM FFY15 ARD: \$407,169
PROJECT NAME: VSHA RRH4 FY15 (aka Rapid Rehousing-Lamoille/Windsor/Rutland/Bennington/Addison Counties)
PROGRAM TYPE: CoC Permanent Housing-Rapid Rehousing/Families
POPULATION SERVED: Literal Homeless Families, Individuals, Youth (18-24), Persons Fleeing Domestic Violence, Veterans – including those who may be otherwise ineligible for VA services.
PARTERN ORGANIZATIONS: NE Kingdom Community Action/Upper Valley Haven/Homeless Prevention Center/BROC Community Action/John Graham Shelter/Capstone Community Action
PROJECT ADDRESS: 1 Prospect Street, Montpelier, VT 05602

VT BoS CoC GRANT NOT UP FOR RENEWAL IN CURRENT NOFA COMPETITION:


FFY2011 GRANT NUMBER: VT0034C1T001100
GRANT PERIOD: 8/21/12-8/20/17
RECIPIENT: Vermont State Housing Authority
MAXIMUM FFY11 ARD: \$126,720 [5-year grant term/PH Bonus]
PROJECT NAME: VSHA S+C [WC2] FY11 – (aka Shelter+Care/Washington County#2; aka VSHA S+C SRA [PTH] FY11)
PROGRAM TYPE: Sponsor-based Rental Assistance (Scattered Site/Washington County #2)
POPULATION SERVED: Chronic Homeless-Only; Serious Mental Illness or Co-Occurring Disorder
SPONSOR ORGANIZATION: Pathways Vermont
AGENCY OFFICE ADDRESS: 125 College Street/Second Floor, Burlington, VT 05401



State of Vermont
Agency of Human Services
Office of the Secretary
208 Hurricane Lane, Suite 103
Williston, VT 05495
www.humanservices.vermont.gov

[phone] 802-871-3009
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Hal Cohen, Secretary
Dixie Henry, Deputy Secretary

TO: Department Commissioners, Deputy Commissioners, IOPT
CC: AHS Housing Director. AHS Housing Task Force, Initiative Work Groups
FROM: Secretary Hal Cohen 
DATE: May 21, 2015
SUBJECT: Ending Child & Family Homelessness 2020 – Process for Implementing the Vermont Strategy

This spring, Governor Shumlin charged our agency with developing and implementing a statewide, multi-agency strategy for ending child and family homelessness in Vermont by 2020. As Secretary, I am championing this initiative as our top housing priority and have designated AHS Housing Director Angus Chaney to lead planning and implementation, report to me on progress and make any further recommendations needed to achieve the goal. AHS has developed a three-part strategy endorsed by the Governor and supported by a broad range of community stakeholders, including the homeless Continuum of Care. Section A emphasizes coordinated local systems for intake, assessment and targeted referral to best-practice interventions. Section B promotes partnerships to link housing, rental assistance and supportive services for persons who are homeless. Section C will address the current scarcity of deeply-affordable rental housing through targeted construction and rehabilitation over the next five years.

Implementing Section A of the Vermont Strategy

To avoid duplicating efforts of the homeless Continuum of Care*, AHS' primary role in implementing section A, known as the "Family Connection" framework, will be to:

- Promote understanding of the "Family Connection" framework across all departments and districts;
- Leverage and link programs to support effective systems for ending and preventing homelessness;
- Provide central leadership as well as clear implementation and performance measures;
- Remove service barriers in agency programs and address state and local system gaps;
- Build the capacity of local systems to achieve the goal through grants, training and technical assistance.

Coordinated Entry / Tailored Assistance: OEO and the Continuum of Care

Implementation of sections A.1 and A.2 of the framework will continue to be managed by the AHS/DCF Office of Economic Opportunity working closely with the Continuum of Care. OEO provides training, technical assistance and grants to organizations in the Continuum. OEO is reinforcing the "Family Connection" framework through DCF's new Housing Opportunity Program (HOP) and AHS Family Supportive Housing (FSH). The office is also exploring opportunities to provide additional technical assistance to local Continuums in areas such as:

- Coordinated Entry and Assessment;
- Standards for the appropriate gathering, storage, use and sharing of client data;
- Ensuring best practices in Rapid Re-Housing;
- Additional trainings through the Family Supportive Housing Community of Practice.

Connection to Benefits, Employment and Other Services / Evidence-Based Practice: AHS, Work Groups
 Implementation of sections A.3 and A.4 of the framework will be overseen by the AHS Secretary's Office. The majority of this work will take place in small, short-term work groups convened by the AHS Housing Director. Work groups will include state and Continuum of Care partners as appropriate and cover areas such as:

- Linking AHS childcare and employment initiatives for families experiencing homelessness;
- Linking AOE McKinney-Vento homeless education liaisons with local Continuum partners;
- Supporting the Continuum of Care in identifying eligibility or service-provision barriers;
- Determining, by region, what essential components are covered and where gaps exist.
- Coordinating as appropriate in areas such as training, screening, assessment and data;

Overall Coordination of Section A Implementation: Quarterly Leadership Group

The AHS Housing Director will convene a quarterly leadership group with the Secretary and Commissioners to:

- Review implementation progress and system performance data;
- Receive updates from work groups;
- Address service barriers and system gaps identified by work groups;
- Resolve implementation issues escalated from work groups or state programs;
- Develop recommendations to the Secretary or Governor as appropriate.

Implementing Sections B and C of the Vermont Strategy

Because sections B and C of our strategy emphasize prioritization of rental subsidies, access to existing housing and new development of affordable housing, many of the related action steps will be completed by partners outside AHS. Angus will continue to coordinate with our state, non-profit and private-sector partners on these efforts and represent AHS in this work. I am pleased to share that a few of these action steps are already well underway. The Vermont State Housing Authority is now developing a priority for rental assistance and the Vermont Housing Finance Agency recently received support from the Vermont Legislature to develop an assistance program for first-time home buyers.

I look forward to sharing more such success stories with you in the coming weeks and months as we embark on this ambitious initiative to make homelessness a thing of the past in our state and ensure the next generation of Vermonters will all know the stability, security and community that is home.

Regards, Hal

Hal Cohen, AHS Secretary

***Continuum of Care**
 The homeless Continuum of Care (CoC) is a HUD-recognized regional group comprised of a community's shelter, housing, employment and service partners who coordinate their efforts to identify the needs of the local homeless population, the resources available in the community to address those needs, and resources needed to fill identified gaps. Vermont has approximately a dozen such Continuum of Care with geographic jurisdictions generally approximating AHS' districts.

CALLING FOR AN END TO FAMILY HOMELESSNESS IN VERMONT

In support of the national goal of Ending Child and Family Homelessness by 2020,
The State of Vermont endorses the following three-part strategy.

A. ADOPT the "Family Connection" framework developed by the Interagency Council on Homelessness. Support four key components of an effective homeless Continuum of Care.

1. Develop a coordinated entry system to assess needs and connect families to targeted prevention and temporary shelter as needed in each community.

2. Ensure interventions and assistance are tailored to the needs of families.

- Provide assistance to rapidly re-house homeless families.
- Increase access to affordable housing and help communities target resources.
- Direct service-intensive housing interventions to the highest need households.

3. Connect families to benefits, employment, and community-based services needed to sustain housing. Promote stability and positive education outcomes for children and youth by ensuring coordination between local homeless Continuum of Care, homeless education liaisons, runaway and homeless youth programs and organizations providing early education and intervention, such as Head Start.

4. Develop and build upon evidence-based practices for serving homeless families and families at risk for homelessness.

B. Bring Together supportive services, housing, and rental assistance to improve housing stability for families, children, landlords and communities.

1. Create a Section 8 rental subsidy preference for homeless families participating in Supportive Housing programs.

2. Foster local partnerships between service providers and property managers around concrete initiatives such as Rapid Re-Housing, Supportive Housing, and apartments set-aside for the homeless.

3. Encourage local admissions preferences for homeless families applying for subsidized housing.

C. CONSTRUCT and rehabilitate rental housing affordable to households with extremely low incomes, and accessible to families and individuals who have experienced homelessness.

1. Promote significant public and private development of rental housing...

a. Work with the Agency of Human Services, local housing and service providers, and continuums of care to prioritize local housing needs and resource allocation.

e. Identify increased development and rental assistance resources paired with support services for family housing, similar to recent initiatives targeted to veterans.

b. Integrate housing with services and rental assistance for the homeless into mixed-income affordable housing development.

f. Encourage communities to support building new rental housing. Encourage municipalities and regional planning commissions to examine their plans for housing with a goal of reducing barriers to appropriately sited housing.

c. Use housing needs and homelessness data to target development and set production goals.

d. Explore alternative and compact designs for new housing, public policy requirements, and State or publically donated property and land to reduce construction and operating costs, thereby addressing the supply gap.

g. Engage in strategies that move current renters to homeownership and improve the rental market for potential renters.

2. ...And Encourage Improvements to Distressed Rental Stock.

a. Work with state and local government to increase the supply of apartments meeting rental habitability standards.

b. Develop a strategy and funding sources to provide incentives and technical assistance to private landlords who bring apartments up to quality standards and into service at affordable rents.

Calling For an End to Family Homelessness in Vermont

Homelessness is increasing in Vermont, rising 9% between 2013 and 2014. On any given night, 1,556 Vermonters are without housing and nearly one in four are children under 18. Families with children now constitute nearly half of all people in Vermont's emergency shelters. As of December 2014, 637 Vermonters are in state-supported emergency shelters or transitional programs for the homeless. Of the 177 children among them, over half are under six years old.

Homelessness can have profound impacts on child health and wellbeing. A report by the Family Housing Fund found that children born into homelessness are more likely to have low birth weights and infants are more likely to become exposed to environmental factors that can endanger health. Homeless children begin to demonstrate developmental delays after 18 months of age. Preschool age children are more likely to experience developmental delays and suffer from emotional problems. In general, homeless children exhibit more health problems than housed poor children, are at high risk for infectious disease and at greater risk for asthma and lead poisoning. Homeless children are confronted with stressful and traumatic events that they often are too young to understand. Stress from constant changes accumulates with time, resulting in a higher incidence of mental disorders. Academic performance is hampered both by poor cognitive development and the circumstances of homelessness, such as constant mobility. Homeless children are more likely to score poorly on math, reading, spelling, and vocabulary tests.

Most of Vermont is experiencing an extreme shortage of rental housing, especially of apartments affordable and accessible to families with extremely low incomes. This creates a major barrier for homeless families trying to re-enter the market. According to Vermont's 2015-2020 Housing Needs Assessment, the statewide rental vacancy rate is currently 1%. A housing market is considered balanced and healthy when vacancy remains between 4% and 6%. The scarcity of available rental units drives up prices and drives down opportunity for people who are homeless. This leads to longer shelter stays and full shelters, pushing the recently homeless toward motels or warming shelters where case management supports are less available.

The State of Vermont and its partners invest significant resources to support emergency shelter capacity. Communities are stepping forward to expand local capacity with solutions ranging from seasonal warming shelters in churches to the conversion of a motel into transitional shelter with on-site case management. Even with these generous efforts, the current approach does not appear sustainable. Stays in emergency shelter average more than a month and are far longer in some instances. Funding appropriated for emergency programming is no longer consistent with demand and some communities come close to exhausting the supply of motel rooms during cold weather.

Our state is running short on rental housing and shelter. Vermonters who become homeless now present with increasingly complex needs and encounter confusing systems strained to their limit. We can implement strategic changes to our homeless and housing approaches or accept an upward trend in the number of our neighbors who remain outside the circle of stability, security, opportunity and community afforded by home. A culture change may be required to move us from a position of "*who is eligible for housing?*" to "*what blend of services and subsidy does a given family need to be a responsible tenant and neighbor?*" Even in this time of serious budgetary challenges, Vermont is fortunate to have many of the component programs and partnerships already in place and is ready to endorse the national goal of ending family homelessness by 2020.



Calling For an End to Family Homelessness in Vermont

The _____ calls for an end to child, family and youth homelessness in Vermont by the year 2020 and endorses the following strategies to reach this historic goal:

A. **Adopt** the national framework developed by the U.S. Interagency Council on Homelessness, with emphasis on four system and service components of an effective Continuum of Care:

1. Develop a coordinated entry system with the capacity to assess needs and connect families to targeted prevention assistance where possible and temporary shelter as needed;
2. Ensure interventions and assistance are tailored to the needs of families:
 - a. Provide rapid re-housing assistance to the majority of families experiencing homelessness,
 - b. Increase access to affordable housing, and help communities target resources, and
 - c. Direct more service-intensive housing interventions to the highest need households;
3. Help families connect to the mainstream resources (benefits, employment, and community-based services) needed to sustain housing and achieve stability. Improve linkages to local mainstream systems to help families gain access to these resources more quickly;
4. Develop and build upon evidence-based practices for serving families experiencing and at-risk of experiencing homelessness.

B. **Build** and rehabilitate rental housing which is affordable to households with extremely low incomes and accessible to families and individuals who have experienced homelessness.

1. Promote significant public and private development of rental housing.
 - a. Use market and homelessness data to target development and set production goals.
 - b. Integrate housing for the homeless into conventional mixed-income development.
 - c. Explore alternative designs or siting, such as Tiny Houses, to address supply gap.
2. Make Improvements to Distressed Rental Stock
 - a. Provide loans and technical assistance to private landlords who agree to bring vacant, sub-standard rental units to code and maintain fair, affordable rents.

C. **Coordinate** supportive services, housing, and rental subsidy assistance to improve housing stability for families, children, landlords and communities.

1. Braid rental assistance with service coordination and case management.
 - a. Create a rental voucher preference for participants in the Family Supportive Housing program.
2. Encourage, where possible, owner-adopted admissions preferences for homeless families.
3. Foster local partnerships between service providers and property managers around concrete initiatives such as rapid re-housing, supportive housing, and units set-aside for the homeless.



Agency of Human Services – Key AHS Housing Measures (June 2014)

Vermonters have stable, safe, affordable housing

Vermont's Agency of Human Services operates or administers housing programs in all of its six departments. Collectively, these initiatives touch thousands of Vermonters every year. As AHS moves toward greater alignment of this programming and a "one agency" approach, the impact of our housing programs can be viewed using a framework that borrows from the Results-Based Accountability (RBA) model.

The agency's overarching, desired housing outcome is that *Vermonters have stable, safe, affordable housing*. This is reflected in the AHS policy on Housing Stability and links to goal #2 of the agency's strategic plan to "Promote the Health, Well-Being and Safety of Individuals, Families and our Communities" as well as priority #3 of the State's strategic plan. The agency uses the number of Vermonters experiencing homelessness as a proxy population-level indicator of progress.

Housing Strategies

To support the housing stability outcome and bend the curve on the rate of homelessness, AHS supports a variety of activities providing housing, shelter and supportive services to clients along a continuum between homelessness and permanent, affordable housing. Regardless of department, division, or population served, these activities can be categorized into seven strategies:

1. *PREVENT* Homelessness for those at-risk
2. Provide short-term emergency *SHELTER* ...with Services
3. *TRANSITION* people from institutions and shelter to permanent housing
4. *RE-HOUSE* the homeless
5. *SUPPORT* people with customized services in permanent housing
6. Increase the *AFFORDABILITY* of housing
7. Expand opportunities for *INDEPENDENT LIVING*

Key AHS Housing Measures

For each of the seven strategies, the agency has established measures that summarize quantity of effort and quality of effect frames across programs. These key measures will be collected annually by departments and submitted to the AHS central office to be included in the agency's annual housing report to the legislature.

At the program level, administrators and providers will continue to have responsibility for tracking other measures and metrics that have proved meaningful or are federally-required. This may also include co-development of additional RBA measures to demonstrate if anyone is better off. Going forward, the agency is committed to working with departmental staff and providers to streamline reporting and discontinue reporting on outdated or superfluous measures which add work without adding value.

On the following page is a summary of AHS-funded housing activities organized by strategy. Beneath each is a list of representative programs contributing to this effort and the corresponding Key AHS housing measures to be reported on annually to the legislature and shared with departmental staff, providers and the public.

Agency of Human Services – Key AHS Housing Measures (June 2014)

1. HOMELESSNESS PREVENTION

Activities: Back rent assistance; case management; landlord-tenant mediation; utility assistance.

Programs: Emergency Solutions Grants (prevention); Community Housing Grants (prevention).

- a) Number of people served (*quantity of effort*)
- b) % of households at-risk of homelessness who had housing stabilized within 28 days
- c) % that maintained that housing for at least 90 days following assistance (*quality of effect*)

2. EMERGENCY SHELTER

Activities: Emergency shelter; domestic violence shelter; youth shelter; seasonal shelter; emergency motel stay.

Programs: Emergency Solutions Grants; GA Temporary Shelter; Harbor Place model.

- a) Number of people sheltered / # of bednights provided (*quantity of effort*)
- b) % meeting with a case manager within three days of entry. (*Not all shelter programs fund case mgmt.)
- c) Average length of stay (In days)
- d) Destination at Exit (*quality of effect*) (*As of June 2014, this is not yet in place for all programs.)

3. TRANSITIONAL HOUSING

Activities: Transitional housing for veterans; offenders; youth; victims of violence; half-way houses.

Programs: Emergency Solutions Grant; Corrections Transitional program; ADAP Sober Housing.

- a) Number of people housed (*quantity of effort*)
- b) Percentage of participants successfully transitioning to safe/stable housing (*quality of effect*)

4. RAPID REHOUSING

Activities: First month's rent; security deposit; utility deposit; case management; medium-term rental subsidy.

Programs: Emergency Solutions Grants; Community Housing Grant; DCF housing pilots; Vermont Rental Subsidy; CRT Housing Support Fund; housing assistance for persons with HIV/AIDS.

- a) Number of people served (*quantity of effort*)
- b) % of homeless households re-housed within 28 days
- c) % that maintained that housing for at least 90 days following assistance (*quality of effect*)

5. SUPPORTIVE HOUSING

Activities: Supportive Housing for Families; Permanent Supportive Housing with Services ("Housing First").

Programs: Family Supportive Housing; Housing First.

- a) Number of unique people housed (*quantity of effort*)
- b) % of participants enrolled maintaining housing stability at 3, 6, 12 and 24 months (*quality of effect*)

6. AFFORDABLE HOUSING

Activities: Medium to Longer-term rental subsidies

Programs: Vermont Rental Subsidy; Youth Development Program; Transitions to Housing; Subsidy & Care.

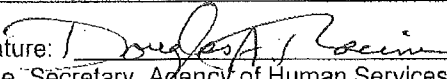
- a) Number of unique people housed (*quantity of effort*)
- b) % of participant households paying no more than 40% of income toward housing
- c) % of participants enrolled maintaining housing stability at 3, 6, 12 and 24 months (*quality of effect*)

7. INDEPENDENT LIVING

Activities: Accessibility improvements or modifications; on-site service and health coordination; homesharing.

Programs: Home & Community Access Program; Support and Services at Home (SASH); Homeshare.

- a) Number of unique households served (*quantity of effort*)
- b) % that maintain independent living for at least 90 days following assistance (*quality of effect*)

STATE OF VERMONT Agency of Human Services (AHS)		
Housing Stability	REVISION HISTORY: N/A	Chapter/Number
	EFFECTIVE DATE: August 22, 2012	Attachments/Related Documents:
Authorizing Signature: <u></u> Douglas A. Racine, Secretary, Agency of Human Services		Date Signed: <u>8/22/12</u>

PURPOSE/POLICY STATEMENT:

To establish policies and practices that promote greater housing stability for all persons served by the departments and offices of the Vermont Agency of Human Services.

BACKGROUND:

Stable, safe, affordable housing is critical to all of the clients of the Agency of Human Services. No AHS program or service can achieve its goals for clients if those clients are homeless or at risk of homelessness. The highest priority for AHS housing efforts is to end homelessness in Vermont. All departments shall be attuned to the housing needs of clients and ensure that their programs support housing stability.

DEFINITIONS:

The terms *Homeless* and *At Risk of Homelessness* are defined in the appendix to this policy.

SCOPE:

This policy applies to all AHS departments, offices and contracted service providers.

STANDARDS and GUIDELINES:

To reduce the incidence and duration of homelessness, AHS will support effective local programming and services integrated with other state, federal and private resources to provide the following components along a Continuum of Care.

1. Homelessness Prevention and Rapid Re-Housing

Because homelessness is inherently traumatic, AHS supports activities with a demonstrated ability to stabilize persons who are at risk and rapidly re-house persons who have lost their housing. Among other criteria, such programs will be evaluated on their ability to stabilize or re-house persons within 28 days, and document subsequent stability in that housing at three, six or twelve months.

2. Outreach

AHS supports targeted outreach to persons who are homeless where and when the activity demonstrates effectiveness at re-housing this population or provides emergency shelter or services to the vulnerable unsheltered homeless population, particularly during harsh weather.

3. Emergency Shelter

AHS seeks to preserve existing emergency shelter bed capacity without creating additional shelters, and will work with community partners to reduce reliance on publicly-funded motels as a substitute for housing. In areas where the need for emergency shelter consistently exceeds supply, AHS will work with its partners to target alternative service models such as transitional housing, seasonal warming shelters, or supportive housing programs suited to the local need.

4. Supportive Services: Case Management / Housing Case Management

Acknowledging that the terms "case management," "care coordination" and "service coordination" are neither universally accepted, nor consistently defined across programs or populations, they are used here to describe the diverse array of non-financial supportive services essential to an individual's or family's success in housing and other domains of life.

A. General Expectation that Case Management Address Housing Stability

All AHS programs, contractors or grantees providing case management, care coordination, or service coordination shall take into consideration the housing needs of any clients served. The program or service shall include an assessment of the family's housing during intake or assessment, and include housing needs in any care or case management plan.

B. Specific Expectations Related to Housing Case Management / Housing Support / Retention

"Housing case management," "housing support" and "housing retention" describe any of the more specialized service modalities in which attaining and maintaining housing are the primary goal or contracted purpose of the program or service. While the model, amount and duration of services provided will vary to fit the needs of the family or community, all such services funded by AHS shall, at a minimum:

- Establish (through consultation with the client, AHS and other engaged providers) who shall be the lead case manager or coordinator for the client, and establish communication criteria to ensure supports are integrated.
- Work with participants to develop a written housing plan and set personal goals.
- Employ best practices which help clients to identify their strengths and opportunities, as well as any underlying issues which may have led to homelessness or could undermine success if not addressed.
- Assist the family to acquire and maintain stable housing which is affordable to them.
- Develop effective working relationships and agreements with landlords to ensure clients have and maintain stable housing.
- Provide information and encouragement for the family or individual to avail themselves of other appropriate services or take appropriate action to address barriers.
- Identify the appropriate level of support for each client, without creating over-dependence.
- Provide follow-up housing case management to families at increased risk of becoming homeless after they have moved into permanent housing.
- Be evaluated based on an ability to secure and retain housing for the clients served.

If a client is renting, the housing case manager/housing support worker shall, with the client's written permission, initiate contact with the landlord so the landlord knows of additional people to contact if housing problems arise. This worker shall establish an agreement with the landlord about when and under what circumstances the landlord can and should contact the agency staff for assistance.

5. Transitional and Supportive Housing

While certain programs such as transitional housing for offenders under the supervision of the Department of Corrections may require specialized design features, transitional and supportive housing programs supported by AHS will – to the maximum extent possible – provide supported housing which is integrated into non-specialized residential buildings or settings. This could include leasing of rental units by service providers, or arrangements for supportive services to be provided in designated units.

6. Affordable Housing

AHS supports the efforts of partner agencies such as DEHCD, Housing Vermont, VHCB, and VHFA to create permanently affordable and mixed income housing, particularly housing which is affordable to persons at or below 30% of Area Median Income.

AHS will allocate a portion of funding traditionally supporting temporary shelter (hotel and motel stays) to rental subsidy assistance to place and sustain low-income Vermonters who are homeless or at risk of homelessness in housing with appropriate supports.

AHS departments administering programs providing rental subsidy assistance shall ensure that the subsidized unit passes a Housing Quality Standards (HQS) inspection prior to the tenant/participant moving in, and that units continue to pass annual HQS inspections for as long as the AHS subsidy is provided. AHS will work with partner agencies to coordinate inspections.

Access to Services, Uniformity, Coordination, Preservation, Planning, Measuring Results

Access to Services / Uniformity of Services and Definitions

To improve permanency outcomes and achieve greater parity and predictability across the state, the above housing-related services and assistance supported by AHS will – to the maximum extent possible - be available in the region of Vermont where the family or individual resides or became homeless, and be consistent across the State of Vermont.

AHS programs serving people who are homeless or at-risk of homelessness, shall employ the standard definitions contained in the appendix of this policy unless the program is required by a federal funding source to use alternate definitions.

Program Coordination / AHS Housing Task Force

AHS programs providing homelessness prevention; rapid re-housing; housing case management; intake, assessment and referral; emergency shelter; transitional housing; and supportive housing shall be coordinated to the fullest extent possible.

An AHS Housing Task Force, chaired by the AHS Director of Housing, is created to ensure all efforts to develop, support or fund housing, including transitional housing or supportive housing services, are integrated to increase effectiveness by preventing duplication, gaps, and competition between departments for housing resources and units. All plans or proposals for new housing or supportive housing services shall be submitted by the relevant AHS department to the AHS Director of Housing for review by the AHS Housing Task Force.

Preservation of Existing Projects and Programming / Evaluation of New Proposals

AHS prioritizes preservation of effective existing shelter and housing programs. Applicants requesting AHS funding to support services in a new shelter, transitional, or supportive housing projects shall demonstrate, at a minimum:

- That there is both a short-term and long-term local need for the project supported by data acceptable to the Agency of Human Services.
- That the program design is best-suited to provide the appropriate housing and/or supports to the local population identified.
- The suitability of the proposed location and building to meet resident needs and efficiently provide services.
- That the applicant has sufficient expertise and capacity to develop and manage the project and provide the needed supportive services.
- That the proposal is integrated with, or informed by, the local homeless continuum of care and fills an identified gap in services or capacity.
- That there is a viable back-up plan for reuse of the project in the event that the need or project funding changes.

Strategic Planning / Vermont Council on Homelessness

The Vermont Council on Homelessness is charged with the development, implementation, monitoring and revision of the State's Plan to End Homelessness. This will, to the greatest extent possible, align with the AHS strategic plan, and with Vermont's HUD Consolidated Plan.

Measurement of Homelessness / Point in Time Report

The AHS Secretary's Office will work with members of the Vermont Council on Homelessness and/or Homeless Continuum of Care to support preparation of a comprehensive Vermont Point in Time Homelessness Report to include data from all Vermont counties. The report will be updated and finalized each year by April 15th.

Measurement of Results / Annual Report

AHS Departments administering programs, grants and contracts providing emergency shelter, transitional housing, supportive housing, homelessness prevention and rapid re-housing services, or housing case management will adopt one or more of the appropriate Agency of Human Services Housing Stability Indicator(s) approved by the AHS Secretary's Office and will link grant or contract performance measures to these indicators.

AHS departments will submit an annual report to the AHS Director of Housing no later than October 15th. These reports will summarize the activity and performance of the department's housing, shelter, and homelessness prevention programs from the previous state fiscal year.

COMPLIANCE:

The overall responsibility for supporting housing stability among AHS clients rests primarily with AHS departments and offices. To ensure a consistent and comprehensive approach, the Secretary's Office shall monitor the implementation of this policy and provide individual departments with direction, support and consultation.

ENFORCEMENT:

The Office of the Secretary, in consultation with the AHS Housing Task Force, may initiate reviews, assessments or utilize other means to ensure that this policy is being implemented.

APPENDIX – Further Definitions:

“Homeless” in this policy is defined as a household meeting criteria in one of the following categories:

(1) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) 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; (ii) 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 (iii) 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;

(2) An individual or family who will imminently lose their primary nighttime residence, provided that: (i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;

(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: (i) Are defined as homeless under another federal program; (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance; (iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and (iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or

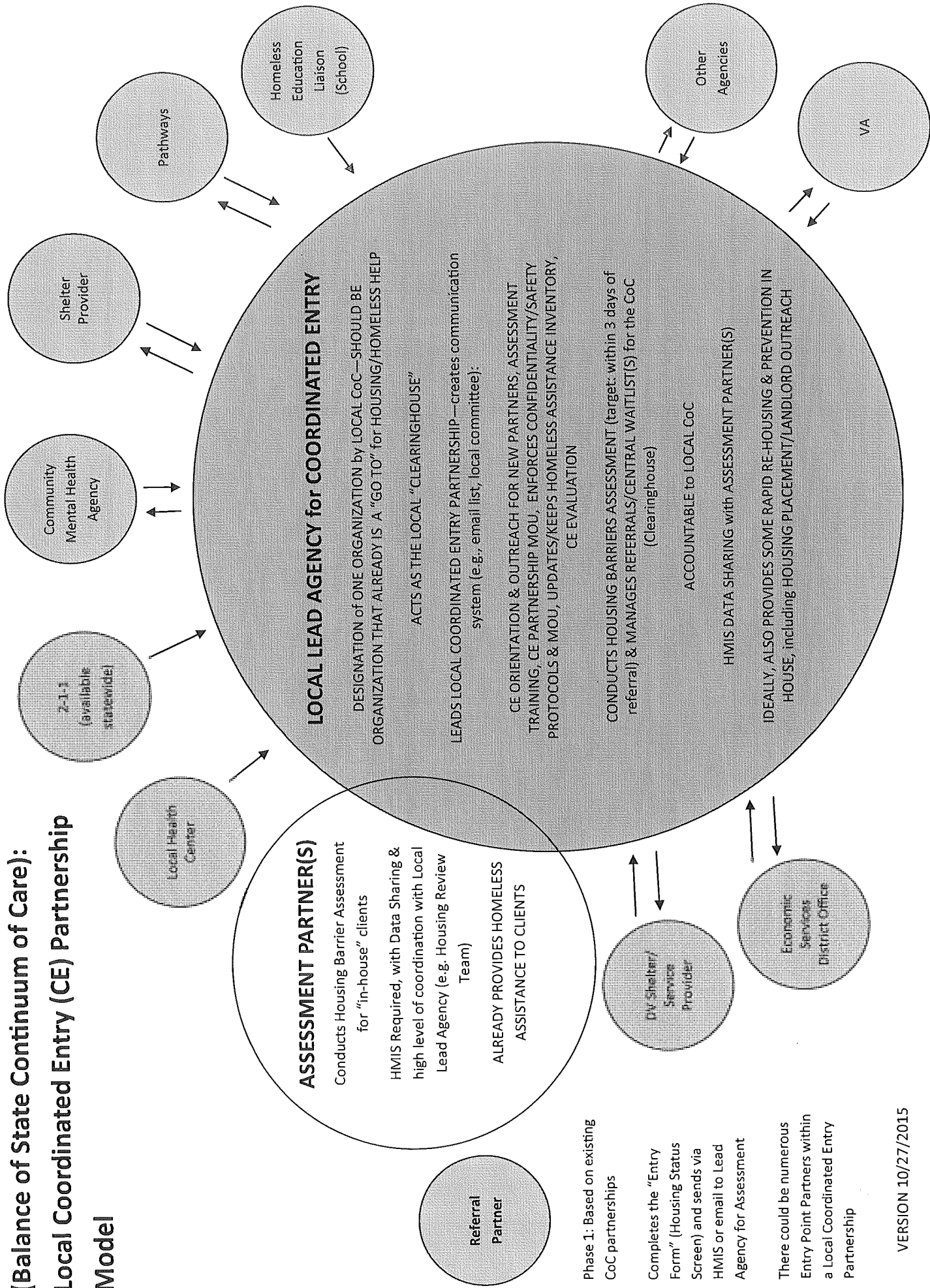
(4) Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; (ii) Has no other residence; and (iii) Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing.

“At Risk of Homelessness” in this policy is defined as:

An individual or family with an annual income below 30% of median family income for the county who lacks sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the “homeless” definition; AND who meets one of the following conditions:

- Has moved because of economic reasons 2 or more times during the preceding 60 days; OR
- Is living in the home of another because of economic hardship; OR
- Has been notified they will lose their housing within 21 days; OR
- Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; OR
- Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons; OR
- Is exiting a publicly funded institution or system of care.

Vermont Coalition to End Homelessness (Balance of State Continuum of Care): Local Coordinated Entry (CE) Partnership Model



Phase 1: Based on existing CoC partnerships

Completes the “Entry Form” (Housing Status Screen) and sends via HMIS or email to Lead Agency for Assessment

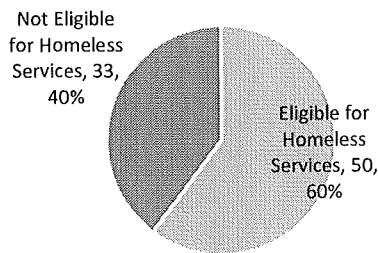
There could be numerous Entry Point Partners within a Local Coordinated Entry Partnership

Homeless Prevention Center-Coordinated Entry Data Collected Update (8/1/15-9/25/15)

The Homeless Prevention Center (HPC) began tracking all calls through the new coordinated-entry process as seen by the example table below on August 1, 2015.

Date	HoH Name (Unique)	Current Living Situation	Screened Eligible for Homeless Services? (Y/N)	Direct Referrals Made	Referral Status (Accepted, Rejected)	Information and Resources Given
8/2/15	Jane Doe	Hotel (emergency housing)	Y	VPS-Peer support	Accepted	Department of Labor's resume builders workshop List of subsidized housing availabilities

Chart 1. Eligibility for Homeless Services (Total Calls=83)



The data collected shows a total of **83** unique households called between August 1, 2015 to September 25, 2015 for services (Calls received in August=39; Calls received in September (up to 9/25/15) =44). 60% of calls were from eligible households. See Chart 1

The vast majority of direct referrals that were made (40 referrals) were to a housing support specialist at HPC for

homeless/at-risk eligible households. There were 6 homeless households that were referred directly to housing services at BROCC to avoid any delay in services. The remaining 4 households were directly referred to SSVF. All referrals made were accepted by the referring agency. See Chart 2

Additional resource information (indirect referrals) were also counted. See Chart 3

Chart 2.

Referrals Made (Total Unique Households=83)

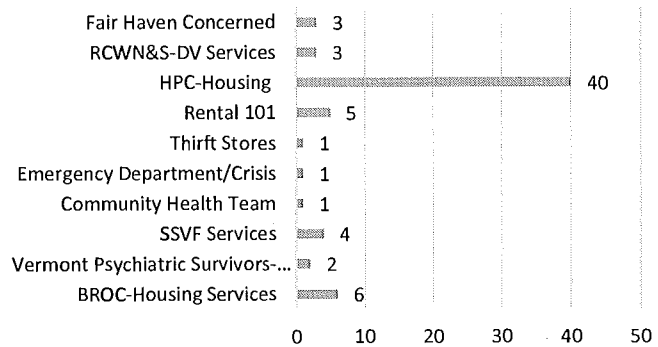
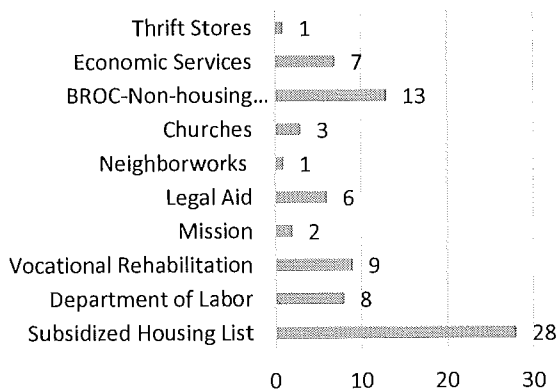


Chart 3. Resource Information Provided by Type



Consumer/Participant Feedback Surveys

HPC's volunteer has been conducting surveys after all calls/walk-ins completing the housing screener for coordinated entry. To date, 21 surveys have been collected and all the feedback has been positive.

-Survey Questions-

- 1) What assistance did you seek today at the homeless prevention center?
- 2) Do you feel you were treated well?
- 3) Did you receive any referrals or suggestions?
- 4) If yes, will you be following-up on those referrals/suggestions?
- 5) Anything additional you'd like to add about your experience?

Upcoming Changes

Resource information will be further categorized in the spreadsheet to be more specific, ie. BROCC-Food Shelf, BROCC-Housing.

Vermont Coalition to End Homelessness - Coordinated Entry Workgroup
Monday, August 24, 2015 10:30 – Noon
Agenda

10:30 Welcome & Review Agenda

10:40 Introductions & Updates

Sarah, OEO; Sarah, HPC in Rutland; Erin McSweeney, ESD; Jessica, COTS; Aliceanne, UVM Veterans Services; Brian Smith, DMH; Jennifer Allen, ICA – HMIS; Christine Johnson, AHS Field Services; Kristin Prior, AHS Field Services; dawn Butterfield, Capstone; Lucie, Groundworks; Lily Sojourner, AHS Integrated Services; Elizabeth Eddy, BROOC; Brooke Salls, Good Samaritan Haven

Rutland County

HPC has started using the Coordinate Entry Tools; started training local partners on using the screening form; local committee (was bi-weekly, now monthly); drafted MOU – clarify roles

Washington County

Using screening form – passed around at local CoC meeting; Capstone has structured staffing to have one intake person; making some tweaks with the assessment form; drafting MOU.

10:55 Review Updated Model

- In this model, homeless Veterans are referred to the Lead Agency, VA & UVM Veterans Services could be housing assessment partners – can we look closely at this?
- Shelter + Care – not clear from this model
- The referral process – needs more clarity
- ICA – HMIS – there are ways that ServicePoint could be used as a tool for waitlist management
 - Will present at October Meeting
- Generally, folks liked the new language and thought we were creating more clarity in our model – “clearinghouse” needs more definition, but it’s generally a good term

11:05 Review Work of Benchmarks Group

- Clarify and Make Concrete – See revised list
- Set a target on the % of organizations participating in the CE Partnership
- Need to solidify a local workgroup that takes responsibility for CE Partnership, not just the lead

11:25 Review Work of Results/Evaluation Group

- Need to be sure to include local organizations and groups that are not central to the CE partnership in the evaluation of how its working

11:45 Next Steps –

Vet Review – Ending Veteran’s Homelessness – ideas from other CoC’s (AliceAnn?)

Shelter + Care Workflow Review

September In Person meeting: Monday 9/28 9:30 to Noon



Vermont Coalition to End Homelessness

COORDINATED ENTRY WORKGROUP

Summary Document, December 2014

WHAT IS COORDINATED ENTRY?

Coordinated entry is about ensuring that access to homeless services in our communities is streamlined and that households experiencing or at-risk for homelessness are able to quickly access the assistance they need and for which they are eligible, without having to call or be turned away from multiple programs.

In some communities, this coordinated system is centralized, in that there is a single point of entry for accessing all types of homelessness assistance. Other communities do not use a centralized point of entry, but rather have coordinated systems, which may include multiple points of entry, to coordinate access to homeless assistance services and housing and to link people to the most appropriate services and housing interventions.

Communities with coordinated entry systems also utilize “coordinated assessment” strategies to better match people experiencing homelessness to the most appropriate types of housing assistance (such as prevention, rapid re-housing, shelter, and permanent supportive housing) based on an assessment of the needs of households.

In Vermont, the workgroup proposes:

- A hybrid, decentralized model – Each local Continuum of Care will use one or more points of entry for homeless assistance, as well as a central point for referral or access through 2-1-1.
- A standard, statewide assessment (or housing screening) tool

WHY A COORDINATED ENTRY SYSTEM?

Coordinated Entry is about different homeless assistance programs coming together at the local level to create changes that result in better outcomes for clients facing a housing crisis.

In Vermont, we believe that a coordinated entry system can help:

- Improve referral appropriateness and coordination
- Increase understanding among partners of what resources are available
- Decrease the time that people experience homelessness
- Help people move in and out of the homeless system as quickly as possible allowing them to achieve housing stability
- Support community-wide or system level planning and outcomes

The Vermont Coalition to End Homelessness (as the Balance of State Continuum of Care) is required by the US Department of Housing and Urban Development (HUD) to adopt a centralized or coordinated assessment system to coordinate program participant intake, assessment, and provision of referrals. This system must cover the geographic area, be easily accessed by individuals and families seeking housing or services, be well advertised, and includes a comprehensive and standardized assessment tool.

COORDINATED ENTRY RE-ORIENTS OUR “SYSTEM”

CURRENT SYSTEM

- Should we accept this client into our program?
- Client has the responsibility to find services and housing projects. Sometimes with multiple calls or visiting multiple locations
- Inconsistent communication and understanding about what’s available
- Unique forms and assessments at each project
- Project-specific decision-making
- Ad hoc referrals between projects

COORDINATED ENTRY SYSTEM

- What housing and service strategy is best for this household, and available?
- Client accesses homeless assistance through carefully designed protocols
- Consistent, clear communication to partners & clients about what’s available
- Standard forms and assessment for every client at each entry point
- Community agreement on how to assist each client based on their needs
- Coordinated referral + similar needs = similar placement

AN EFFECTIVE COORDINATED ENTRY SYSTEM IS:

client focused and
links the household to an intervention to resolve the housing crisis
based on a standard assessment of needs and strengths and
knowledge of housing and services available

Vermont Principles – Coordinated Entry:

- Focuses on the end goal of permanent housing
- Based on a shared set of values from the Vt Coalition to End Homelessness
- Requires a high level of trust and training
- Looks towards evidence-informed practices and models
- Fits the region, population(s), culture, resource picture, provider capacity and client needs in our Continuum of Care
- Recognizes our current coordination and builds on what works
- Built through an inclusive and open planning process that implements, monitors and adapts as needed
- Recognizes the inherent dignity of persons in need of housing and honors her/his right to confidentiality, safety, and respect
- Simultaneously protect the safety and confidentiality of people who seek housing while securing housing in a timely and efficient manner

SAFETY FOR SURVIVORS OF DOMESTIC VIOLENCE

As many families experiencing homelessness are significantly impacted by domestic violence and other trauma, effective entry systems have the training and capacity to engage in a trauma-informed way and identify victims of domestic violence. Successful systems also offer safety planning, advocacy, and access to specialized services that address the safety concerns of individuals fleeing domestic violence and their children.

Vermont Principles:

- Strong, local referral relationships between the DV/SV service provider and other homeless service providers are essential, especially in the design and implementation of any coordinated entry system.
- Helping survivors access housing resources is critical to eliminate housing as a reason for survivors to stay in abusive relationships.
- It's important for victims to be able to access housing resources (e.g., housing search support, landlord education, tailored services and temporary financial assistance) without compromising their safety.
- Refusal to give consent for sharing personally identifying information should not be used as a reason to deny access to services or financial assistance.
- Data sharing protocols and confidentiality policies must be strong and enforced; these would include recordkeeping, data sharing and physical location.

CONCERNS ABOUT COORDINATED ENTRY

Systems based on points or prioritization seems to make some people less deserving of or less able to access housing and help.

Everyone deserves safe, affordable housing. Every household has varying barriers and needs related to regaining stability in housing. A Coordinated Entry system recognizes these differences and then looks to match the level and duration of services and financial assistance to meet the needs of the household. Many times, our community may not be providing enough services or support and other times, households may be in a service-intensive program that they do not need. Coordinated Entry focuses on matching to need and availability, rather than only what's available but perhaps not be a good fit.

In Coordinated Entry, some households may receive a preference to access a specific resource (e.g., Shelter + Care). Any preference will be determined by a standard assessment of household needs, informed by evidence and based on the shared values of the Continuum of Care. In this way, the process becomes transparent, uniform and open rather than subjective, confusing or obscure.

Assigning people to programs seems to take away personal choice.

Every client will still have the choice to apply to the full array of programs, housing and services for which they are eligible.

This doesn't address the real problem of not enough resources or affordable housing available.

It's true that building a coordinated entry system won't create new resources. However, coordinated entry does have a goal to help individuals and families regain stability faster which can free up limited resources. Coordinated entry can also help to illustrate gaps in existing resources by more clearly identifying the service and housing needs of households across the community.

Our program is held accountable to funding requirements that include eligibility verification and various housing unit requirements.

Operating in a coordinated entry system does not eliminate or bypass the need to verify eligibility or ensure other funding requirements are met. Any system will aim to make eligibility requirements clear to community partners and clients, as well as streamline referrals and access to programs.

CORE COMPONENTS OF COORDINATED ENTRY:

ACCESS, ASSESSMENT AND REFERRAL/ASSIGNMENT

As a system-wide approach, coordinated entry will standardize access, assessment and referral/assignment.

ACCESS

The workgroup mapped out the existing referral and access process in our homeless care system from a very high level, and shared this mapping tool with local Continua of Care to consider how their current system operates. The workgroup also reviewed more than a dozen models for coordinated entry nationwide.

Vermont Principles:

- Each Local Continuum of Care will identify their own 1-2 organizations to be access points
 - Emergency Shelter and Permanent Housing may be at separate or combined access points
- There will need to be a high level of data sharing between the “access” points
- Organizations that are access points will also likely offer programming and assistance. Thus, they can provide intake into their program and coordinate referral to others.
- 2-1-1 is in a unique position to be a central point and their role should be carefully considered.
- Economic Services offices are one of the existing entry points for emergency shelter based on their role in determining GA eligibility. Their role should be consistent statewide and carefully considered.
- While there may be 1 or 2 “access” points, many community partners will refer to these access points. A common referral form (with basic, standard intake information) could help to streamline the process.

Next Steps: The workgroup is looking closely at the Whatcom Homeless Service Center model as it closely aligns with the vision of the group.

ASSESS

Coordinated assessment should help refer people to the most appropriate types of service and housing assistance based on an assessment of the needs of households. The ultimate goal is to improve referral appropriateness and coordination – and to decrease the amount of time people spend in homelessness.

Each program, based on the type of work they do may have their own deeper or comprehensive assessment. In some ways, the coordinated entry assessment might be considered a “housing screening” that captures basic household information and identifies housing barriers and needs.

Vermont Principles for Assessment:

- Best administered in a 1:1 interview with a trained specialist
- Documents homeless history and housing barriers
- Progressive approach that addresses 1) urgent/crisis needs up front, then 2) housing barriers (that prevent lease-up), then 3) housing retention needs (in depth assessment that might consider employment, parenting, etc) – A statewide tool will focus on # 1 and 2.
- Identifies all the options available to the client, AND
- Helps determine the level and type of assistance/services need to help a household regain stability in permanent housing
- Captures basic data elements for program and reporting needs (e.g., demographic information)
- Aligns with HMIS data standards as much as possible, uses HUD/AHS definitions of homelessness and “at risk” of homelessness to prescreen for eligibility
- Obtains consent for release of information
- Standard statewide tool
- Flexible enough to recognize local CoC resources vary
- Is a tool that can be incorporated into existing intake processes
- Does not prioritize households based on a point system; to be considered at a later point

Next Steps: Service Providers are beta-testing a tool this winter for use.

ASSIGN/REFER

Effective Coordinated Entry Systems strengthen referrals to homeless assistance resources by making sure referrals are:

- Accurate and appropriate – based on the needs of the household
- Informed (based on availability and understanding of resource)
- Effective – service providers accept and enroll those who are referred!
- Use standard referrals - everyone makes the same referrals
- Build from the assessment, which captures most important data that providers need to receive and initiate services
- Digital, when possible – to make transferring client information easy

Next Steps: Consider Process Components for Coordinated Entry Referrals

- How will we share information about available services and programs?
- What kind of real-time knowledge is needed about program inventory and how will we achieve this?
- What is the mechanism for making or communicating referrals?
- How can centralized waitlists be used to “assign” or refer?
- Can providers consider program enrollment/admission decision criteria? How can we inventory and share these criteria throughout the community?

OTHER COORDINATED ENTRY WORKGROUP CONSIDERATIONS:

RESULTS ACCOUNTABILITY & MANAGEMENT:

How will the coordinated entry system and services be held accountable, managed, and evaluated?
What are the results we expect and will measure? Who will manage this?

RESOURCES NEEDED:

What additional staffing, funding, training, software licenses, *etc.* will be needed to implement coordinated entry? How might we mobilize these resources? Are there opportunities to co-locate or share resources?.

CONNECTIONS WITH MAINSTREAM SERVICES (e.g., health care, corrections):

How will coordinated entry systems be communicated so that they are will advertised and understood by the myriad of providers and systems that serve people experiencing homelessness?

KEY RESOURCES

[Coordinated Assessment Toolkit, National Alliance to End Homelessness](#)

[Coordinated Entry Toolkit, Building Changes \(Washington State\)](#)

[HUD – Weekly Focus – Why Coordinated Assessment](#)

http://usich.gov/media_center/videos_and_webinars/implementing_coordinated_centralized_intake

[Checklist: Incorporating Domestic Violence Providers Into A Coordinated Assessment Process, National Alliance to End Homelessness](#)

[Coordinated Assessment: Meeting the Needs of Homeless Domestic Violence Victims, National Network to End Domestic Violence](#)

For More Information:

Vermont Coalition to End Homelessness – Coordinated Entry Page:
<http://helpingtohousevt.org/initiatives/coordinated-entry/>

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