

**THE 2011 FEDERAL HEARTH ACT
INFORMATION FROM SEPTEMBER 2010 HUD TRAINING**

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- **The HEARTH Act consolidates federal Mc Kinney Vento homeless programs and streamlines them as well as integrating them into a more coordinated system.**
- **The regulations for HEARTH have not yet been published but should be out soon, they will define some areas still fuzzy in the legislation. At this time programs have one year to comply.**
- **HEARTH is outcomes driven and much of it is dependent on state and local providers having their data entered into a HUD approved HMIS (Homeless Management Information System) data system. 100% participation is the goal for shelter beds to be in HMIS, whether the program receives federal funds or not. Data integrity and excellent data quality is very much expected and monitored. Applications for funding are now electronic and the funding looks more and more like a block grant. Do note that domestic violence Programs are exempt from many of these rules.**
- **HEARTH is requiring that Ten Year Plans to End Homelessness, the Consolidated Plan, and the Continuum of Care Strategic Plan all be linked.**
- **HEARTH does allow for a wider variety of eligible activity in terms of preventing homelessness, and recognizes that families as well as singles can be chronically homeless; it recognizes that doubled up households and couch surfers are at least at risk.**
- **HEARTH will include some continuation of the current HPRP (Homeless Prevention Rapid Rehousing) funding, but probably only about 25% of what is now funded. We will know more when the Federal Budget passes**
- **HEARTH expects each homeless person to have an Individual Service Plan developed when they engage with a provider. The preference is for the plan to be outcome based.**
- **Emergency Shelter Grants will become Emergency Solutions Grants and will be more flexible in what they can fund**
- **The Point In Time, (PIT) 1/26/2011 is the next one, and Annual Homeless Assessment Report (AHAR) as well as a quarterly Homeless Pulse counts in HMIS are all reports that need to be as complete in their coverage, and as accurate, as possible. Participation is expected**
- **The more high performing a Continuum of Care is, the better positioned they are to receive funding. HUD has established guidelines to achieve this status**

- **The VT Balance of State Continuum of Care is already working to improve their performance including working on a HEARTH Readiness Report and Data Quality Reports, as well as asking for program evaluations from organizations outside of the Continuum of Care**
- **Two of the drawbacks to HEARTH are that the amount of federal funding. It will not be enough to achieve all that is expected and need is not diminishing. In addition, Rural Homelessness is HUD's fourth priority. Lastly, there is also a future expectation that HUD funded programs will have homeless folks off the street and housed in as little as 20 days or less. This is a tough challenge when housing markets are tight; rents are high, and subsidies not adequate in number to meet needs.**

Further Resources:

The Bill is HR2523 and you can view the full text on line

The National Alliance to End Homelessness at www.endhomelessness.org has good information on their website

Also the HUD Website at www.hudhre.info/