

Orientation Manual for Member Agencies and New Employees

V C R H Y P

**VERMONT COALITION
OF RUNAWAY & HOMELESS YOUTH PROGRAMS**



INTRODUCTION

Established in 1981, the Vermont Coalition of Runaway and Homeless Youth Programs (VCRHYP) is a coalition of 12 service providers working together to guarantee the existence of a statewide safety net for runaway and homeless youth. VCRHYP is a nationally recognized best-practice service delivery model that ensures access to services for youth throughout the entire state rather than just those in a small number of towns, cities, or locales.

VCRHYP's Vision Statement:

Vermont youth have safe places to stay and supports as they build permanent connections and skills for long-term stability and well-being.

VCRHYP's Mission Statement:

VCRHYP ensures the existence of a statewide network of local services for Vermont youth who are disconnected from their families, experiencing homelessness, or are at risk of becoming homeless.

Our Coalition Commitment:

Our goal is to ensure that youth have access to the support services they need to be safe and stable. To accomplish this, the Coalition works to:

- Ensure continued funding for crucial youth services in an uncertain economic climate;
- Collaborate with state and local partners to align and inform services;
- Advocate for youth needs with State and Federal policy makers;
- Foster a learning community among member agencies to develop and disseminate best practices for youth-care work;
- Educate our communities about the issues at-risk youth face; and
- Create opportunities for youth voices to be heard.

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VCRHYP BASICS

1.1 Administrative Team

The VCRHYP administrative team provides key supports that free member agencies to focus on the work of delivering essential programs serving Vermont youth and families.

What the team does:

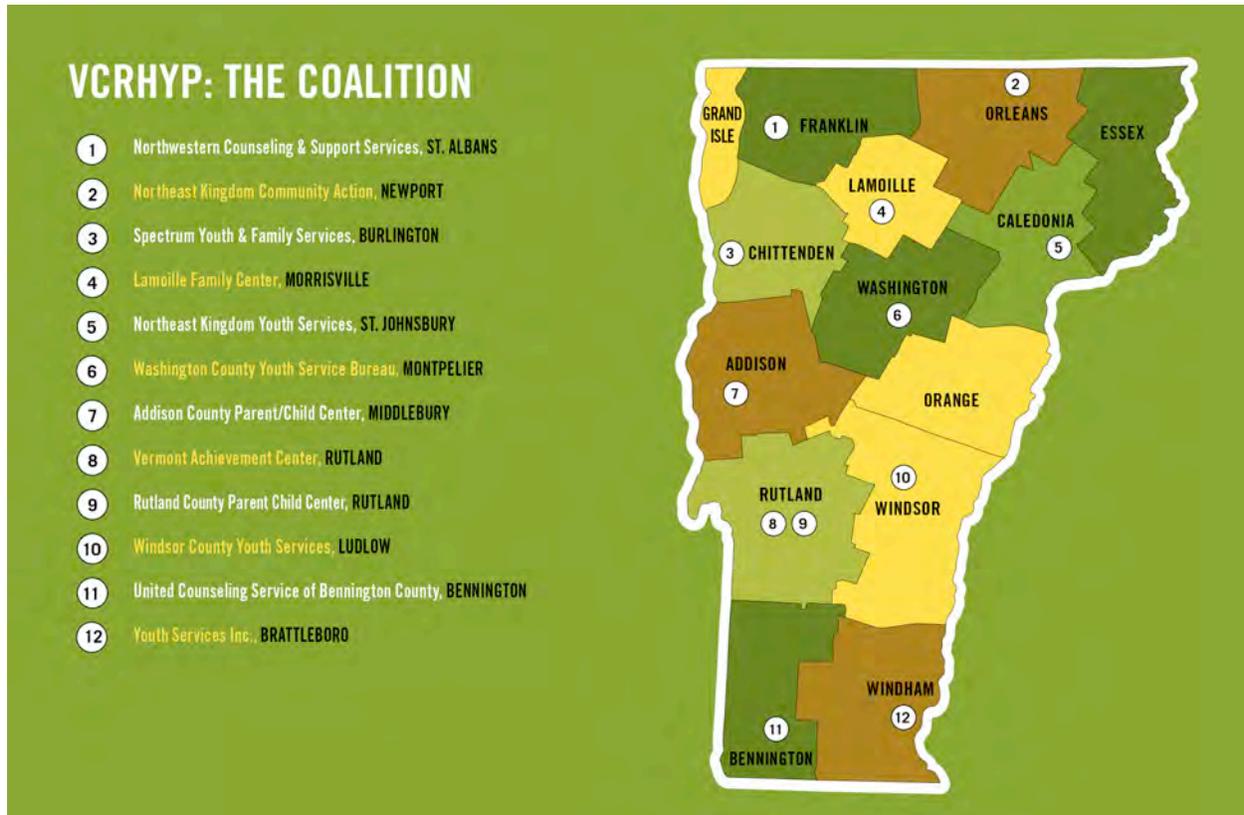
- Secures funding to ensure services are available in communities across Vermont.
- Provides technical assistance and support to member agencies on a variety of topics including best-practice service provision, data management, program planning, federal and state funding compliance, and cross-system collaboration.
- Coordinates with State and Federal partners to enhance availability and efficacy of youth services to meet the needs of Vermont youth and their families.
- Monitors benchmarks and outcomes to assess progress and measure successes.

Who is on the team, how to contact them, and some of the things they focus on:

- **Bethany Pombar:** Director
(802) 229-9151 x 248, bpombar@vcrhyp.org
Areas of focus: federal and state grant management; regional and national collaboration; Youth Thrive implementation; adolescent development; PREP support; VCRHYP Board and program leadership support
- **Ari Kisler:** Assistant Director
(802) 229-9151 x 232, akisler@vcrhyp.org
Areas of focus: federal and state grant management; HMIS database management; Best Practices Committee support; coordinated entry and collaborations with housing partners; grantee meetings and trainings
- **Jane Parker:** Medicaid Billing & Administrative Support Specialist
(802) 229-9151 x 235, jparker@vcrhyp.org
Areas of focus: Medicaid billing procedures and payments; Coalition trainings and meetings support; administrative supports
- **Laura Biren:** Data Entry Clerk
(802) 229-9151 x 252, lbiren@wcysb.org
Areas of focus: HMIS data entry for member agencies; Medicaid billing/HMIS crosscheck, HMIS database management

1.2 Member Agencies

VCRHYP has 12 member agencies that provide services to youth statewide:



Each member agency of the Coalition is an independent, non-profit agency that provides a variety of services to their community in addition to supporting the mission of VCRHYP. Member agencies work together under the VCRHYP umbrella to leverage collective resources and strengthen our practices to support youth statewide.

Notes: *The Washington County Youth Service Bureau (WCYSB) provides VCRHYP with fiscal management, oversight, and administrative supports, and members of the VCRHYP administrative team are considered employees of WCYSB. NCSS, although located in Franklin County, also provides VCRHYP services to Grand Isle County. Essex County is served by both NEKCA and NEKYS.*

1.3 Target Populations

The target populations served by VCRHYP programs are:

- **Runaway youth** – Defined as youth under age 18 who have left home without permission or as a result of family homelessness.
- **Homeless youth** – Defined as youth ages 12 through 23 who lack a fixed and safe place to sleep at night.
- **At-risk youth** – Defined as youth ages 12 through 23 who may be at risk of becoming homeless, running away, and/ or becoming involved with the justice or child welfare systems. This includes transition age youth that are precariously housed.
- **Pregnant and/or parenting youth** – Defined as youth ages 12 through 23 who are experiencing problems as listed under runaway and homeless youth with the added stresses of parenting.
- **Families** – Defined as families of runaway, homeless and at-risk youth, and pregnant and parenting youth.

1.4 Core Outcomes and Services

Each member agency delivers core services to youth and families that work towards attainment of four key outcomes.

Outcome areas:

- **Stable housing** – Youth feel safe, supported and protected and have access to safe, stable, and affordable housing.
- **Well-being** – Youth experience enriching educational experiences, access to physical and mental healthcare, social connections and improved family functioning that contribute to a youth's ability to care for themselves and promote independent living skills.
- **Education/ employment** – Youth are supported in building skills and connecting to resources necessary to access and sustain a positive future through education, employment and personal enrichment.
- **Permanent connections** – Youth have healthy relationships with self-identified family (biological or not), and long-term ongoing connections with supportive adults, mentors, friends and other significant people.

For an overview of performance measures used to assess outcome areas see section 1.8.

Core services:

Each member agency is responsible for providing all of the following core services to their service region; participation by youth and families in services is voluntary:

- **Emergency crisis response** – A 24-hour/7-day response system for youth in crisis to access services. On-call counselors go to police stations, hospitals, and other sites as necessary to respond to crisis. Young people can access emergency, temporary shelter through the agency's crisis line.
- **Shelter** – Emergency, short-term (up to 21 days) shelter for youth under 18 and/or longer-term transitional shelter for youth up to age 23.

- **Intensive crisis services** – Agencies provide crisis stabilization services to youth or families within a 48-hour period.
- **Assessment** – Case managers meet with youth and families to assess immediate and long-term goals, identify health and safety issues affecting the youth & family, create an individual Plan of Care, and make referrals to additional supports & services as needed.
- **Individual & family counseling** – Once the presenting crisis is stabilized, agencies provide counselors to meet regularly with youth to implement the Plan of Care. These contacts may last from 1 to 2 hours (depending on need) and are conducted in a variety of locations, depending on the needs of the youth and family.
- **Group counseling** – If identified as needed in the youth’s Plan of Care and offered by the agency, group counseling sessions are provided.
- **Home visits** – Case managers will visit youth and their families at their home or where they are staying, at school, or other locations in the community that work best for the youth and family.
- **Care coordination** – Coordination is provided to support youth with school staff, courts, doctors, and a variety of other service providers as needed.
- **Family preservation supports** – Services include mediation, conflict resolution, and family counseling to prevent escalation of crisis that may lead to youth running away, a youth entering DCF custody or to support a family who may be experiencing State system involvement.
- **Health supports** – Agencies counsel youth around the importance of preventative health care and promote healthy activities; they help youth understand adverse outcomes associated with high risk behaviors; and they provide support and assist youth to obtain access to health care services, including but not limited to assistance with enrolling/re-enrolling in Medicaid; identifying a primary care physician; accompanying youth to doctor’s appointments; obtaining psychological assessments, medications, and referrals to treatment.

1.5 Funding Sources

VCRHYP manages funding from two primary sources. Each funding stream comes with its own requirements and expectations. VCRHYP works with staff at member agencies to ensure funding compliance and to support programs in reaching their performance measures.

Here is a summary of VCRHYP's funding sources:

- **State of Vermont (SOV) Runaway and Homeless Youth funding:**
This funding comes to us for the provision of core services (*listed in section 1.4*) through Medicaid reimbursements for Global Commitment to Healthcare. VCRHYP bills on behalf of its member agencies and receives reimbursement from the State of Vermont's Medicaid program for services provided to youth and their families. Each month, member agencies supply a list of youth served to VCRHYP's administrative team, who then completes the Medicaid billing process. When paid by the State of Vermont, reimbursements are passed on to member agencies. *More about this process is outlined in section 3.5.* Each of our 12 agencies receive SOV funding; VCRHYP manages billing for 11 of those and provides the State with quarterly performance measure, financial, and agency monitoring reports. State contracts and VCRHYP member agency sub-contracts are renewed annually.
- **[Family & Youth Services Bureau \(FYSB\) funding:](#)**
FYSB is part of the United States' Administration for Children & Families and is often referred to as our "federal funder." VCRHYP receives three grants through FYSB: one Basic Center Program grant, which supports 11 member agencies, and two Transitional Living Program grants, which support 8 member agencies. Presently, our BCP grant is on a 3-year cycle (FY17-FY19) and our TLP grants are on 5-year cycles (FY18-FY22). The VCRHYP administrative team provides our federal funder with bi-annual performance reports and continuation applications on behalf of member agencies.

On the next page is a list of which member agencies receive which VCRHYP funding sources.

Agency	Basic Center Program (FY17-FY19)	Transitional Living Program West (FY18-FY22)	Transitional Living Program East (FY18-FY22)	State of Vermont (FY19)
Addison Country Parent Child Center	X	X		*
Lamoille Family Center	X			X
Northeast Kingdom Community Action	X		X	X
Northeast Kingdom Youth Services	X		X	X
Northwestern Counseling and Support Services	X	X		X
Rutland Country Parent Child Center				X
Spectrum	X			X
United Counseling Services	X	X		X
Vermont Achievement Center	X			X
Washington County Youth Service Bureau	X		X	X
Windsor County Youth Services	X	X		X
Youth Services, Inc.	X		X	X

**This agency receives their State of Vermont funding directly from the State.*

1.6 Family Reunification/ Stabilization Programs

Family Reunification/ Stabilization Programs help youth reunify with their families (if they have left) and/ or help families stabilize so that youth can safely remain at home. These programs provide support through the provision of the core services outlined in *section 1.4*. All agencies providing Family Reunification/ Stabilization Programs are required to have emergency shelter options available at all times (*information about emergency shelter models can be found in section 2.5*). A combination of State of Vermont and FYSB Basic Center Program funding is used by most agencies to provide these programs; FYSB funding, however, is limited in which youth/ families it can be used to serve.

Eligibility for Family Reunification/ Stabilization Programs:

- Youth must be between the ages of 12 and 23
- If under the age of 18, youth must have permission from a parent/ guardian to participate in services
- Youth must have runaway, be homeless, be at risk of becoming homeless, or be at risk of separating from their family
- Youth and their families must be working towards reunification/ stabilization

Additional eligibility for the use of federal BCP funds¹:

- Youth must be under the age of 18
- Youth must not be eligible for residential support from the Department for Children and Families foster care or juvenile justice systems
- Youth must be provided with safe and appropriate emergency shelter for up to 21 days (if needed) and/ or individual, family, and group counseling, as appropriate²
 - **Note:** federal BCP funds can also be used to provide street-based services, home-based services, drug abuse education and prevention services, and testing for sexually transmitted diseases (at the request of the youth) as long as the youth being served meets the above eligibility

A flowchart is included in the Appendix and can be used to help you determine if youth are eligible for the use of federal BCP funds or not. The VCRHYP administrative team is also available to assist with making these determinations.

¹ [RHYTTAC Tip Sheet: Eligibility for RHY Programs](#)

² [Runaway and Homeless Youth Act](#), 2008, Part A, Services Provided

1.7 Independent Living Programs

Independent Living Programs are designed to support youth during their transition to living on their own. These programs provide support through the provision of the core services outlined in *section 1.4*. A combination of State of Vermont and FYSB Transitional Living Program funding is used by most agencies to provide these programs; FYSB funding, however, is limited in which youth it can be used to serve and for how long.

Eligibility for Independent Living Programs:

- Youth must be between the ages of 16 and 23
- If under the age of 18, youth must have permission from a parent/ guardian to participate in services
- Youth must have runaway, be homeless, be at risk of becoming homeless, or be at risk of separating from their family
- Youth must be working towards independent living

Additional eligibility for the use of federal TLP funds³:

- Youth must be at least 16 years old, but not yet 22 years old
- Youth must be homeless, as defined by FYSB: *“youth for whom it is not possible to live in a safe environment with a relative and for whom there are no other safe alternative living arrangements”*
- Youth must not be eligible for residential support from a state or federal program, such as the child protective system or justice system
- Youth must be provided with transitional shelter (group home, host home, or master-leased apartment) and counseling services in basic life skills (including money management, budgeting, consumer education, use of credit, interpersonal skill building, educational advancement, job attainment skills, mental/physical health care, and parenting skills, as appropriate)⁴
 - **Note:** Youth must be residing in transitional shelter either owned or rented by your agency in order to be eligible for the use of federal TLP funds (*more information about transitional shelter models can be found in section 2.5*). If core services are being provided to youth who are not residing in agency-owned or master-leased transitional shelter, they can be served with State of Vermont funds only.

³ [RHYTTAC Tip Sheet: Eligibility for RHY Programs](#)

⁴ [Runaway and Homeless Youth Act](#), 2008, Part B, Eligibility

Length of shelter and services eligible for the use of federal TLP funds⁵:

Shelter and services can be provided to a youth using federal TLP funds for a continuous period not to exceed 540 days (18 months). In exceptional circumstances, shelter and services can be provided for up to 635 days (21 months). If a youth enters the program before they are 18 years old, they may continue to access federally funded shelter and services continuously until their 18th birthday, even if that means they are served for longer than 635 days. If a youth enters federally funded shelter and services before their 22nd birthday, they are eligible to receive the full 540 days, even if that means they turn 22 while being served.

- **Note:** Youth may continue to receive shelter and services beyond the federal time limits using State of Vermont funds only, as long as they continue to meet the eligibility requirements for the Independent Living Program

A flowchart is included in the Appendix and can be used to help you determine if youth are eligible for the use of federal TLP funds or not. The VCRHYP administrative team is also available to assist with making these determinations.

⁵ [RHYTTAC Tip Sheet: Eligibility for RHY Programs](#)

1.8 Performance Measures

VCRHYP member agencies receive funding intended to improve youth outcomes related to stable housing, well-being, employment/ education, and permanent connections. A variety of performance measures are used to assess how well these outcomes are being supported and are included in reports to both the State of Vermont and FYSB.

State of Vermont performance measures:

Member agencies receiving SOV funds through VCRHYP are striving to meet the following performance measure targets for all youth in VCRHYP programs:

- Agency meets both its monthly billing target and quarterly unique youth served target (*agency-specific targets can be found in Section D2 of the VCRHYP State of Vermont Global Commitment Allocation Contractor/Subcontractor Contract*)
- 75% of youth exit to safe or stable housing
- 75% of youth access a primary physical health care provider
- 75% of youth access a dental health care provider
- 75% of youth access counseling services
- 90% of youth have health insurance
- 80% of youth are employed or enrolled in an educational program
- 75% of youth under 18 exit to permanency (defined as exiting to family or a foster care home with a DCF case plan goal of adoption or guardianship)
- 90% of youth report a connection to one or more unpaid caring adult

FYSB Basic Center Program performance measures:

Member agencies receiving FYSB Basic Center Program funds are striving to meet the following performance measure targets for youth served with federal BCP funds:

- Program contributes to VCRHYP serving 300 youth Coalition-wide per year
- Program contributes to VCRHYP offering emergency shelter or brokered housing support to 150 Coalition-wide per year
- Program contributes to VCRHYP receiving 200 referrals from community partners Coalition-wide per year
- Program contributes to VCRHYP making 250 referrals to partnering community service providers Coalition-wide per year
- 90% of youth receive screening for sexual exploitation and trafficking
- 90% of youth identified as victims of exploitation choose to receive specialized services and health care
- 95% of youth identified as victims of exploitation report a sense of increased safety

- 90% of youth exit to safe locations
- 80% of youth consider their exit destination to be safe
- 70% of youth achieve family reunification at exit
- 75% of youth have had an annual check-up with a doctor within the last year
- 90% of youth have health insurance
- 75% of youth report their mental health is excellent, very good, or good
- 90% of youth are attending school regularly or have received their diploma or equivalency
- 80% of youth have permanent positive adult connections outside of the program
- 80% of youth have permanent positive peer connections outside of the program
- 80% of youth have permanent positive community connections outside of the program
- 50% of youth receive aftercare services for up to 3 months after exit
- 70% of youth report feeling secure, safe, and stable in housing 3 months after exit
- 90% of youth who received at least 1 week of shelter, exited to safe living situations, and were contacted 3 months after exit report still being in a safe living situation
- 33% of youth receive contact from program staff 6 months after exit to determine the impact of services on long-term outcomes, including the maintenance of stable housing

FYSB Transitional Living Program performance measures:

Member agencies receiving FYSB Transitional Living Program funds are striving to meet the following performance measure targets for youth served with federal TLP funds:

- Program contributes to VCRHYP providing transitional shelter and services to 150 youth Coalition-wide per year
- Evidence-based assessments and screening tools used with 100% of youth within 30 days of intake
- 100% of youth receive screening for human trafficking and sexual exploitation
- 100% of youth receive basic life skills resources and counseling services
- 80% of youth receive educational or employment support services
- 85% of youth achieve one or more educational or vocational goal
- 75% of youth receive referrals to other community services
- 100% of youth have a Transitional Living Plan at exit
- 90% of youth exit to safe and stable destinations
- 80% of youth consider their exit destinations to be safe

- 75% of youth have had an annual check-up with a doctor within the last year
- 90% of youth have health insurance
- 75% of youth report their mental health status is excellent, very good, or good
- 75% of youth are employed or looking for work at exit
- 66% of youth are attending school or have a high school diploma/GED at exit
- 80% of youth have permanent positive adult connections outside of the program
- 80% of youth have permanent positive peer connections outside of the program
- 80% of youth have permanent positive community connections outside of the program
- Youth report an increased sense of health (general, dental, and mental) at exit in comparison to at entry
- 75% of youth receive aftercare services for at least 3 months after exit
- 75% of youth who receive contact from program staff 3 months after exit report remaining stably housed
- 50% of youth receive contact from program staff 6 months after exit
- 70% of youth who receive contact from program staff 6 months after exit report remaining stably housed
- 33% of youth receive contact from program staff 12 months after exit
- 60% of youth who receive contact from program staff 12 months after exit report remaining stably housed

Information about performance measure attainment is provided quarterly by the VCRHYP administrative team to staff at all member agencies using data collected in the Homeless Management Information System (learn more about this database in section 3.1).

1.9 Required Training

Service providers at VCRHYP member agencies are required to be trained in a variety of topics related to working with youth. Your agency may provide some or all of this training internally or you may choose to attend trainings provided by other organizations. VCRHYP also provides training on some of the required topics (see *section 1.10*), as well as encouraging the use of web-based training opportunities.

Mandated Reporter training:

Any staff member working directly with clients in a VCRHYP program is a mandated reporter in the state of Vermont⁶. As a mandated reporter, you are legally obligated to make a report to DCF's Family Services Division within 24 hours if you reasonably suspect child abuse or neglect⁷. An [online training](#) is available to ensure that you understand your responsibility as a mandated reporter and the dynamics of child abuse and neglect. A certificate of completion is provided when you have taken the training and should be kept in your personnel file at your agency.

FYSB required trainings:

If you are working in a program that uses federal BCP or TLP funds, you are required to be trained in the following⁸:

- Core Competencies of Youth Workers (*see section 2.3*)
- Positive Youth Development
- Trauma Informed Care
- Harm Reduction
- Community Resources for Well-Being & Self-Sufficiency
- Safe & Ethical Practices
- Understanding the Diversity & Culture of Life on the Street
- Evidence-Informed Practices
- Street Outreach Intervention
- Assessment & Case Management
- Human Trafficking Prevention & Intervention (*req. for TLP only*)
- Worker Safety (*req. for TLP only*)

The national Runaway and Homeless Youth Training & Technical Assistance Center (RHYTTAC)'s [e-learning section](#) provides training on many of the above topics. If you are struggling to find training on a required topic or want additional training, please let the VCRHYP administrative team know so we can help connect you to resources.

⁶ [Mandated Reporters in Vermont](#), VT AHS, Department for Children and Families

⁷ [Mandated Reporters of Child Abuse/Neglect](#), VT AHS, Department for Children and Families

⁸ list generated from the funding opportunity announcements for VCRHYP's current BCP & TLP grants

1.10 Coalition Meetings & Trainings

VCRHYP hosts a variety of meetings and trainings throughout the year for staff of its member agencies. These gatherings serve multiple purposes and are part of the strength of the statewide coalition model. They provide opportunities for information sharing, best practice development, networking connections with peers doing similar work in different regions, and for the VCRHYP administrative staff to learn from members and get valuable feedback on important processes, procedures, etc.

Meetings usually take place at the Gray Building in Northfield (168 North Main St.) from 10-2, with lunch provided, unless otherwise noted. Participation from each member agency at all meetings is highly encouraged to ensure your agency doesn't miss critical updates and information; participation in Grantee Meetings is required.

Best Practices Committee meetings:

The Best Practices Committee was formed to bring member agency staff together on a more consistent basis to develop and share best practices for working with the runaway and homeless youth population. The Committee is open to participation from all member agencies and is mostly made up of direct service staff members who have boots-on-the-ground experience. Meetings are held every other month and often include peer learning/ peer presentation component that provides space to share and learn from one another, as well as presentations from community partners and trainers. The Committee often works together to address systems challenges and develop tools and policy to guide service delivery. While not required, it is highly encouraged that member agencies have at least one staff member on the Committee who can regularly attend meetings. VCRHYP suggests that agencies that have both a Family Reunification/ Stabilization program and an Independent Living Program, have a staff member working in each program attend.

VCRHYP Board meetings:

The VCRHYP Board is comprised of the Executive Directors, or proxy, from each member agency. The Board monitors policy alignment and financial management as well as providing guidance on VCRHYP initiatives. Board members also provide information on issues important to agency leadership and support a strong base for coalition sustainability. Meetings are held every month, alternating between longer, in-person meetings and brief phone meetings. Board meetings are open to the public and anyone can attend.

Grantee meetings:

Throughout the year, VCRHYP holds federally required grantee meetings. Member agencies that receive federal BCP and/or TLP funds are required to send at least one staff member to each appropriate grantee meeting. Grantee meetings are open to all VCRHYP member agency staff, regardless of funding source. Outside experts are usually brought in to grantee meetings to provide specialized training. Examples of past trainings include:

- Walking on Eggshells: Supporting Youth who Experience Domestic Violence
- Adolescent Brain Development for Transition-Aged Youth: Impacts on Services
- Creating Healthy and Clear Lines in the Sand: Boundaries Training
- WholeSomeBodies: A Healthy Sexuality Curriculum for Adults who Have or Work with Youth
- Combatting Compassion Fatigue: Managing Secondary Stress
- Trauma Informed Best Practices Toward Effective Interventions with Transitional Age Youth

***Note:** The VCRHYP administrative team expects Best Practices Committee members, VCRHYP Board representatives, and those attending grantee meetings to share information with each other and others in their programs. It is important that you know what your agency's internal practices for information sharing are and how you can participate in them.*

Other VCRHYP training opportunities and events:

VCRHYP will occasionally have additional training opportunities or events for member agency staff. Sometimes these are developed by and for VCRHYP members and sometimes VCRHYP partners with other organizations for development. Some trainings/events to keep your eyes open for:

- Turning Dreams into Plans Youth Conference: This annual conference was originated by the Youth Development Program and in 2017 VCRHYP became a co-sponsor. The event is for youth ages 15-22, has a variety of workshops and opportunities for youth connections, and usually takes place in April.
- VCRHYP Legislative Advocacy Day: Once a year, VCRHYP hosts a day of learning and sharing in the Statehouse which includes a training for youth and youth care workers on the legislative process and opportunities for youth and member agency staff to talk with their local representatives. This event happens between January and April.

An annual schedule of meetings and VCRHYP events can be requested by emailing Ari Kisler at akisler@vcrhyp.org.

1.11 State and Federal Advocacy and Collaboration

One of the roles of the VCRHYP administrative team is to advocate for youth and youth-serving agencies at the state and national levels and collaborate with partners to enhance and sustain the service array available to youth we serve. Through this work, we ensure that comprehensive and effective resources and supports are available to youth and that member agencies are working in conditions that are favorable to their success. The VCRHYP administrative team is a member of a number of statewide and national bodies helping to define and direct this work.

Here are many of the statewide and national groups/committees VCRHYP is involved with:

- Vermont Coalition to End Homelessness
- Vermont Affordable Housing Coalition
- Vermont Council on Homelessness
- Family Services Division Stakeholder Committee
- DCF Trafficking Workgroup
- Children's Justice Act Task Force
- Youth and Young Adult Employment Task Force
- Youth Thrive Statewide Implementation Team
- Poverty and Opportunity Training Forum Planning Committee
- Housing Opportunity Program Advisory Group
- Working with Youth Conference Planning Committee
- National RHY Conference Planning Committee
- National Safe Place Advisory Board
- MANY Membership National Policy Committee

Updates from these partners are often shared at the Coalition meetings listed in section 1.10. If you have questions about any of these groups or would also like to participate, please contact VCRHYP's Director, Bethany Pombar, at bpombar@vcrhyp.org.

1.12 VCRHYP Memberships

VCRHYP pays annual membership dues to a variety of state and national networks as part of our work. Through these memberships, VCRHYP agencies have the opportunity to participate in trainings, attend conferences, or access resources specifically for members of these organizations (often times at a reduced cost).

Here is a summary of VCRHYP's memberships that you can take advantage of:

- [Vermont Coalition to End Homelessness](#) – The mission of the Coalition is to end homelessness in Vermont through sharing information, developing resources, providing a forum for decision-making and to promote decent, safe, fair, affordable shelter for all.
- [MANY](#) – MANY is the only national network of its kind that engages stakeholders across sectors to strengthen outcomes for youth and young adults at highest risk for victimization and/or delinquency. Focus areas include employment & education, mentoring, strengthening circles of support, youth homelessness, and violence & exploitation.
- [Voices for Vermont's Children](#) – Voices for Vermont's Children's mission is to promote public policy that enhances the lives of children and youth in Vermont. They address the full spectrum of child, youth and family issues – from childcare and access to health care coverage for children and youth to juvenile justice and child welfare.
- [Vermont Affordable Housing Coalition](#) – The Vermont Affordable Housing Coalition is committed to ensuring all Vermonters have decent, safe and affordable housing. With over 80 members, they represent most of Vermont's non-profit affordable housing developers, community land trusts, housing and homeless advocacy groups, public housing authorities, regional planners, funders, state agencies, and others.
- [National Network for Youth](#) – The mission of the National Network is to mobilize the collective power and expertise of our national community to influence public policy and strengthen effective responses to youth homelessness. National Network for Youth envisions a future in which all young people have a safe place to call home.

1.13 Further Reading & Resources

Here are a variety of resources you may find helpful; many of them appeared as footnotes throughout the section.

- VCRHYP's [staff page](#)
- Vermont's Agency of Human Services' [Mandated Reporters website](#)
- FYSB's [Basic Center Program Fact Sheet](#)
- FYSB's [Transitional Living Program Fact Sheet](#)
- RHYTTAC's [Tip Sheet: Eligibility for RHY Programs](#)
- [Runaway and Homeless Youth Program Authorizing Legislation](#)
- FYSB's [Runaway and Homeless Youth Training & Technical Assistance Center](#)

SERVICE THEORY

2.1 VCRHYP's Service Theory Philosophy

VCRHYP's philosophy focuses on enhancing resiliency in youth while working towards outcomes related to stable housing, permanent connections, education/employment, and social and emotional well-being. These outcomes are achieved using a variety of service theory approaches and frameworks. Below is a brief overview of each. We encourage you to look further into each and talk within your agency about how they are implemented in day-to-day work with youth, policies and procedures, and how you communicate these goals with youth and community partners.

Youth Thrive:

[Youth Thrive](#) is a research-informed model that combines that most current science about adolescent brain development, trauma, resilience, and the importance of social connections into one framework to ensure young people in our care thrive as evidenced by:

- Physical and emotional health
- Success in school and workplace
- Ability to form and sustain caring, committed relationships
- Hopefulness and optimism
- Compassion and curiosity
- Service to community, school, or society

Youth care workers who are trained in the Youth Thrive framework work with youth to accomplish these goals through building protective and promotive factors.

Youth Thrive protective and promotive factors are:

- **Youth Resilience**⁹ – Managing stress and functioning well when faced with stressors, challenges or adversity. The outcome is personal growth and positive change
- **Social Connections**¹⁰ – Having healthy, sustained relationships with people, institutions, the community and a force greater than oneself that promote a sense of trust, belonging and feeling that they matter

⁹ [Youth Resilience](#), Center for the Study of Social Policy, Protective & Promotive Factors

¹⁰ [Social Connections](#), Center for the Study of Social Policy, Protective & Promotive Factors

- **Knowledge of Adolescent Development**¹¹ – Understanding one's behavior and stage of maturation in the context of the unique aspects of adolescent development (e.g., brain development, the impact of trauma); services that are developmentally and contextually appropriate (e.g., positive youth development strategies)
- **Concrete Support in Times of Need**¹² – Understanding the importance of asking for help and advocating for oneself; receiving quality services designed to preserve youth's dignity, providing opportunities for skill development and promoting healthy development (e.g., strengths-based, trauma informed practice)
- **Cognitive and Social-Emotional Competence**¹³ – Acquiring skills and attitudes that are essential for forming an independent identity and having a productive, responsible and satisfying adulthood (e.g., self-regulation, executive functioning and character strengths)

Positive Youth Development:

[Positive Youth Development](#) (PYD) approach is supported by a growing body of research on families, schools, and neighborhoods as a cutting-edge approach for enhancing adolescent development, and for helping youth reach their full potential. This approach recognizes that all adolescents have strengths and that children and youth will develop in positive ways when these strengths are aligned with resources for healthy development in the various settings in which adolescents live and interact. Research indicates that the more exposure that adolescents have to positive resources and experiences— and where synergy between multiple settings can be established—the more likely it is that they will develop positively.¹⁴

The “5 Cs” of Positive Youth Development are:

- **Competence** – Positive view of one’s actions in specific areas, including social, academic, cognitive, health, and vocational. Social competence refers to interpersonal skills (such as conflict resolution). Cognitive competence refers to cognitive abilities (e.g., decision making). Academic competence refers to school performance as shown, in part, by school grades, attendance, and test scores. Health competence involves using nutrition, exercise, and rest to keep oneself fit. Vocational competence involves work habits and explorations of career choices.

¹¹ [Knowledge of Adolescent Development](#), Center for the Study of Social Policy, Protective & Promotive Factors

¹² [Concrete Support in Times of Need](#), Center for the Study of Social Policy, Protective & Promotive Factors

¹³ [Cognitive & Social-Emotional Competence In Youth](#), Center for the Study of Social Policy, Protective & Promotive Factors

¹⁴ [Ways to Promote the Positive Development of Children and Youth](#) Nicole Zarrett, Ph.D. and Richard M. Lerner, Ph.D

- **Confidence** – An internal sense of overall positive self-worth and self-efficacy
- **Connection** – Positive bonds with people and institutions that are reflected in exchanges between the individual and his or her peers, family, school, and community in which both parties contribute to the relationship
- **Character** – Respect for societal and cultural norms, possession of standards for correct behaviors, a sense of right and wrong (morality), and integrity
- **Caring/Compassion** – A sense of sympathy and empathy for others

Positive Youth Development favors leadership and skill-building opportunities under the guidance of caring adults. It looks at youth as assets to be developed and gives them the means to build successful futures.

Harm-reduction:

Harm-reduction methods support youth by helping them think through choices they might make, recognize harmful situations, and think about how they can reduce the risks that are consequences of their choices. Harm-reduction takes the place of abstinence-only policies and procedures. It is non-coercive, non-judgmental and meets youth where they are. The focus is on well-being rather than compliance. Harm-reduction accepts that youth may choose risky and/or illegal behaviors and works to minimize the harm rather than condemn the youth.

Examples of harm-reduction procedures include:

- Distributing sleeping bags and warm clothing to youth who choose not to enter shelter
- Providing condoms, information about STD/HIV prevention and treatment, and supports for communicating sexual boundaries to youth who are engaging in risky sexual behaviors
- Working with youth to understand their choices about alcohol or drug use and supporting them in making safer choices rather than kicking them out of a program

Trauma-informed care:

Ensuring that care is trauma-informed requires youth care workers to recognize the impacts that traumatic experiences can have on youth, as well as how that trauma may present (such as through feelings of shame, guilt, rage, isolation, or disconnection). Trauma-informed care works to give youth power, choices and control over their own bodies, lives and environment wherever possible. VCRHYP member agencies tailor their services and interventions to each individual's needs and include strategies for building social supports and relationship building. Youth care workers should be regularly trained to recognize the presences of trauma symptoms and to consider the unknown history of each youth during interactions, in addition to the known trauma points and triggers. Once a trusting relationship has been built with the youth, youth care workers can help the youth:

- Understand and frame their prior experiences
- Build resilience and positive beliefs about the future
- Address developmental strengths and deficits related to trauma and continue to develop along a health trajectory
- Transform maladaptive coping methods into healthy and productive strategies
- Develop protective factors, such as a sense of belonging and personal value

2.2 VCRHYP's Commitment to Youth Engagement

VCRHYP is committed to supporting authentic youth engagement within our local agencies through training, networking, and resource support, as well as at the statewide level by creating opportunities for youth voice to be incorporated into planning and policy development within the committees of our various statewide partners. Our vision is to bring youth engagement to the forefront of all planning and development efforts and to be a model of successful and authentic youth engagement for our partners around the state and nationally.

We encourage each member agency to develop meaningful opportunities for youth engagement. Some members have already established Youth Advisory Boards or have Peer Outreach Workers on staff. Other examples of youth engagement work happening within VCRHYP include connecting youth to leadership opportunities in their region, helping youth plan and implement trainings and events, and connecting youth to meaningful community service opportunities.

Some youth engagement definitions to keep in mind:

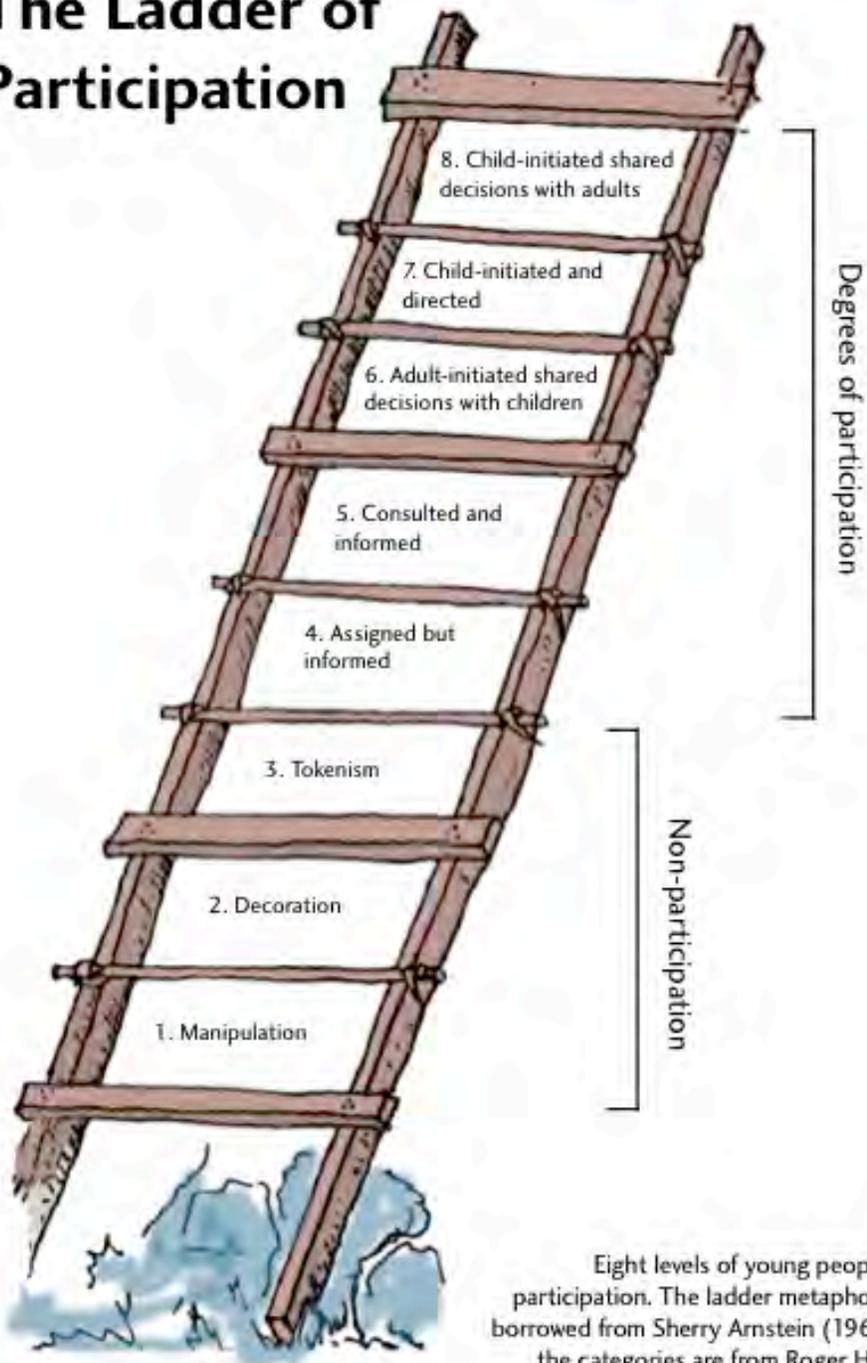
- **Youth voice** – The individual and collective perspective and actions of young people within the context of an organization or community
- **Authentic youth engagement** – When youth are included in program design, planning, and implementation in a way that meets their developmental needs, values them as equals to adults, fully supports them to participate through training and logistical support, and compensates them for their time.
- **Youth Advisory Board (YAB)** – A group of at least 3 youth members, ages 12-24, who currently or formally receive/d services from the agency and are included in the decision making of program/policy design within the agency. YABs that follow the principles of Authentic Youth Engagement also emphasize leadership training, professional development, and compensate members for their time.

For more information and support on youth engagement initiatives, contact the VCRHYP administrative team.

On the next few pages you will find the following resources on youth engagement:

- The Ladder of Participation
- Rubric for The Ladder of Youth Engagement
- The Hidden Rules of Working with Youth

The Ladder of Participation



Eight levels of young people's participation. The ladder metaphor is borrowed from Sherry Arnstein (1969); the categories are from Roger Hart.

The following rubric breaks down what can be expected at the various stages of the Ladder of Youth Engagement.

	THE WAYS YOUNG PEOPLE ARE ENGAGED	CHALLENGE	REWARD
AUTHENTIC ENGAGEMENT	8. Youth/Adult Equity. All youth, young adults, and older adults are recognized for their impact and ownership of the outcomes.	This is an exceptional relationship in communities that requires conscious commitment by all participants. Deliberately addresses barriers and constantly ensures shared outcomes.	Creates structures that establish and support safe, supportive, effective, and sustainable environments for engagement, and ultimately recreates the climate and culture of organizations and communities.
	7. Youth-Driven Action. Only youth have positions of authority. Adults have secondary roles to support young people	Young people may operate in a vacuum, often without the recognition of their impact on the larger community. Activities driven by youth and young adults may not be seen by older adults with deserved validity.	Developing complete ownership in communities allows young people to effectively drive community engagement. Young people experience the outcomes of their direct actions on themselves, their peers, and the larger community.
	6. Youth/Adult Equality. There is a 50/50 split of responsibilities, authority, obligation and commitment.	There isn't recognition for the specific developmental needs or representation opportunities for young people. Without receiving that recognition, young people may lose interest and become disengaged.	Young people can substantially transform adults' opinions, ideas, and actions.
PARTIAL ENGAGEMENT	5. Youth-Consulted. Adults actively consult young people while they're involved.	Young people have only the authority that older adults grant them, and their engagement is subject to external approval.	Young people can substantially transform adults' opinions, ideas, and actions.
	4. Youth-Informed. Young people inform adults.	Adults do not have to let young people impact their decisions.	Young people may influence adult-driven decisions or activities.
NON-ENGAGEMENT	3. Tokenism. Adults assign young people only token roles.	Youth and young adults are used inconsequentially by adults to reinforce the perception that young people are engaged.	Validates youth and young adults attending events without requiring effort beyond that.
	2. Decoration. Adults use young people to decorate their activities.	The presence of young people is treated as all that is necessary without reinforcing active engagement.	Attendance by youth and young adults is a tangible outcome that may demonstrate consideration for engaging young people.
	1. Manipulation. Adults manipulate young people.	Young people are forced to attend without regard to their interest.	Adults experience involving young people and gain rationale for continuing activities.

The Hidden Rules of Working with Youth

Brought to you by the young leaders of the Youth Development Program

Get to know us
one-on-one

Learn how we
like to interact
with people

Meet us in places
where we feel
comfortable

Make our
plans with us,
not for us!

Our files can't
tell you who we
are – we're much
better at doing it
ourselves

Use communication
methods that we're
comfortable with
(*cough* texting)

Be understanding of our
schedules and help us plan
meetings around them

Be a model of reliability and
timeliness – Call us back and be
on time!

Treat us like a partner – then we
can work together

Ask and listen
instead of assuming

Give us space if
that's what we're
asking for

Be positive when you
talk or write about us

Be yourself
around us! Have a
little fun!

Be honest with us,
Period.

Help us find new
opportunities to push
ourselves and grow

RESPECT ★ COMMUNICATION ★ RELIABILITY ★ TRUST



vt-youthdevelopmentprogram.org
ydp@wcysb.org – (802) 229-9151

2.3 Core Competencies for Youth Care Workers

The Administration of Children and Families (ACF) published their [final rule](#) on Runaway and Homeless Youth programs in December of 2016. The rule identified six domain areas that youth care workers should be able to demonstrate competency in. ACF expects that all staff members who work directly with youth will receive training sufficient to meet all six competencies.

ACF's six core competencies:

1. **Professionalism** – including, but not limited to, consistent and reliable job performance and awareness and use of professional ethics to guide practice
2. **Applied positive youth development approach** – including, but not limited to, skills to develop a positive youth development plan and identifying the clients strengths in order to best apply a positive youth development framework
3. **Cultural and human diversity** – including, but not limited to, gaining knowledge and skills to meet the needs of clients of a different race, ethnicity, nationality, religion/spirituality, gender identity/expression, and sexual orientation
4. **Applied human development** – including, but not limited to, understanding the developmental needs of those at risk and with special needs
5. **Relationship and communication** – including, but not limited to, working with clients in a collaborative manner
6. **Developmental practice methods** – including, but not limited to, utilizing methods focused on genuine relationships, health and safety, and intervention planning

2.4 Outreach

VCRHYP member agencies are required to perform outreach to ensure that community partners and youth and their families know what services are available and how to access them. Outreach is an ongoing practice and should be tailored to meet the specific needs of the communities in which your agency operates.

Outreach to youth:

Outreach, as defined in ACF's final rule, means¹⁵:

- Finding runaway, homeless, and street youth, or youth at risk of running away or becoming homeless, who might not use services due to lack of awareness or active avoidance;
- Providing information to them about services and benefits; and
- Encouraging the use of appropriate services.

Direct outreach to youth can be accomplished through published materials (brochures, posters, etc.), other forms of advertisements (audio and visual), the use of social media, and a physical presence in places frequented by youth (drop-in centers, schools, etc.). Member agencies should regularly evaluate their youth outreach strategies to determine if they are effective and make adjustments, if necessary.

Outreach to community partners:

Ensuring strong and ongoing working relationships with community partners is vital to the health of all VCRHYP programs. Member agencies, as well as staff working specifically in VCRHYP programs, are responsible for engaging with key community partners.

All VCRHYP programs must have active working relationships with the following community partners:

- Local Family Services Division [district office](#)
- Local McKinney-Vento [homeless liaisons](#)
- Local [Youth Development Program](#)

¹⁵ [Runaway and Homeless Youth: A Rule by the Children and Families Administration](#)

Additionally, it is *highly recommended* that VCRHYP programs have active working relationships with the following types of community programs/service providers in their local areas:

- **Mental health care providers** – such as a [designated mental health agency](#)
- **Physical health care providers** – such as a [federally qualified health center](#)
- **Family planning and support for pregnant & parenting youth** – such as [Planned Parenthood](#) or a [Parent Child Center](#)
- **Substance abuse assessment and treatment providers** – such as a [substance use disorder counselor/program](#)
- **Employment information, job readiness, and support services** – such as a Vermont Department of Labor (VDOL) [Career Resource Center](#), a Vocational Rehabilitation [office](#) or school [Transition Counselor](#), a Vermont Association of Business Industry and Rehabilitation (VABIR) [office](#), a Jobs for Independence (JFI) [provider](#), a Vermont Center for Independent Living (VCIL) [office](#), or a Jump on Board for Success (JOBS) program
- **Housing coordination and support services** – such as a [Continuum of Care](#), a [Community Action Agency](#), or a [community shelter](#)
- **Juvenile justice system and law enforcement** – such as a Balanced & Restorative Justice (BARJ) [district office](#), a Vermont Court Diversion [program](#), a [Community Justice Center](#), or your local police department
- **Domestic & sexual violence supports and human trafficking intervention services** – such as a Vermont Network [organization](#)
- **Economic supports** – such as an Economic Services Division (ESD) [district office](#)
- **Educational supports** – such as a Vermont Agency of Education [local service provider](#) or [career and technical education provider](#), a school's [Vermont Student Assistance Corporation](#) (VSAC) counselor, or your local schools
- **Multicultural organizations** – such as organizations/programs providing support and services to youth minority populations

Each time a new federal grant application is submitted by VCRHYP, member agencies complete a Community Service Linkages Memorandum of Understanding. This document can be a helpful tool in determining which community partners your agency is already connected with. Copies of your agency's most recent Community Service Linkages Memorandum of Understanding document can be requested by emailing Ari Kisler at akisler@vcrhyp.org.

2.5 Shelter Models

There are many ways to provide emergency or transitional shelter to youth in VCRHYP programs. Shelter is a core service that all member agencies must provide; the models that work best for your program will depend on the needs of your population, your funding sources, and other community-specific factors.

Residential shelter:

The residential model can be used for either emergency or transitional shelter. This model is sometimes referred to as “congregate care” because it provides shelter to youth in a setting shared with other youth. Residential shelters may be set up either with shared bedrooms and shared common areas (kitchen, bathroom, etc.) or private bedrooms and shared common areas (kitchen, bathroom, etc.). Single Room Occupancies (SROs) are considered residential shelter if there are any shared common areas for youth living there (e.g. SROs with private bathrooms, but shared kitchens).

The following rules apply to all of VCRHYP’s residential shelters:

- An emergency preparedness plan must be in place
- Required to be licensed as a [Commissioner Designated Shelter](#) (CDS) or a [Residential Treatment Program](#) (RTP) if providing shelter to youth under the age of 18
 - **Note:** parenting youth over the age of 18 may be sheltered in non-licensed residential shelters with their own children
- Federal BCP funds may only be used for youth who meet the additional eligibility requirements discussed in *section 1.6*
- Federal TLP funds may only be used for youth who meet the additional eligibility requirements discussed in *section 1.7*
- Youth under the age of 18 can be housed for a **maximum** of 21 consecutive nights, with the following exceptions:
 - Youth in the custody of the Department for Children and Families (DCF) who are placed in a Residential Treatment Program are not restricted to the 21-night maximum
 - Youth who are emancipated (and therefore considered to be their own legal guardian) are not restricted to the 21-night maximum

Host home:

The host home model can be used for either emergency or transitional shelter and provides home-like, non-institutional environments located in the community¹⁶. Agencies are responsible for the recruitment, training, and maintenance of their host homes (including determining the rate at which providers will be paid). Any member agency with a Family Reunification/ Stabilization program that does not have a residential shelter must have at least one host home available to youth under the age of 18.

The following rules apply to all of VCRHYP's host homes:

- The following background checks are required for all adults residing in a host home¹⁷: state or tribal criminal history records, including fingerprint checks; Federal Bureau of Investigation criminal history records, including fingerprint checks; child abuse and neglect state registry check; sex offender registry check; and any other checks required under state or tribal law
- An emergency preparedness plan must be in place
- Required to be licensed as a [Commissioner Designated Shelter](#) if providing shelter to youth under the age of 18
 - **Note:** parenting youth over the age of 18 may be sheltered in non-licensed host homes with their own children
- Federal BCP funds may only be used for youth who meet the additional eligibility requirements discussed in *section 1.6*
- Federal TLP funds may only be used for youth who meet the additional eligibility requirements discussed in *section 1.7*
- Youth under the age of 18 can be housed for a **maximum** of 21 consecutive nights, with the following exception:
 - Youth who are emancipated (and therefore considered to be their own legal guardian) are not restricted to the 21-night maximum

¹⁶ [Ending Youth Homelessness: Promising Program Models guidebook](#), HUD Exchange

¹⁷ [Runaway and Homeless Youth: A Rule by the Children and Families Administration](#)

Brokered housing:

The brokered housing model is frequently used for youth who do not want to enter a residential shelter or use a host home. Shelter is considered to be brokered housing if an agency assists a youth in setting up a place to stay with someone other than their legal guardian. Brokered housing can be with extended family members or non-related adults that the youth identifies as being safe and supportive. Brokered housing does not meet a Family Reunification/ Stabilization Program's requirement to have a residential shelter or host home available to youth under the age of 18, but it can be used to supplement these shelter options.

The following rules apply to all of VCRHYP's brokered housing:

- Written permission from a legal guardian must be obtained before setting up brokered housing for a youth under the age of 18
- Federal BCP funds may only be used for youth who meet the additional eligibility requirements discussed in *section 1.6*
 - **Note:** Brokered housing is not federally-recognized as BCP shelter, so while federal BCP funds may be used, youth would be considered to be receiving prevention services rather than shelter services
- Federal TLP funds cannot be used for youth in brokered housing

Master-leased/ agency-owned apartments:

Whether located at a variety of locations (sometimes called "scattered site apartments") or all in one building, master-leased/ agency-owned apartments can be used for transitional shelter in the Independent Living Program. In order to qualify for this housing model, the agency must hold the lease for an apartment or own the unit/ building it is located in. Apartments must be fully contained, meaning that they are private and have their own kitchen and bathroom facilities. Studio apartments (without a separate bedroom) are allowable. All member agencies that receive federal TLP funds must have master-leased or agency-owned apartments if they do not have a residential shelter/ host home that can be used to provide transitional shelter.

The following rules apply to all of VCRHYP's master-leased/ agency-owned apartments:

- An emergency preparedness plan must be in place for each location
- May only provide shelter to youth over the age of 18 unless licensed as a [Residential Treatment Program](#) (RTP)
 - **Note:** parenting youth over the age of 18 may be sheltered in non-licensed master-leased/agency-owned apartments with their own children

- Federal TLP funds may only be used for youth who meet the additional eligibility requirements and time limits discussed in *section 1.7*
- Federal BCP funds cannot be used for youth in master-leased or agency-owned apartments

Rental assistance:

Rental assistance is sometimes used for youth who do not want to/ are unable to enter a residential shelter, use a host home, or stay in a master-leased/ agency-owned apartment. This model can be used when a youth has a lease in their own name, but needs financial support from an Independent Living Program to maintain their housing. It can also be used if a youth has been offered a lease in their own name, but needs financial support from an Independent Living Program to cover move-in costs (e.g. security deposit, first/ last month's rent, etc.).

Rental assistance is not an allowable use of federal TLP funds and, therefore, does not meet a federally funded Independent Living Program's requirement to provide transitional shelter. This model, however, can be a helpful way to transition a youth out of a residential shelter, host home, or master-leased/ agency-owned apartment when they have reached the maximum time allowed or when they are ready to take the next step towards living independently. Most agencies pay rental assistance directly to a landlord, rather than giving the money to the youth.

The following rules apply to the use of rental assistance:

- Federal TLP funds cannot be used for rental assistance
- Federal BCP funds cannot be used for rental assistance

2.6 Aftercare

Aftercare, designed to ensure a youth's ongoing safety after they leave a VCRHYP program, offers continuity and supportive follow-up to youth and their family¹⁸. Staff members follow up with youth and/ or families whose cases have closed, to ensure they are still doing well, offer additional information/ resources/ referrals, provide ongoing connections to the agency, and remind them that they may reengage with the program if they need too.

Aftercare as a best practice:

VCRHYP encourages member agencies to provide aftercare to all youth/ families who exit VCRHYP programs. Best practice is to start planning for aftercare with clients from the start of services. An Aftercare Plan (*discussed more in section 3.3*) is one way that service providers can engage in this conversation and VCRHYP suggests beginning to create an Aftercare Plan with each youth as close to intake as is possible. Often times, youth or families disengage before all of their program goals are met and before you may consider their case closed. If you have had conversations about aftercare with the client early in your work with them, they will know that they can re-engage with services anytime they need to, even if they didn't complete their work with you before. They will also know what other resources might be available to them if they want to seek help elsewhere. As a client's case comes to a close, revisit and update, if necessary, the Aftercare Plan with them and ensure they have a copy of the plan you created together.

Aftercare can be a really creative way to offer ongoing connections to youth and even develop youth leadership opportunities. Here are some examples of what aftercare can look like, besides a follow-up call or sending a letter:

- Inviting a youth to an ongoing peer support group
- Youth participating in a Youth Advisory Board for your agency
- Inviting youth and families to help with outreach activities, like tabling at the local farmers market
- Holding an alumni potluck dinner biannually and inviting former program participants
- Inviting youth to come in and help stuff envelopes for a giving campaign, and offering them a stipend to help
- Holding a community service day where you spruce up a local park and inviting families and youth who have worked with your agency

¹⁸ [Runaway and Homeless Youth: A Rule by the Children and Families Administration](#)

Tracking aftercare:

While it is considered best practice to provide aftercare to all youth/ families who exit VCRHYP programs, collecting data on aftercare is required by FYSB when federal funds have been used to serve a youth (they have been entered into a federal TLP or BCP provider in HMIS; see *section 3.1 for more on HMIS and provider types*). Often times you will close a youth out of a federal HMIS provider, due to eligibility limitations, but will still be serving them. When this happens, the youth will be switched to a state HMIS provider. This means that you may still be serving a youth using State of Vermont funds, but counting this as “aftercare” for federal purposes. *More information about how this type of aftercare is tracked can be found in section 3.3.*

2.7 Further Reading & Resources

Here are a variety of resources you may find helpful; some of them appeared as hyperlinks throughout the section.

- Center for the Study of Social Policy's [Youth Thrive page](#)
- Child Trends' Research-to-Results Brief on [Ways to Promote the Positive Development of Children and Youth](#)
- RHYTTAC's [Tip Sheet: Harm Reduction in RHY Programs](#)
- FYSB's [RHYIssues@aGlance: What is Harm Reduction for Youth?](#)
- RHYTTAC's [Adopting a Trauma Informed Care Model resource guide](#)
- ACF's [Runaway and Homeless Youth: Final Rule](#)
- [Core Principles for Engaging Young People in Community Change](#)
- Vermont Agency of Human Services' [Department for Children and Families page](#)
- Vermont Agency of Education's [Homeless Education page](#)
- U.S. Education Department's [McKinney-Vento Education for Homeless Children and Youth Program Notice](#)
- Vermont [Youth Development Program page](#)
- Vermont Department for Children and Families' [Licensing Regulations for Commissioner-Designated Shelter Programs in Vermont](#)
- Vermont Department for Children and Families' [Licensing Regulations for Residential Treatment Programs in Vermont](#)
- HUD Exchange's [Ending Youth Homelessness: Promising Program Models guidebook](#)

PROCEDURES

3.1 Homeless Management Information System (HMIS)

All VCRHYP member agencies are required to collect and record data for clients in the Homeless Management Information System (HMIS). VCRHYP uses this database to collect all of the information needed to report to both our federal and state funders. In order to ease the data entry burden for direct service providers, VCRHYP has a dedicated staff member who does centralized data entry into the system on behalf of member agencies. This means that member agencies will not need to use HMIS directly, but will be responsible for gathering data from clients and working with our data entry clerk to keep that information up-to-date in the system.

Here is a summary of how the centralized data entry process works:

- Service provider meets with a client and completes forms with them (*see section 3.3 for more information about VCRHYP's forms*)
- Service provider scans forms and sends them to VCRHYP's Data Entry Clerk, using VCRHYP's encrypted email service, VIRTRU (*see section 3.2 for more information about VIRTRU*)
- VCRHYP's Data Entry Clerk uses the forms to open, update, or close the client in HMIS
- If the Data Entry Clerk needs to follow up with the service provider about missing or unclear information, they will communicate through email using a Follow-Up Request Form
 - The service provider is responsible for responding to Follow-Up Requests in a timely manner
- Once information has been successfully entered into HMIS, VCRHYP's Data Entry Clerk will let the service provider know (and will provide them with the client's HMIS ID number if this was a client who was just opened in the system)
- Service providers are responsible for collecting data from their clients when necessary (*see section 3.3 for more information about when data needs to be collected and which forms to use*)
- Occasionally, VCRHYP's Data Entry Clerk will be focused on database clean up and will use these opportunities to contact service providers about particular clients who need updated data, who should have been closed out of the system, etc.

HMIS Provider Types:

While the services member agencies provide to youth and their families fall into two categories, family reunification/ stabilization and independent living, VCRHYP enters data into HMIS under a variety of different provider types. This allows us to pull the appropriate data needed for our different funders. It is important that all staff members who are completing paperwork and sending it to VCRHYP understands these provider types and which youth should be in HMIS under each type.

- **BCP Shelter** – Youth must be open in this HMIS provider type if they meet the eligibility for the use of federal BCP funds (*discussed in section 1.6*) and are being sheltered in an agency’s residential shelter or a host home (*discussed in section 2.5*). A youth can only be open in this provider type for up to 21 nights; afterwards they must be switched to a different provider type if you are continuing to work with them.
- **BCP Prevention** – Youth must be open in this HMIS provider type if they meet the eligibility for the use of federal BCP funds (*discussed in section 1.6*) and are not being sheltered in an agency’s residential shelter or a host home. Youth who are being sheltered in brokered housing and who meet the eligibility must be open in this provider type (*discussed in section 2.5*).
- **State BCP** – Any youth who is receiving family reunification/ stabilization services, but does not meet the eligibility for the use of federal BCP funds, must be open in this provider type. If a youth is open in either BCP Shelter or BCP Prevention and their eligibility for the use of federal BCP funds changes (i.e. they turn 18 or go into DCF custody), they must be switched to the State BCP provider type. If a youth is open in State BCP and they become eligible for the use of federal BCP funds (i.e. they exit DCF custody and return to the custody of their parents), they must be switched to either the BCP Shelter or BCP Prevention provider type (dependent on whether they are being sheltered by your program or not).
- **TLP** – Youth must be open in this HMIS provider type if they meet the eligibility for the use of federal TLP funds (*discussed in section 1.7*) and are being provided transitional shelter in an agency’s residential shelter, a host home, or a master-leased/ agency-owned apartment (*discussed in section 2.5*). A youth can only be open in this provider type up to the maximum time allowable with federal TLP funds (*discussed in section 1.7*); afterwards they must be switched to the State TLP provider type if you are continuing to work with them.

- **State TLP** – Any youth who is receiving independent living services, but does not meet the eligibility for the use of federal TLP funds, must be open in this provider type. If a youth is being sheltered in brokered housing, receiving rental assistance from the program, or being provided with case management while not being housed by the agency, they must be open in State TLP (*discussed in section 2.5*). If a youth is open in TLP and their eligibility for the use of federal TLP funds changes (i.e. they reach the maximum allowable time or they turn 23), they must be switched to the State TLP provider type. If a youth is open in State TLP and they become eligible for the use of federal TLP funds (i.e. they move into a federally recognized transitional shelter model *discussed in section 2.5*), they must be switched to the TLP provider type.

The VCRHYP administrative team is available to help you make provider type determinations, if needed. The HMIS Provider Type Flowchart (included in the Appendix) is also available to help guide you through this process.

3.2 VIRTRU Email Encryption

VCRHYP uses an email encryption service called VIRTRU to protect confidential client information. Some member agencies have their own email encryption services, but many do not. With VIRTRU, staff at member agencies can encrypt their emails that contain confidential information when they are communicating with VCRHYP. In order to do so, staff members need to **reply** to an encrypted email sent to them by VCRHYP. When an encrypted email is received, staff members will need to verify that they are the intended recipients by following the on-screen prompts. Once that is done on a device (such as a phone, laptop, etc.) they will not need to do it again. Now staff members will have the ability to reply within that encrypted email thread and encrypt their own email.

Client data for entry into HMIS should **ALWAYS** be sent in an encrypted email, either using VIRTRU or your agency's own program. Staff members who need to encrypt data can always contact its recipient at VCRHYP and ask that they initiate an encrypted email thread so that the data can be sent as an encrypted reply.

Those staff members who are charged with submitting monthly Medicaid invoices to VCRHYP's Medicaid Billing Specialist (*see section 3.5 for more information about the Medicaid billing process*) are also required to use VIRTRU to submit invoices.

3.3 VCRHYP Forms

Member agencies all have their own paperwork and client file systems, but certain VCRHYP forms are required to be used as well. VCRHYP created these forms to support our centralized data entry process and it is expected that service providers use them. A full VCRHYP Paperwork Manual (*included in the Appendix*) goes into further detail about each form and explains when they each should or shouldn't be used. The most recent version of all forms can be found in the [Resources and Assistance](#) section of our website by clicking on "For Member Agencies."

Here is a quick overview of the VCRHYP forms:

- **Intake Assessment** – to be completed when a client first enters a program or if they return to a program after more than a month has passed since they exited; this form collects all the information required to open the youth in HMIS, along with additional questions that VCRHYP, along with our member agencies, have identified as important to ask
- **Plan of Care** – to be completed within 30 business days of intake and every 6 months the youth is in the program; VCRHYP does not require that member agencies use the VCRHYP Plan of Care template, but it is a requirement that all youth have an active Plan of Care on file (*more information about the requirements for a Plan of Care can be found in section 3.5*)
- **Resiliency Assessment** – to be completed as part of Plan of Care development to inform strengths, barriers, and goals; this form must be kept in the youth's file, either in hard copy or electronically, so that it can be reviewed by the VCRHYP administrative team
- **Quarterly Update** – to be completed once a quarter to report on changes in data, new service connections, brokered housing, and education/ employment status; this form collects all information required to update the youth in HMIS
- **Exit Assessment** – to be completed when a client is exiting a program; this form collects all the information required to close a youth in HMIS
- **Project Reentry form** – to be completed in place of an Intake Assessment if a youth is reentering a program they exited from less than one month before

- **Project Switch form** – to be completed in place of an Exit Assessment and Intake Assessment if a youth is moving from one HMIS provider type to another (e.g. moving from BCP Prevention to State BCP)
 - **Note:** A full Exit Assessment and Intake Assessment must be completed instead of a Project Switch form if a youth is moving from a BCP Prevention/ BCP Shelter/ State BCP provider type to a TLP/ State TLP provider type or vice versa. This is because different data elements are important for the two programs (family reunification/ stabilization and independent living) and completing a full Intake Assessment ensures we have the necessary data for our reports. A new Plan of Care should be done in this case too.

- **Aftercare Plan** – to be completed when a client is exiting services; VCRHYP only requires the use of the VCRHYP Aftercare Plan template if an agency submits billing for aftercare services (*see section 3.5 for more information about the Medicaid billing process*); regardless of whether the VCRHYP template is used, it is a requirement that an Aftercare Plan is completed with youth, when possible

- **Aftercare Contact Report** – to be completed at pre-determined intervals after a clients is no longer being served with federal BCP or federal TLP funds; this form will be sent to the service provider when it is required, along with instructions; this form collects the information we are required to report to our federal funders regarding aftercare contacts

3.4 Reporting Requirements

Member agencies are required to periodically submit information to VCRHYP so that we can report to our funders. Much of the information we need we can get from HMIS, but there are still certain things we need from service providers.

FYSB BCP and TLP biannual reports:

Federal grant reports are due every April 15th and October 15th from each federally funded agency. VCRHYP compiles the information and submits Progress Performance Reports to FYSB. VCHRYP will ensure that agencies have the reporting form on an annual basis. It is also vital that all HMIS data is up-to-date through March (for our April report) and September (for our October report) at that time. Reminders will be sent to programs, but if you are the person in charge of reporting, we recommend you block out a few hours each April and October to complete those reports.

State of Vermont reports:

VCRHYP submits grant reports to the State of Vermont on a quarterly basis. These reports focus on utilization rates and performance measures (*you can find out more about these by reviewing your agency's State of Vermont contract*). Much of the information VCRHYP uses to write these reports comes from HMIS, so it is vital that HMIS data is up-to date. At this time, the only requirement from member agencies is that they submit a quarterly budget report to VCRHYP 15 days after the close of a fiscal year quarter (due in October, January, April, July). We suggest finding out who at your agency is responsible for this so that you can be assured the budget will be sent if you are in charge of administering the program for your agency.

3.5 Medicaid Billing

VCRHYP member agencies participate in monthly Medicaid billing to draw down State of Vermont funds. VCRHYP manages Medicaid billing and agency compliance according to Medicaid standards at 11 of our 12 member agencies (ACPCC is monitored directly by the State of Vermont). Each agency has variations on how they manage Medicaid billing internally and you should know your agency's practices. While you may not be the person at your agency responsible for billing, it is important that you understand the process and your role in ensuring that billing is completed as efficiently and effectively as possible.

Below is an overview of VCRHYP's Medicaid billing processes, contact and case management expectations, and documentation requirements. Any questions about VCRHYP billing can be submitted to VCRHYP's Medicaid Billing Specialist, Jane Parker, at jparker@wcysb.org.

Case management and file documentation compliance:

VCRHYP agencies are required to maintain file documentation for each youth served, adhering to the minimum standards for Medicaid billing compliance.

The following documentation criteria must be met for each youth:

- **Assessment** – In addition to the VCRHYP Intake Assessment and VCRHYP Resiliency Assessment, agencies must use evidence-based assessment tools to ensure a youth's needs are being identified and responded to appropriately. *An overview of available evidence-based assessments can found in the Appendix.*
- **Plan of Care (POC)** – A POC (sometimes called a treatment or service plan) is an outline of the youth's goals while they're in the program.
 - A POC must be created with youth input and signed by all necessary parties within 30 days of intake:
 - A licensed practitioner must assign an ICD-10 diagnosis code, sign, and date each POC. A copy of their license must be on file with VCRHYP.
 - The direct service provider creating the POC with the youth/ family should sign and date the POC as well.
 - It is best practice for youth to sign and date each of their POCs. It is highly encouraged that signatures are present for youth over the age of 18 to demonstrate their involvement in the creation of the POC.
 - It is also best practice for a parent/ guardian of a youth under the age of 18 to sign and date that youth's POC.

- Each POC is valid for billing purposes for a maximum of one year, but VCRHYP requires the document be rewritten/ updated every six months. Any updates or revisions on the form require new signatures and dates.
- All POCs must contain a goal related to stable housing. POCs for youth in independent living programs must contain a goal related to education or employment. POCs for youth in family reunification/ stabilization programs must contain a goal related to family reunification/ stabilization or relationship management.
- POCs should address risks identified through the Resiliency Assessment and other assessments the agency utilizes.
- POCs should build on a youth's strengths and include what access to internal and external resources the youth has that can help with goal achievement. It is expected that the youth help develop their own goals and indicators of progress (action steps) with support from their service provider.
- **Contact notes** – A minimum of two contacts between youth and service provider must be documented each month. At least one of these contacts must be in person. Phone, text, or email exchanges may also count as contacts, so long as they demonstrate a conversation has been had. If no in-person meeting occurred, attempts at contacting the youth to schedule one should be well documented. Contact notes should also be kept for any indirect contact the service provider has, which can include case coordination with other service providers and supervision received related to a particular youth/ family.
 - Contact notes must be initialed or signed, as well as dated by the service provider.
 - Contact notes should reflect progress being made towards goals outlined in the Plan of Care and case coordination and service linkages with other service providers.
 - Contact notes should be strengths-based reflections on a youth's progress towards goals and ongoing challenges that is based in a youth's self-determination and empowerment.
 - VCRHYP suggests a monthly summary is completed each month that captures the number of contacts made (specifically the number of in person sessions held with a youth/ family), and any major accomplishments and/ or challenges that occurred during the month.

Invoicing:

An invoice is due for each month and should be submitted to VCRHYP's Medicaid Billing Specialist, Jane, by email (jparker@wcysb.org) by the 15th of the month following the month services have been provided (i.e. January invoice is due by February 15th).

- All invoices need to be submitted through secure, encrypted email. Faxes and mailed copies of invoices will not be accepted. If your agency does not have a secure and encrypted email server, VCRHYP can initiate an encrypted email that you can respond to directly to ensure encryption (*learn more about email encryption in section 3.2*). VCRHYP's Medicaid Billing Specialist sends a monthly reminder for Medicaid billing through this system for easy access. Responding directly to that email will encrypt your response.
- All youth served by VCRHYP should be included on the invoice, regardless of whether or not a claim is to be submitted to Medicaid for billing.
- VCRHYP's invoicing template must be used (*included in the Appendix*) to ensure that all necessary information is being provided.
 - The template requires the following information for all youth, regardless of if you are submitting them for billing or simply indicating that a youth was served during the month:
 - Youth's name
 - Youth's date of birth
 - Whether the youth should be submitted for billing to Medicaid (Y = yes, N = no)
 - Whether the youth is being billed for aftercare services (check the Aftercare column to indicate a yes)
 - For youth that are marked as "Y" for submitting to Medicaid, the following information must also be included:
 - Youth's Medicaid ID number (or their social security number if ID number is unknown)
 - Youth's diagnosis code assigned by the licensed clinician who signed off on the youth's Plan of Care
 - **Note:** There is a shaded column on the invoice that is titled "HMIS" and is for VCRHYP administrative purposes only.

Billing for aftercare:

Agencies who are providing aftercare services to youth/ families may submit claims to Medicaid for the months those services were provided, as long as all of the required documentation exists. Billable aftercare services must meet the same minimum contact requirements as any other services, meaning a service provider must have at least two contacts with a youth and one of them must be in person. An Aftercare Plan must have been completed with a youth/ family and indicate a goal related to maintaining stable housing. The Aftercare Plan will act as a youth's Plan of Care for the purposes of billing if it has all of the necessary components of a regular POC (*as described above*). There is a place on VCRHYP's invoicing template to indicate that a youth is being billed for aftercare services: if this column is checked, the agency is stating that all required documentation is in the client's file and that the minimum number of required contacts has been made for the month being invoiced.

Note: If an agency is providing aftercare services to a youth, but are not submitting them for billing, they should not include those youth on their invoice.

A copy of VCRHYP's memo regarding billing for aftercare services is included in the Appendix.

HMIS and invoices:

All youth present on the invoice, whether being submitted for billing or not, must have up-to-date information in HMIS. VCRHYP's data entry clerk will check for this when an invoice is received. If HMIS data is not up-to-date, VCRHYP will hold billing and contact the agency to request the missing information. Once necessary information has been received, the invoice will be approved and claims will be submitted to Medicaid. To avoid delays, ensure all youth on an invoice are up-to-date in HMIS prior to submitting invoices. A youth is considered up-to-date when:

- They are in HMIS and open in the right provider type depending on eligibility factors (*see section 3.1*)
- Their profile in HMIS has been updated during the previous quarter (*see Quarterly Update form description in section 3.3*)

Receiving payment:

Once billing has been processed by VCRHYP, which may take several weeks depending on HMIS and Medicaid-related issues, VCRHYP will send the agency the following documentation through the mail (USPS):

- The reimbursement check for paid Medicaid claims
- A spreadsheet, which represents monthly invoicing data

- A copy of the invoice, which is highlighted to indicate the claim status of each youth invoiced that month

Things to have in place at your agency:

- A process ensuring that whomever is submitting Medicaid billing invoices is working with service providers serving the youth to verify that minimum Medicaid documentation requirements laid out above are met and youth information is up-to-date in HMIS.
- A process that ensures when your agency receives payment from VCRHYP, service providers are notified of the billing status, and if any billed claim was denied payment. The highlighted invoice the agency receives with payment will include the denial code. VCRHYP's Medicaid Billing Specialist can clarify any denials and help rectify certain issues to ensure that billing is successful.
- Ensure that your agency has a licensed clinician sign off on all Plans of Care within 30 days of a youth's intake.

File compliance audit:

Once per year, the VCRHYP administrative team will conduct a file compliance audit and provide your agency with a report identifying whether or not your agency was in compliance at that time or is in need of corrective action follow up. The audit report will also identify best practice strengths and needs the agency is seen to have. Audits will be scheduled at least a month ahead of time. Names of which files will be reviewed will not be provided until the day before the audit, unless other accommodations are requested and approved by the VCRHYP Director. *More information about the audit can be found in the next section.*

A stand-alone document outlining the VCRHYP Medicaid billing procedure is included in the Appendix. VCRHYP suggests that all staff members at your agency involved in the Medicaid billing process have a copy of this document.

3.6 File Reviews

VCRHYP completes on-site file reviews at each member agency once a year. The administrative team reviews a collection of client files to check for program eligibility, necessary file documentation for Medicaid compliance, evidence of VCRHYP's service theory (see section 2.1), and up-to-date data in HMIS. These file reviews provide ongoing opportunities for the administrative team to provide technical assistance and training to sites.

What to expect before the review:

File reviews will be scheduled well in advance to ensure that all necessary staff members are available. Shortly before VCRHYP's review date, member agencies will receive a list of HMIS client ID numbers for the files and the date range that will be reviewed.

What to expect on the day of the review:

On the day of the review, the administrative team will be on location and will need access to the specified client files. They will need a quiet workspace to complete the review, as well as access to the Internet. If client files are stored electronically, they will need access to that system, as well as some basic information about how to navigate it. It is helpful to have a variety of program staff available for questions. Program staff and leadership must be available for an entry and debrief meeting with VCRHYP immediately following the file review.

What to expect after the review:

Member agencies will receive a written report on the results of the review, along with information about next steps, if they are required. The report will include a summary of the files reviewed, notes about file documentation, a copy of the Medicaid Reimbursement System Documentation Checklist (*included in the Appendix*), and information about the site's level of compliance. Sites will be found to be in full compliance, in compliance with follow-up needed, or not in compliance. If not in compliance, corrective action will be required and discussed.

A blank copy of the VCRHYP file review checklist used by the administrative team at our reviews is included in the Appendix.