

---

# 2016

---

## VERMONT POINT-IN-TIME ANNUAL STATEWIDE COUNT OF THE HOMELESS



Vermont Coalition to End  
Homelessness &  
Chittenden County Homeless Alliance

---

## TABLE OF CONTENTS

---

Summary.....	1
Using Data to End Homelessness.....	4
Addison CoC.....	4
Bennington CoC.....	5
Caledonia/Southern Essex CoC.....	5
Graphs of Percentage of Homeless Households, Newly Homeless Households, Households Homeless for 1 Year or More, and Unsheltered Households in Vermont.....	6
Chittenden Homeless Alliance.....	7
Franklin/Grand Isle CoC.....	7
Lamoille CoC.....	8
Orange/Northern Windsor CoC.....	8
Orleans CoC.....	8
Rutland CoC.....	9
Southern Windham CoC.....	9
Southern Windsor/Northern Windham CoC.....	10
Washington CoC.....	10
Housing Partners.....	11
Vermont 211.....	12
Addiction & Homelessness.....	12
Ending Chronic Homelessness.....	13
Vermont Agency of Human Services.....	13
Domestic & Sexual Violence.....	14
Serving Veterans.....	15
VT Homeless Education Program.....	15
Youth In Need.....	16
Public Housing Authorities in Vermont.....	17
<i>Ending Homelessness</i> by AHS Secretary Hal Cohen.....	17
Contact Information.....	Back Page

---

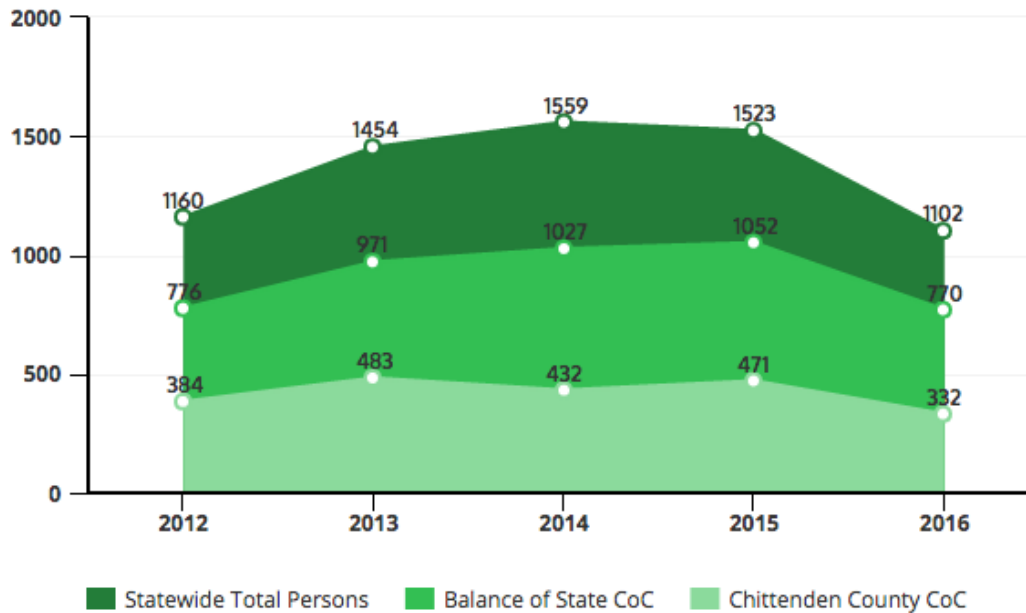
## SUMMARY

---

The Annual Point-in-Time (PIT) Count is an unduplicated count of persons experiencing homelessness on the night of January 26, 2016. The total number of homeless Vermonters counted on that single night was 1,102.

The 2016 Point-In-Time Count showed an overall decrease in homelessness by 28% compared to the 2015 Point-in-Time Count. Of the households counted statewide 156 had children, or 20% of total households counted. That is a decrease of 22% from last year.

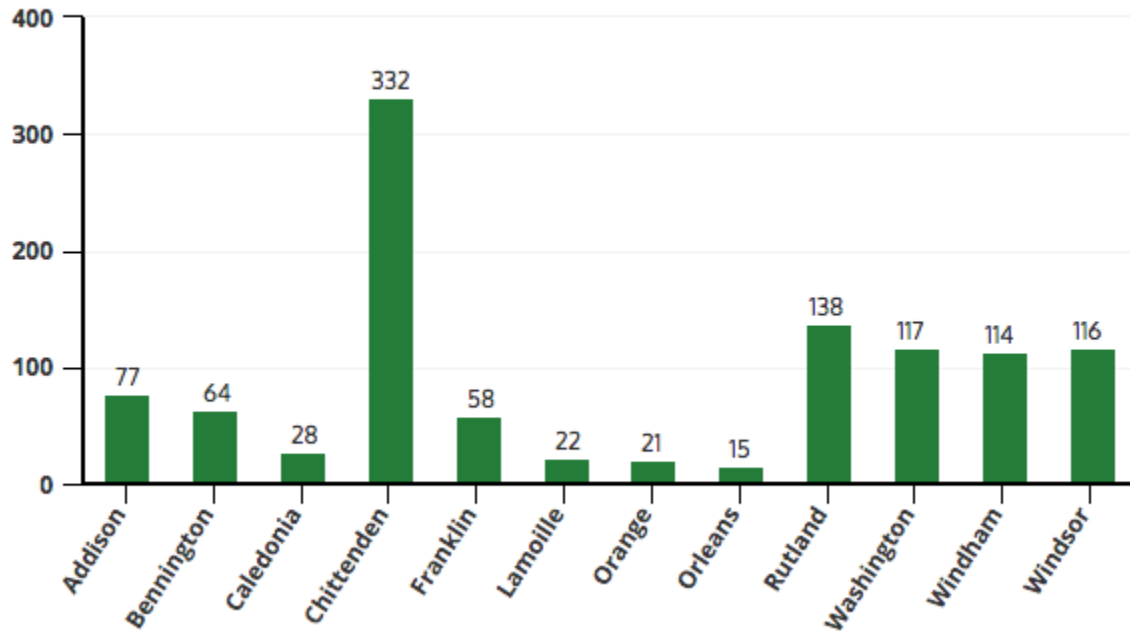
Annual VT Point-in-Time Counts of HUD Homelessness  
2012-2016



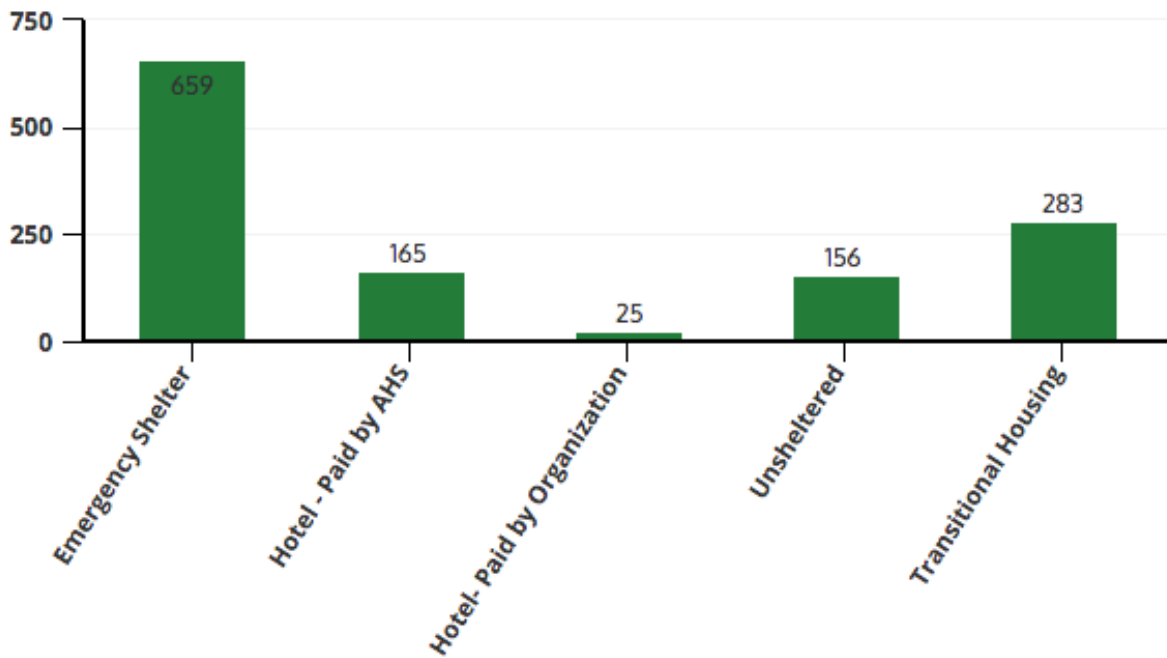
Statewide, a decrease of 25% was seen in chronic homelessness. “Chronic homelessness” means that people have been homeless for longer periods of time (and often homeless more often) and, that they have a disability. (The full definition is available at <http://nlihc.org/article/hud-publishes-final-ruledefinition-chronic-homelessness>). Over the past two years there have been many efforts to end chronic homelessness in Vermont such as the 100,000 Homes Campaign and an increase of Permanent Supportive Housing.

The report comes from data collected for the Annual Point-in-Time (PIT) Count, an unduplicated count of persons experiencing homelessness on the night of January 26, 2016. The Count and its findings were supported by Vermont’s two Continua (Chittenden County and Balance of State). These networks are comprised of homeless and human service organizations, housing agencies, and other partners that strive to eliminate homelessness throughout Vermont, with coordination provided by the Vermont Agency of Human Services, the City of Burlington, the Vermont State Housing Authority, and United Ways of Vermont.

### 2016 Total Persons



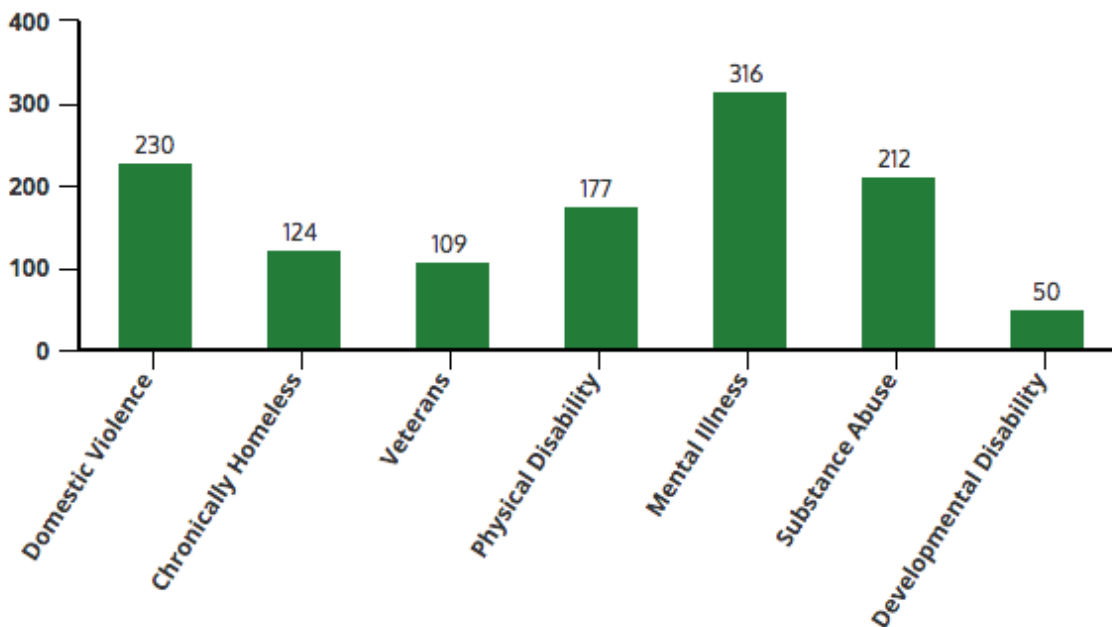
### Statewide Total - Locations of Homelessness



## Key Notes:

- Total persons found homeless on one night decreased by 28% from the 2015 count.
- 124 persons identified as chronically homeless, a 25% statewide decrease from the 2015 count.
- 156 households had children, or 20% of total households counted.
- 109 persons identified as veterans, 23% lower than last year's total of 141 persons.
- The number of unsheltered persons, those living outdoors or taking shelter in a place unfit for human habitation, was 156 persons. This is a slight increase from last year's total.
- 230 persons reported as victims of domestic violence; a 10% decrease over 2015. That count does NOT include children impacted - domestic violence is defined as between intimate partners so children are not counted.
- 371 households identified as being homeless for the first time, or 47% of total households counted.
- Significant portions of those who are homeless have disabilities. Persons in the count with disabilities may have more than one disabling condition.
  - 316 persons identified as having a serious mental illness, or 29% of the total persons.
  - 212 persons identified as having a substance abuse disorder, or 19% of the total persons.
  - 177 persons identified as having a physical disability and 50 persons identified as having a developmental disability, or 16% and 5% of the total persons counted respectively.

## Statewide Subpopulation Data



Every year, the Point-in-Time Count provides a snapshot of how many people are literally homeless on a single night. The findings are used by Vermont's two Continua of Care in their funding applications to the U.S. Department of Housing and Urban Development. In addition, the PIT Count provides local communities and state policy makers with an understanding of current challenges and need, areas to target limited funding for appropriate housing and services, and the ability to track overall progress. There are other, more expansive, definitions of homelessness which include those who are doubled up, at risk of losing their housing or otherwise precariously housed, and it's important to acknowledge that issues of housing security extend beyond those included in the PIT Count.

---

## USING DATA TO END HOMELESSNESS – *courtesy of Adam Smith, ICA & Daniel Blankenship, VSHA*

---

HMIS (Homeless Information Management System) is the generic term for a database required to be used by several federally funded homeless programs. State and local funded programs also choose to utilize the database. HMIS is a valuable tool for:

- Coordinated Entry- seamlessly connects people in need to appropriate, available resources via data sharing between providers without duplication of services
- Communities- assists providers in better understanding the local needs of their citizens
- Continua-wide Performance- provides communities and state planners with a fuller picture of need, trends, and data-driven outcomes.

To better understand homelessness throughout Vermont, HMIS is most effective when used by all homeless providers (the lone exception being domestic violence providers who may use comparable databases).

Four years ago, the HUD Continua of Care in Vermont (Chittenden & VT Balance of State) began evaluating their respective HMIS and to explore how to better meet community data needs amid increasingly urgent federal expectations. In the summer of 2015, after an extensive open bid process, the two Continua joined together to form a joint **Vermont HMIS** administered by the *Institute for Community Alliances* (ICA), a nationally-recognized non-profit serving several statewide and local continua throughout the U.S. In less than a year, we are already seeing astounding results.

During the January 2016 homeless Point-in-Time Count ICA staff provided extensive technical assistance to both continua with planning, processing and reporting of data collected from hundreds of volunteers (via ICA's Google Form tool) and from homeless providers (directly via VT HMIS). As a result, we accomplished higher quality data and are able to provide this statewide Point-In-Time report a full month earlier than last year.

Using HMIS data for the PIT count and other reporting saves time, increases accuracy, and is considered a best practice by federal and national partners. It is anticipated that the number of agencies using Vermont HMIS will grow dramatically in the next few years allowing for monthly/quarterly counts. <http://www.icalliances.org/vermont>

---

## ADDISON COC – *courtesy of Peter Kellerman, John Graham Housing & Services*

---

Our local continuum of care is busy reorganizing our approach and reinvigorating our mission to end homelessness. In an effort to enhance local planning for both the general public & additional partners, we are currently taking steps to develop a web-site that will allow the community better access to services, improve county-wide communication and open the door to the wealth of resources available.

Despite the mercifully mild winter of 2015/2016, the workload of community partners within Addison County was every bit as significant in comparison to harsher seasons in the past. The level of compassion & effort required to serve our homeless neighbors remains constant, despite the higher number of individuals! Thanks to the AHS-General Assistance Program, both the Charter House-Warming Shelter and the John Graham Shelter provided space that significantly offset emergency motel stays. These emergency beds were at capacity throughout the winter months with these folks receiving direct services they would have missed out on in a motel.

Among some of the ongoing challenges we face is how to best address the needs of our homeless neighbors experiencing mental illness & co-occurring disorders - particularly substance abuse – with needs that sometimes exceed the level of available services. The goal to rapidly re-house and minimize shelter stays for families with children remains a difficult task due to the lack of affordable housing. We continue to address all obstacles with compassion and perseverance.

---

## BENNINGTON COC – *courtesy of Chris Oldham, BCCH & Elizabeth Eddy, BROCC*

---

In Bennington County, communication & cooperation between multiple partners is a critical asset in confronting the local challenges facing low-income families and individuals. The Housing Review Team & Prevention (HOP) are great examples of important relationships developed between agencies to identify challenges and develop realistic solutions, collectively.

**Vermont Rental Subsidy Program** (state-funded Rapid Rehousing) is a valuable resource that makes a huge difference in the lives of many homeless families & vulnerable individuals. VRS provides households with a solid year of housing subsidies and assistance (*with eligibility to apply for a VSHA Sect. 8 Housing Choice Voucher with a special preference*) - which can be a first for many low-income families who yearn for new beginnings.

Increased *emergency shelter capacity* is an identified community need with the objective of providing intensive case management, something motels and other precarious housing does not offer, so homeless Vermonters can attain permanent & sustainable solutions.

The lack of *affordable or transitional housing* options as well as available rental subsidies results in slow progress, particularly for single individuals without children. Living in a car or “couch surfing” has become an acceptable option, and it should never be. We are also seeing a growing “working homeless” population of households with full time jobs but earning non-livable wages.

There is a noticeable category of *unmet housing needs* for households without children, including people with disability income under age 60 but ineligible for senior housing or the VT Rental Subsidy Program, and remain on long wait lists at public housing authorities. This will become even more of an issue as more people age at home rather than go into care settings.

---

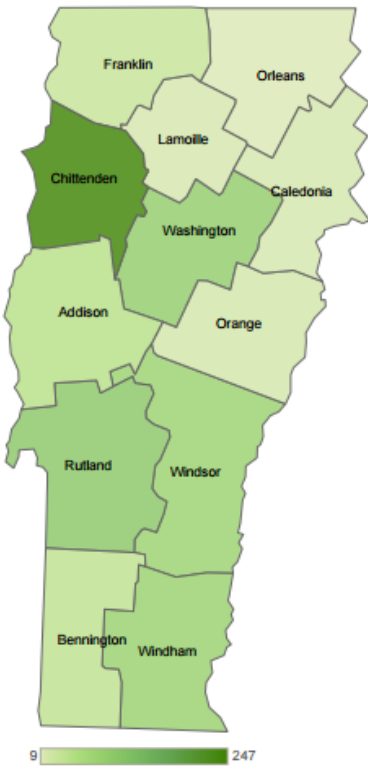
## CALEDONIA/SOUTHERN ESSEX COC – *Jan Rossier, NE Kingdom Community Action*

---

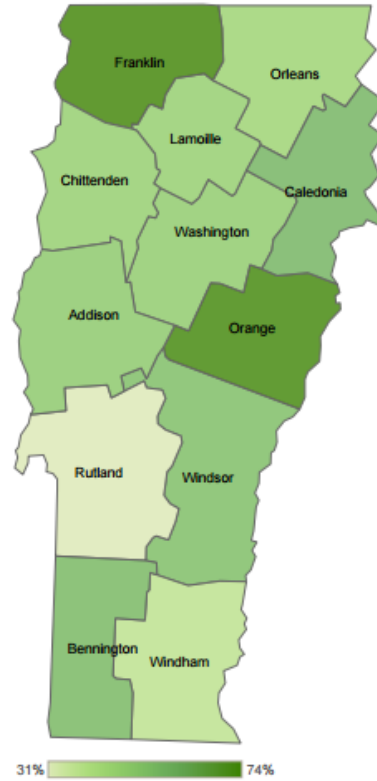
The newest initiative in the southern part of the Northeast Kingdom is the recently opened *warming shelter*. Stepping into the unknown there were lots of perspectives of who would be accessing the warming shelter. As it has turned out, one of the largest groups has been folks with some heavy duty mental health issues that impedes their abilities to obtain and maintain housing. One of the key partners in this particular initiative was the *local mental health organization* [NE Kingdom Human Services] and as such folks were able to be matched with services relatively quickly. For some this was just what was needed, however for others their ability to remain connected for more than a day at a time seemed impossible. They start to receive services and fall from the radar for a month or two. Then they turn back up and disappear. This pattern has proven very challenging for service providers to fully stabilize folks.

One of the interesting outcomes of the warming shelter program this winter has been our ability to identify system gaps and look toward improving services and resources to meet the needs of those who are chronically homeless.

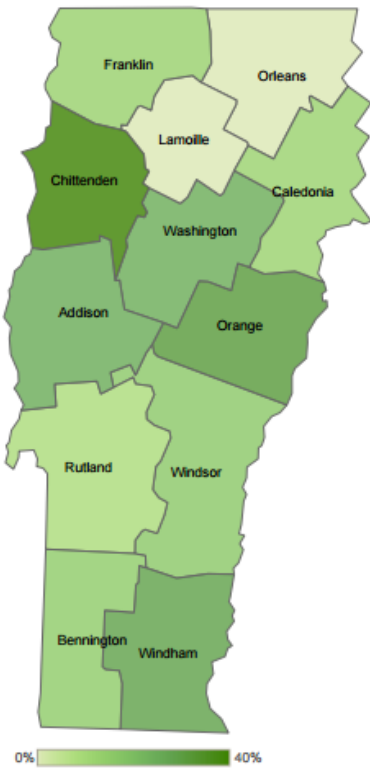
**Number of Homeless Households**



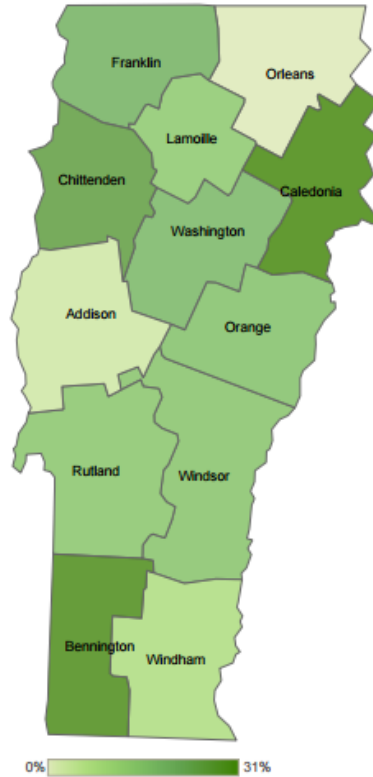
**Percent of Households Newly Homeless**



**Percent of Households Homeless for 1 Year or More**



**Percent of Households Unsheltered**





---

## **CHITTENDEN HOMELESS ALLIANCE** *courtesy of Margaret Bozik, Champlain Housing Trust*

---

Ending homelessness takes an entire community, with the following agencies regularly involved in activities within the Chittenden County CoC: ANEW Place, Burlington Housing Authority, Burlington Police Department, Champlain Housing Trust, Champlain Valley of Economic Opportunity, City of Burlington-CEDO, Committee on Temporary Shelter, Community Health Centers of Burlington-Safe Harbor, Howard Center, Institute for Community Alliances, Pathways VT, VA, Spectrum Youth & Family Services, United Way of Chittenden County, UVM Medical Center, Vermont 2-1-1 (a program of the United Ways of VT), VT Agency of Human Services, VT CARES, VT Center for Independent Living, VT Housing Finance Agency, VT Legal Aid, VT State Housing Authority, and Women Helping Battered Women.

This past year, the Chittenden Homeless Alliance extended its 100,000 Homes community survey to focus on families experiencing homelessness. We hope to replicate the success we've seen in housing chronically homeless single adults through this approach (which also involves a common assessment and community waitlist) with homeless families struggling with disabilities and long-term or repeated homelessness. Additional housing for chronically homeless single adults was created at Beacon Apartments through a partnership between the Burlington Housing Authority, the Champlain Housing Trust and the Community Health Centers of Burlington - Safe Harbor Program, with capital funding from the Vermont Housing & Conservation Board, United Way and the Agency of Human Services and service funding from the UVM Medical Center, United Way, and the Fanny Allen Foundation.

Harbor Place and the seasonal warming shelter operated this year by the Committee on Temporary Shelter provided alternatives to the state's scattered site motel voucher program, allowing guests the opportunity for greater connection to services. The UVM Medical Center studied the outcomes of medical respite provided at Harbor Place and found significant improvements on health-related usage measures. Finally, the Chittenden Homeless Alliance voted this year to participate in a common statewide homeless data management system, which will hopefully provide a more robust picture of homelessness in the future.

---

## **FRANKLIN/GRAND ISLE COC** - *courtesy of Marya Vincent, NW Counseling & Support Services*

---

In Franklin/Grand Isle counties, we have been very successful in addressing homelessness through our local CoC meetings. Having Tim's House in St. Albans has been extremely beneficial as we continue to provide housing for families and individuals, along with case management and overall assistance. We discuss their consumers (at the CoC meeting) that are in the shelter as well as the consumers they have in the community that they continue to support, which leads to productive brainstorming each week; together, we assist with job openings in the area, transportation ideas, accessing mental health counseling, physical health appointments, and more. Our group has formed a strong partnership of dedicated agencies including: We all partner well with one another, and have agencies such as: Tim's House, NCSS (local mental health organization), VT Dept. of Corrections, VT Dept. of Children and Families, Laurie's House (local domestic violence support shelter), CVOEO/Community Action, other Agency of Human Services staff, Restorative Justice Center, Champlain Housing Trust, and numerous guest speakers throughout Franklin & Grand Isle counties.

We have also built a strong relationship with our local DCF office, which has helped our clients with consistency, support and the occasional need to be held accountable. DCF staff attend the local COC meetings to discuss anyone that they feel concerned about regarding housing, as well as to answer any questions other team members may have regarding clients who have children in custody or may be in somewhere in the process of working with DCF.

As far as additional needs in our community, the lack of shelter space and transportation continues to be the biggest barriers for the people we serve. Specifically, there is an identified need for new shelter space dedicated specifically for youth and other smaller populations or for the expansion of our existing two shelters. In addition, more available and appropriate transportation for clients to access services/employment is sorely needed.

---

## LAMOILLE COC - *courtesy of Scott Johnson, Lamoille Family Center*

---

Due to the high volume of need displayed for emergency shelter and long-term housing support services for people facing multiple barriers, the Lamoille Valley Continuum of Care revitalized our active housing partnerships with diverse representation, planning meetings and initiatives (*Strengthening Landlord Relationships*). We continue to support and host the local Housing Solutions Team which meets weekly to triage complicated housing cases.

In addition, this past year saw an effort by Patchworks and many dedicated individuals to develop a Morrisville shelter, to include much-needed low barrier supports. Although this project was met with a great deal of community resistance, our efforts will resume to address homelessness with new strategies and energy over the next several months.

---

## ORANGE/NORTHERN WINDSOR COC

---

We have seen a reduction in the number of homeless families over this time last year. We remain concerned about precariously housed families, those who are moving around frequently with the subsequent instability. The partnership continues to collaborate across all sectors of the community to find approaches and resources to connect with these vulnerable citizens as part of our challenge to truly end family homelessness in Vermont. Evidence proves the need for and power of the “three legged stool” approach: sufficient suitable *housing units*, a *subsidy* to make rent affordable, and *services* to support households. Families previously under close scrutiny by the DCF/Family Services Division, are now able to thrive with this community-based approach.

Our areas largest group of homeless citizens continues to be single adults, many of whom experience serious mental health issues or other disabling conditions. The “three legged stool” is as important for this group as for families, especially for those who choose not to access traditional mental health services, or who are not well managed within that system.

---

## ORLEANS COC - *courtesy of Kathy Metras, NE Kingdom Community Action*

---

Due to having the highest poverty rates in the state and a severe shortage of affordable housing we saw numerous Vermonters forced into precarious housing conditions in order to survive. Due to a milder winter with fewer cold weather exceptions, our family shelter apartments are full with many on waiting lists while they couch-surf due to ineligibility for emergency motel assistance.

Some prominent challenges facing our community this year included:

- A loss of 70 apartment units affordable to low-income families & individuals.
- Exhausted 6 months early, housing funds were only able to assist 93 of 527 people in need.

Local partners meet every month to discuss pressing needs of at-risk and homeless Vermonters. Over the past year, our primary focus was getting a warming shelter started in Newport, which finally opened in February 2016. By providing an alternative to AHS GA motes, the shelter offered collaborative services and connections to housing for those most in need. Next year we are planning on opening again and doing more outreach to increase awareness and support.

---

## RUTLAND COC – *courtesy of Deborah Hall, Homeless Prevention Center*

---

In the past year, the Rutland community made great strides to address poverty & homelessness:

- Area professionals & community members created Project VISION to tackle poverty by identifying effective strategies & tools for residents to create healthy neighborhoods.
- A new Welcome Home Program was established in response to a documented need to serve 14 chronically homeless individuals & veterans in Rutland County. WHP maintains housing first principles (*a national best practice*) by providing vulnerable Vermonters robust services to quickly access & maintain permanent housing without prior “housing readiness” or treatment compliance. This initiative is a community partnership between Rutland Mental Health Services & Homeless Prevention Center, along with integral support from the Housing Trust of Rutland County, Rutland Regional Medical Center, VT Psychiatric Survivors, and the VT Agency of Human Services; with primary funding provided by the VT Dept. of Mental Health (services) & VT State Housing Authority (HUD/CoC Shelter+Care subsidies).
- A new Rutland Youth Advisory Council identifies resources, needs and service gaps.
- As the first pilot program in the VT Balance of State, the Rutland County CoC implemented a new Coordinated Entry System. In partnership with local providers, the Homeless Prevention Center facilitates this federal best practice to create a uniform, community-based process for eligibility screening, service referrals and prioritization of resources.
- Rutland area human service partners are conducting quality improvement reviews, funded by the VT Health Care Innovation Project, to improve care coordination for patients with multiple chronic physical & mental health needs.
- The Landlord Liaison Project is another pilot in Rutland which dispatches housing specialists to cultivate relationships with local landlords in order to gain access & maintain housing for the homeless Vermonters that we serve.

Despite many accomplishments our community continues to struggle with the absence of an emergency shelter and long waits for long-term vouchers, with temporary solutions addressed with Prevention and Rapid Rehousing services. Extensive planning continues with the hope of new shelter space developed before next winter.

---

## SOUTHERN WINDHAM COC – *courtesy of Emily Clever, Winston Prouty*

---

Although the need continues to grow in our community, resources are often lacking to effectively support the numerous homeless families and individuals that we see every day. Southern Windham CoC works well together in trying to fill these gaps and find creative solutions in light of limited resources including through effective planning to create the following new initiatives:

- Our General Assistance (GA) subcommittee developed many **GA alternatives** such as: SE VT Community Action *case management* to support homeless Vermonters staying in motel beds paid by state-funded emergency assistance; new Groundworks *transitional apartments*; and Women’s Freedom Center oversight of GA for *victims of domestic violence*.
- The lack of coordinated databases & **data sharing**, especially with DCF-ESD, poses a challenge that we are meeting with manual reviews and coordinated entry development.

- The Brattleboro Area Housing Review Team builds trust and provides essential leveraging and coordination of resources to avoid duplication of services. Although housing stock remains an ongoing serious issue, we see much success with the **landlord liaison/housing resource coordinator** by making valuable connections which also supports case managers.
- Another best practice is our Creative Community Housing Program that addresses unique challenges of people who are unable to obtain & maintain housing due to the lost opportunity of not fitting strict requirements of assistance programs.

Exciting opportunities and collaborations are happening in Windham County with the momentum helping us stay positive and looking forward to seeing the continued benefits of our hard work.

---

### **SO. WINDSOR/NO. WINDHAM COC** - *courtesy of Trevor Hanbridge*

---

During the 2015-2016 season, the Springfield VT Warming Shelter (SVWS) showed tremendous gratitude for 60 trained volunteers that supported our operations & guest services, including a Mental Health First Aid Course offered by HCRS. The SVWS Board highlights significant community support with representation from: VT Agency of Human Services, Association of Area Churches, SE VT Community Action, Springfield Family Center, Springfield Supported Housing, Springfield Medical Care System, HCRS, Springfield Police Dept., and the local business sector.

In addition to providing a safe place, SVWS assists every guest with access to health care, supported housing, food & economic services, transportation, and employment support. Many guests struggle so significantly with chronic physical, mental health and substance abuse, and socioeconomic stressors that it's too challenging for them to engage, accept or utilize services, resulting in patterns of disengagement or restricted access to shelter services and community resources. We believe that more can be done in our community, and we want to be part of advancing and evolving a healthy system of support.

---

### **WASHINGTON COC** - *courtesy of Liz Genge, Downstreet Housing & Community Development*

---

While the Washington County CoC added more *emergency housing units* in 2016 and we continue to streamline resources and services through our local Housing Review Team, we understand much more needs to be done. In conjunction with this year's Point-in-Time count of literally homeless families & individuals, our area also conducted a count that evening of *precariously housed/doubled up/couch surfing* households. The results showed that over a hundred others on this one night in January were without a place of their own and at an extremely high risk of becoming homeless.

Over the past year, our local Continuum endorsed the Good Samaritan Haven, Capstone Community Action and the Washington County Youth Services Bureau proposals to *restructure* the emergency housing program and strengthen our local crisis response system for families and individuals, including youth ages 16-21. This project added *8 new units* (at Downstreet and private landlords) and boosted *seasonal shelter overflow* accommodations at the Hedding United Methodist Church as GA Alternatives to state-funded motel vouchers. Even with these strides, the count of the homeless illustrates that far too many in our community including families, veterans, victims of domestic violence and sexual violence, youth, and particularly those struggling with both mental health challenges and substance addictions, are without adequate and appropriate shelter.

Over the past decade, the U.S. has been facing what many describe as a growing affordable housing crisis exacerbated by substantial decreases in federal assistance. The majority of VT communities experience rental vacancy rates at anemic levels of just 1-2% and many growth centers see the rising price of land and other causes as driving up housing development costs. A large portion of limited funding goes toward rehabilitating Vermont's housing stock, some of the oldest in the country, and maintaining affordability of existing housing developments.

All of these factors place an unsustainable housing cost burden upon individuals & families, especially those with existing struggles, many finding it difficult to afford their current housing and being only one unexpected expense away from losing their home.

To help address this problem, the State of Vermont works diligently to foster public and private partnerships, including with the three major public funders of housing development in the state:

- *Vermont Housing Finance Agency*
- *Vermont Housing and Conservation Board*
- *ACCD-VT Department of Housing & Community Development (DHCD)*

Coordination with local/regional affordable housing developers, municipalities, and these funders combined State & Federal capital with private equity to create **\$55 million** worth of affordable housing developments in 2015, mostly by leveraging Low-Income Housing Tax Credits.

Despite this achievement, a large gap still persists between housing availability and need, which the State continues to address with more innovative measures such as:

- ➔ Passing a **2012 land use law** to prohibit discrimination against housing developments and community planning decisions based upon the income of intended residents
- ➔ Expanded **Fair Housing Laws** to foster increased housing choice; Increased **housing protections** beyond federally protected classes; Fair Housing **trainings** conducted by the DHCD and VT Human Rights Commission, required for all recipients of CDBG/HOME funds
- ➔ Support **small-scale landlords** with tailored educational materials on landlord-tenant law, how to assess tenants when leasing, and skills to solve landlord-tenant disputes

Municipalities & developers are encouraged to pursue the creation of new & infill housing with assistance from the Neighborhood Development Area Program. Tax incentives, reduced permitting requirements/costs, and technical assistance ensures that more affordable housing is constructed in areas close to services and opportunities for commerce. Six Neighborhood Development Areas exist in Vermont with several more municipalities seeking designation, a promising sign of more, smart development in the future.

---

## VERMONT 211 – *courtesy of MaryEllen Mendl, United Ways of Vermont*

---

Vermont 2-1-1, a program of the United Ways of Vermont, responds to all after-hours calls for the Department of Families and Children, Economic Services benefits center. The majority of these calls are requests for the General Assistance/Emergency Assistance (GA/EA) motel voucher program.

Vermont 2-1-1 Information and Referral (I&R) Specialists can provisionally house a caller in a hotel/motel when the caller is eligible according to the rules put forth by the State. In addition to providing provisional housing to eligible callers, Vermont 2-1-1 I&R Specialists also provide, for every caller, a needs assessment, problem-solving support, and information and referrals to a wide range of services, including: homeless shelters, housing organizations, rent and security deposit assistance, food, clothing, transportation, health and mental health services, and domestic violence services. I&R Specialists are trained to work with each caller to assist with meeting their most immediate basic needs. This often means addressing issues of hunger and lack of housing of any kind and would result in referrals to emergency food resources, community meal sites, warming shelters and appropriate case management services.

Many individuals and families considered homeless or at risk in other arenas – including those in prison/jail or “couch surfing” – are NOT included in the HUD Point-in-Time Count. In 2015, Vermont 211 responded to over 38,000 calls. In that year, of the number of callers identified as seeking emergency housing due to homelessness, only a little more than half (51%) met the HUD definition of literally homeless. In situations where callers identified as being precariously (37%) housed came in at a close second.

The results of the PIT count shape each county’s approach to ending homelessness and there have been many strong and steadfast efforts to alleviate chronic homelessness around the state. Calls to Vermont 2-1-1 for after-hours emergency housing requests decreased 19% from calendar year 2014 to 2015 and while there are certainly many factors that must be taken into consideration, one important factor may be that local and state efforts are moving the needle.

---

## ADDICTION & HOMELESSNESS - *courtesy of Erin O’Keefe, VT Dept. of Health/ADAP*

---

Addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences, including death. It is considered a brain disease because drugs change the brain; they change its structure and how it works. *These brain changes can be long lasting and can lead to many harmful, often self-destructive, behaviors that may contribute to housing instability.*

Substance Abuse is both a risk factor for homelessness and a risk factor for loss of placement, once housing has been established. By developing specialty Patient Centered Medical “health homes”, ADAP and its partners at DVHA and Blueprint for Health have worked to provide more holistic, comprehensive care to individuals experiencing substance use disorders. Health Homes, which include Hubs & Spokes, are able to work with a patient to combat challenges such as chronic homelessness in a more targeted way.

The **Hub & Spoke System** for the treatment of opioid use disorder is predicated on the premise that good care for diagnosed individuals requires more than access to the medications that treat their disease. Patients have access to counseling services designed to teach adaptive coping skills and minimize the risk of continued negative (physical and social) behavioral consequences, including the behaviors that impact homelessness. *Health Home Services* may consist of referrals and coordination of care with a myriad of social and physical service providers, including housing or other social services providers that can assist individuals to address their specific barriers to housing access or housing stability. In just a few short years, the Hub & Spoke model has more than doubled access to the medication assisted treatment and recovery services and presently serves nearly *2,900 Vermonters* with daily access to medication and support services in the hubs and roughly *another 2,500 Vermonters* who receive care through the Blueprint for Health supported spoke system. This enhanced, comprehensive care significantly reduces the mortality and morbidity of Vermonters affected by opioid use disorders.

---

## ENDING CHRONIC HOMELESSNESS – *courtesy of Daniel Blankenship, VT State Housing Authority*

---

The U.S. Dept. of Housing & Urban Development's summary new definition of chronic homelessness is a person with a disabling condition who is residing in a shelter or streets (or other places not meant for human habitation) for *12 months* - continuously or combined.

The 2016 count showed a **25% decrease** statewide of chronically homeless Vermonters:

- ➔ Chittenden 2016 = 64 (37% decrease from 2015)
- ➔ VT BoS CoC 2016 = 60 people (9% decrease on top of a 50% decrease in 2015)

These goals were accomplished due to significant local & state coordination and commitment with strong encouragement from the U.S. Interagency Council on Homelessness:

- Ongoing, successful 100,000 Homes Campaign in Chittenden County with a coordinated entry process, vulnerability-based application process, and a prioritized housing waitlist.
- Housing First Program (Pathways VT), HUD & VA recognized best practice; self-directed services promoting self-empowerment; significant state/federal savings (*Daily Cost = \$42 versus \$1500 psychiatric hospital or \$692 ER*); high housing retention rate of 85%.
- Other innovative & compassionate health care/housing strategies including the new Welcome Home Program (Rutland), a partnership between the Homeless Prevention Center/Rutland Mental Health Services to serve the chronically homeless & veterans.
- New HUD CoC/Shelter+Care subsidy prioritization to 1<sup>st</sup> serve the chronically homeless.
- Peer Services thru VT Psychiatric Survivors (statewide), Another Way (Montpelier), Pathways VT-Soteria House/Hotline/Housing First (Burlington), and others.
- Valuable state-funded programs like VT Dept. of Mental Health's Housing Subsidy & Care to prevent homelessness for people at-risk of or exiting from a psychiatric facility.

---

## VERMONT AGENCY OF HUMAN SERVICES – *courtesy of Angus Chaney, Director of Housing*

---

General Assistance/Emergency Motel Program- Since GA alternative community-based programs came online in late 2015, the VT Dept. for Children & Families has seen a marked reduction of spending on hotel/motel vouchers in three AHS districts (Burlington/St. Johnsbury/Middlebury).

VT Department of Mental Health- The efforts of DMH-funded PATH outreach programs to engage homeless mentally ill homeless individuals and connecting them to housing (DMH Housing Subsidy & Care and others) has been successful. This is particularly noteworthy in Rutland with the new "Welcome Home" program (see "RUTLAND COC").

The original SAMHSA-funded demonstration of a Housing First program in a rural state has translated into PATHWAYS VT Supportive Service Agency now housing some of the most challenging homeless individuals in the system of care.

Since initiation via Act 79, the DMH Housing Subsidy & Care program prevents chronic homelessness in Vermont with community-based assistance to over 180 persons (to date) who exit acute care beds with no home of their own to return to. This cohort would be likely to experience repeat episodes of homelessness without this subsidy and the services/care provided.

Vermont Rental Subsidy Program- VRS continues to provide a vital bridge from homelessness to stable housing. Approximately 190 formerly homeless households (248 adults & 297 children) moved into affordable housing with a VT Rental Subsidy from the Department for Children & Families this year. Among families who exited the program during the year, 87% successfully transitioned to a federal subsidy or increased income and did not require subsidy.

Family Supportive Housing- FSH reduces the incidence and duration of child and family homelessness in Vermont by supporting homeless families with minor children to transition to, and sustain, stable housing through targeted provision of case management, service coordination and coordinated access to affordable housing. Over the past year, 91 formerly homeless families moved into housing & received intensive case management supports through the Family Supportive Housing program. 86% of families remained stably housed at year-end. A legislative appropriation in 2015 allowed the Family Supportive Housing program to expand from three to five AHS districts. AHS is now exploring how these general fund dollars can leverage federal dollars to further expand services into un-served regions.

Commitment to Ending Homelessness- In the spring of 2015, Governor Shumlin and AHS Secretary Cohen announced Vermont's goal of Ending Child & Family Homelessness by 2020. As part of this effort, Vermont adopted the national Family Connection framework, which emphasizes coordinated system work to ensure people in housing crisis are rapidly connected to appropriate resources and services.

---

## DOMESTIC & SEXUAL VIOLENCE – courtesy of <http://www.vtnetwork.org> <http://www.nnedv.org>

---

Thanks to the work of many local victim service and other homeless providers, this year's VT Annual Point-in-Time Count of the Homeless clearly illustrates a continued need for resources to assist the over **230 adult survivors** counted in our state on a single day in January 2016. Although those included in the count are without a home, these numbers does not encompass the hundreds more unable to report or escape their abusers.

*Domestic Violence is one of the leading causes of family homelessness, disproportionately affecting women between the ages of 18-34. Women are less likely to report their abuse when they fear evictions. States can protect domestic violence survivors from housing discrimination without incurring new budget obligations.* -2015 American Almanac of Family Violence

In the September 2015 census count of domestic violence shelter & services, the National Network to End Domestic Violence reports that **71,828 victims** were served in a single day across the U.S., including a story shared by a Vermont advocate:

“We worked with a survivor whose husband was extremely controlling as her caretaker.  
He would take all of her disability payments, and his violence was escalating.  
We were able to house her in emergency shelter.”

In 2015, dedicated local advocates at Vermont Network programs served **8,509 survivors** of: Intimate Partner & Other Family Violence and Sexual Violence (*Stalking, Rape/Attempted Rape, Sexual Harassment, Sex Trafficking, Child Sexual Abuse and other types*) with:

- Shelter (773 adults & children with 35,218 total bed nights), Transitional Housing (266 adults and children for 23,281 bed nights), and Transportation (1,411 times)
- Hotline Calls (16,384) and Helping ALL Survivors (436 men, 230 elders, 535 persons of ethnic/racial minorities, and 735 persons with disabilities)
- Advocacy Services (13,050 times for Housing, 8,344 - Legal Help, 11,236 - Crisis, and more)

The hope of a safer future is shared by the Vermont Network Against Domestic & Sexual Violence with distinctive services for children & teens on: *Safety, Support, Healing, Prevention*, and the value of *Resiliency* when a healthy/non-violent adult is in their lives.



---

## SERVING VETERANS - *courtesy of Jim Bastien, U.S. Veteran Affairs/WRJ Medical Center*

---

The Veterans Affairs/White River Junction-Medical Center (VA/WRJ) is the hub of Health Care for Homeless Veterans Programs (HCHV) serving all of Vermont and portions of New Hampshire.

HCHV provides case management to veterans served by VA-Contracted Shelters [emergency housing] & HUD/VASH [permanent housing]; and coordinates contracted services with several community partners operating Grant & Per Diem [transitional housing] and Supportive Services for Veteran Families [rapid rehousing] Programs.

WRJ Medical Center utilizes an *innovative and unique model* of program delivery within the VA. Case managers are cross-trained in all HCHV programs to greatly enhance care coordination & supports stronger teams to quickly identify homeless veterans, assess for services and connect them with a VA staff person who can best meet their needs.

During the last year, VA/WRJ supplemented service capacity by hiring more case management staff at our Brattleboro Community Based Clinic and the WRJ Medical Center. Additional VA staff, in combination with strong community partners, allowed HCHV to *increase the percentage of homeless veterans securing HUD/VASH vouchers* and other permanent supportive housing.

In November 2015, both Vermont Continua and the VA-WRJ formed a statewide Homeless Veteran's Committee to focus planning & services in a concerted manner, including to:

- ➔ Secure HUD-funded technical assistance as part of the national *Vets@Home Initiative*.
- ➔ Set a goal of reaching "*Functional Zero*", whereby the number of veterans entering into homelessness is less than or equal to the number of veterans exiting homelessness.
- ➔ Develop a "*By Name List*", using VT HMIS as its data platform, to track all homeless veterans in the state and use this information to facilitate ongoing case conferencing.

---

## VT HOMELESS EDUCATION PROGRAM – *courtesy of Beth Meyer, VT Agency of Education*

---

The McKinney-Vento Homeless Assistance Act mandates that all children & youth experiencing homelessness have equal access to the same free, appropriate public education provided to others. The Act *reduces barriers* to school enrollment, attendance and academic progress for students experiencing homelessness with access to extra support services.

In the 2014-15 school year, Homeless Liaisons from Vermont supervisory unions and districts identified & enrolled 1,124 students from families who lack a fixed, regular and adequate nighttime residence due to the loss of housing and/or economic hardship. Although we believe this figure to be low, as it does not capture all students who experience *insecure/precarious housing*, our resolve is strong to employ more strategies with identifying and supporting all students in need.

As Vermont only meets a small-state minimum, McKinney-Vento funds provide *limited resources*, often leaving local homeless education liaisons with little time to do this important work. In response, we constantly strive to maximize community assets and strengthen partnerships between housing and case management service providers. One recent example includes a collaboration between the Agency of Education and the Agency of Human Services with a training webinar, called "*Supporting Kids Together: Homeless Service & Education Partnerships in VT*", a forum for different providers to learn about services & connect with peers from around the state.

In addition, the McKinney-Vento Act was reauthorized in December 2015 with passage of the Every Student Succeeds Act which gives each state an opportunity to assess how to meets the needs of the students and create systems of support for homeless education liaisons. <http://education.vermont.gov/homeless-children-and-youth>

---

## YOUTH IN NEED - courtesy of Bethany Pombar, VCRHYP \* [www.vcrhyp.org](http://www.vcrhyp.org)

---

The Vermont Coalition of Homeless and Runaway Youth Programs (VCRHYP) is a collective of 14 member agencies providing support services & temporary housing for youth aged 12 to 22 who are precariously housed, at-risk of losing their home, or experiencing homelessness.

Challenges that affect many Vermonters – high housing costs, rising food prices, inadequate public transportation, lack of jobs/stagnant wages, rising levels of substance abuse – can take an even greater toll on young people lacking the safety nets of family, education or employment.

VCRHYP member agencies provide youth & their families' supports with two primary programs:

Transitional Living Programs help youth (16-22) with difficult transitions to adulthood thru re-engagement in education, employment resources, and building vital life skills.

Runaway & Family Stabilization services help youth and families in crisis through mediation, individual counseling, emergency shelter and connections with community supports.

VCRHYP agencies provide youth with developmentally appropriate & innovative strength-based practices to promote safety/well-being, self-sufficiency and lasting connections through:

- Crisis supports available 24-hours a day, 7 days a week.
- Resiliency and asset building case management to nurture youth empowerment.
- Positive Youth Development- understanding that all young people need support, guidance, opportunities and must be the central voice in decision-making.
- Enhancing collaborations & statewide communities of practice for youth services.

As a result, youth involved in VCRHYP programs achieve positive, sustainable outcomes:

- ➔ 90% exited to a *safe place*.
- ➔ 80% possessed *healthy support networks* with adults and peers.
- ➔ 75% of youth attained essential *independent living skills*, achieved & stayed employed, accessed community resources, managed finances, and developed plans for the future.

---

## PUBLIC HOUSING AUTHORITIES IN VERMONT - courtesy of Daniel Blankenship, VSHA

---

The U.S. Dept. of Housing & Urban Development directs the largest anti-poverty program in the nation with the Section 8 Housing Choice Voucher Program & Public Housing, as well as VASH (veterans), HOPWA (people with HIV/AIDS), Continuum of Care Homeless Programs, and more.

*Barre, Montpelier, Rutland* and other municipal Housing Authorities are all highly active within their local Continua of Care to increase housing stability for vulnerable individuals & families through education, streamlined services, and effective collaborations.

*Brattleboro Housing Partnership* (aka Brattleboro Housing Authority) is an integral player within the Brattleboro CoC with deft administration of several HUD programs within So. Windham County, including substantial Sect. 8 Housing Choice Voucher & CoC/Shelter+Care Programs, along with providing extensive community planning & support.

*Burlington Housing Authority* maintains its critical role as a housing partner within the Greater Burlington area, including prioritization of up to half of its rental assistance to serving homeless households. Along with high rates of housing placement, BHA tripled its housing retention team to effectively prevent households from becoming homeless. In conjunction with administering a CoC/Shelter+Care Program, BHA partnered with CVOEO and the Chittenden Homeless Alliance over the past year to successfully identify/assess/house over 60 chronically homeless individuals.

*Vermont State Housing Authority*, a quasi-state agency established as the 1<sup>st</sup> statewide PHA in the U.S., maintains its unwavering commitment to ending homelessness throughout the state with:

- Expanded preferences: homeless families with children receiving case management, persons exiting domestic violence transitional housing, households transitioning from VSHA Rapid Rehousing & Shelter+Care Programs and the AHS-VT Rental Subsidy Program.
- Collaborative Applicant: Lead agency assisting the VT Balance of State Continuum of Care to conduct Point-in-Time Count, complete annual competitive HUD CoC Program application (\$2.7 million+), support VT Homeless Management Information System, etc.
- HUD CoC/Shelter+Care administrator serving over 225 households with long histories of homelessness AND disabling conditions, plus many families & victims of domestic violence.
- HUD VASH statewide administrator, in alliance with VA/WRJ, serving 194 homeless veterans.

---

***The following is an opinion piece on ending homeless by Hal Cohen, Secretary of the Vermont Agency of Human Services, originally published in December of 2015 (<http://www.rutlandherald.com/article/20151223/OPINION04/151229805>):***

It may not feel like it, but the first official day of winter was this Tuesday, right in the middle of the holiday season. As a father, the start of winter and the holidays are among my favorite times because I know that my children, wherever they may be, will find their way back home. “Home” takes on special meaning this time of year. I imagine that is especially true for members of our community facing winter and the holidays without one.

Vermont has a pressing homelessness issue, and at any time some 1,500 Vermonters are without housing. That is more people than the populations of many Vermont towns. Vermont’s homeless are not strangers. They are our neighbors. They are members of our communities. They are men, women, and they are children. In fact, one in four homeless Vermonters is younger than 18 years of age.

I wish the answer to this challenge were as simple as finding an apartment and moving in, but the situation is more complicated. Homelessness largely affects families living in poverty, and Vermont has a significant affordable housing shortage. Our statewide rental vacancy rate for multi-family affordable housing is near 1 percent and prices for available rentals are just too steep for most low-income families to afford. For many, there are also underlying factors that contribute to their inability to hold onto permanent housing — factors such as unstable employment, substance abuse, physical or mental health concerns and others.

It is unrealistic to expect anyone to successfully stay in their home unless we address the root causes that contributed to them being homeless in the first place. To effectively reduce this risk, Vermont must take a more formalized approach to how it helps people put homelessness behind them. We must support existing efforts like the Vermont Rental Subsidy and the Family Supportive Housing programs, and we must build on those efforts to address the many obstacles these Vermonters face.

On March 30, I joined Gov. Peter Shumlin to announce the launch of Ending Family Homelessness 2020. This initiative brings existing programs together, integrates essential resources and helps local communities establish coordinated systems that assess the housing needs of families. Ending Family Homelessness 2020 connects families to the supports they need to be successful in their new homes. It streamlines access to federal rental vouchers for families, and adds incentives for local housing developers to create affordable apartments that will

be available to them. It also brings multiple community partners to the table so we can work together to tackle this important issue.

In its first six months, Ending Homelessness 2020 saw very positive results. Between April and September, Vermont rental subsidy vouchers helped 71 Vermont families (102 adults and 140 kids) move from shelters and motels into safe, affordable housing. This year, the Family Supportive Housing program helped an additional 91 families (121 adults and 176 kids) that had been struggling for some time with homelessness get stabilized in affordable housing.

So far, an impressive 86 percent of these families have successfully remained in their homes. And for the first time in five years, we saw a decrease in the number of Vermonters without housing. That decrease includes an important and impressive 17 percent reduction in the number of Vermont children who are homeless. Vermont now ranks among the top five states in the country in terms of having very low numbers of homeless families and homeless veterans who remain unsheltered (living outdoors or in cars), but we can — and we must — do better by our fellow Vermonters than provide a bed in a shelter or in a motel on cold winter nights.

These are early signs of progress. We have more to do, and ending homelessness will remain one of our top goals in coming years. Making homelessness history requires not just government action and the involvement of local organizations. The engagement of the entire community is essential to our continued success.

Across the state, Vermonters are getting involved in meaningful ways that make sense to them and are making a difference. You, too, can make a difference, whether it's by volunteering at a warming shelter, helping to cook and serve a community meal at your local place of worship, making a financial gift to a local group that provides shelter or housing, knitting warm hats and mittens for someone staying in a shelter, sticking up for a homeless family or individual when they become the easy scapegoat for a community's challenges or even creating an accessory apartment or making part of a larger home available to someone with limited means through a Home Share program.

I urge you to become part of the solution. Remember — homelessness is not happening somewhere else to "other people." Homelessness is happening here in Vermont to our people. I know if we work together, all Vermonters can enjoy the peace of mind that comes with knowing that they and their families are safe — they are home.

## Local Continuums of Care

Each region of Vermont has its own continuum of care. Ideally, a continuum is a partnership of:

- Local service and resource providers (Community Action Agencies, Mental Health Providers, homeless shelters, private health care providers, etc.),
- State of Vermont District Offices (Economic Services, Family Services, Reach Up, Vocational Rehab),
- Non-profit and for-profit housing managers,
- Housing Developers,
- People who are or were homeless,
- Any other key players in the homelessness or low-income service or housing systems.

Together, this collection of partners meets regularly to monitor the needs in their region and works to streamline services and housing.



### Addison:

Peter Kellerman, pkellerman@yahoo.com

### Bennington:

Christopher Oldham, christopher.oldham@bcch-vt.org  
Maryann St. John, MSt.John@broc.org

### Chittenden:

Erin Ahearn, eahearn@chcb.org  
Margaret Bozik,  
Margaret.Bozik@champlainhousingtrust.org

### Franklin/Grand Isle:

Marya Vincent, marya.vincent@ncssinc.org

### Lamoille:

Scott Johnson, sjohnson@lamoillefamilycenter.org

### Northeast Kingdom (Caledonia/Essex Counties):

Jan Rossier, jrossier@nekcavt.org

### Orange/Windsor North:

Sara Kobylenski, SKobylenski@uppervalleyhaven.org

### Orleans:

Kathy Metras, kmetras@nekcavt.org

### Rutland:

Deborah Hall, deborah@hpcvt.org

### Washington:

Liz Genge, lgenge@downstreet.org

### Windham South:

Emily Clever, emily@winstonprouty.org

### Windsor South/Windham North:

Pat Burke, pburke@sevca.org

