

**Vermont Balance of State Continuum of Care
PLAN FOR SERVING INDIVIDUALS AND FAMILIES EXPERIENCING HOMELESSNESS
WITH SEVERE SERVICE NEEDS**

The Vermont Coalition to End Homelessness (VCEH) is the collaborative applicant for the HUD recognized Balance of State Continuum of Care (VtBoSCoC). As such, VCEH is submitting this Plan as part of its application to HUD for Continuum of Care Supplemental to Address Unsheltered and Rural Homelessness. VCEH is submitting X project applications for \$X funding over 3 years to help advance the BoSCoC strategies outlined in this Plan for Serving Individuals and Families Experiencing Homelessness with Severe Service Needs. This Plan outlines range of strategies to end unsheltered homelessness, leverage mainstream housing and health care resources, and ensure a measurable reduction in unsheltered homelessness in 10 (of 12) Vermont counties under the jurisdiction of the VtBoSCoC: Addison, Bennington, Caledonia, Essex, Grand Isle, Lamoille, Orleans, Rutland, Washington, Windham, and Windsor Counties.

To meet the ambitious timeline for developing the Plan and responding to the funding opportunity, the VtBoSCoC established a “Special NOFO” Committee co-chaired by the VCEH Executive Director, Martin Hahn, and State Office of Economic Opportunity (OEO) Director, Sarah Phillips. OEO is Vermont’s sole HUD Emergency Solutions Grant recipient. The Special NOFO Committee included ... The Special NOFO Committee hosted three public meetings to inform this draft plan, including a meeting specifically for interested project applicants. These meetings included X participants which included representation from a healthcare provider, a public housing agency, a youth development coalition, a community action agency and a person with lived experience. The draft Plan was released on X/X/XX, with feedback received by X/X/XX. Based on feedback, revisions were made to ...

A) LEVERAGING HOUSING RESOURCES

The State of Vermont and the VtBoSCoC have a long history of collaboration between housing developers and homeless service providers to leverage mainstream housing to help re-house Vermonters experiencing homelessness.

Most notably, an Executive Order on April 20, 2016 on "[Publicly Funded Housing for the Homeless](#)" establishes a goal to make at least 15% of the housing units that have received state-controlled funding available to Vermonters experiencing homelessness. In order to track progress towards this goal and to identify gaps in the support system needed to successfully house homeless Vermonters, the Department of Housing and Community Development uses a Housing Access Reporting Tool for owners of publicly funded housing to report on their progress, challenges and successes in working towards this goal. As of XXXX, approximately X% of publicly funded housing is supporting Vermonters who were homeless prior to entry. LIHTC Applicants to the Vermont Housing Finance Agency are expected to maintain compliance with the EO. Vermont’s Tax Credit Qualified Allocation Plan also seeks to support projects which provide at least 25% of housing credit units as housing for households exiting homelessness, and these new units are filled through the CoC coordinated entry processes. The Vermont State Housing Authority has a longstanding commitment to leveraging resources to support households exiting homelessness as demonstrated by a “move-up” preference for households previously homeless, project-based vouchers dedicated towards re-housing homeless Vermonters and long-standing leadership within the VtBoSCoC.

1) DEVELOPMENT OF NEW UNITS AND CREATION OF HOUSING OPPORTUNITIES (10 PTS)

In December 2021, Governor Phil Scott joined the [House America](#) initiative. Through this national partnership, HUD and the U.S. Interagency Council on Homelessness (USICH) have encouraged state, county, municipal and tribal nation leaders to commit to using a portion of the historic investments provided through the American

Rescue Plan Act (ARPA) to address the crisis of homelessness by rehousing and building additional housing for people experiencing homelessness. During the pandemic, the State of Vermont launched a comprehensive housing recovery plan to leverage state and federal funds, including Coronavirus Relief Funds, which added more than 350 new units specifically designated for those experiencing homelessness between January 2020 and September 2021. New CARES Act funds were also used to rehabilitate apartments that were uninhabitable, and provide rental assistance and housing services – collectively, since the start of the pandemic, these initiatives helped more than 1300 households exit homelessness before September 2021. In joining the House America effort, the State of Vermont has pledged to continue leveraging available resources to address homelessness. Specifically, Vermont is committed in 2022 to the creation of 560 new units dedicated to rehousing people exiting homelessness and a goal of rehousing an additional 1,000 households. These new investments are coordinated through the Vermont’s legislatively appointed Housing Recovery Work Group to ensure they respond effectively to homelessness. The Housing Recovery Work Group includes Vermont Housing & Conservation Board, Vermont Housing Finance Agency, Vermont State Housing Agency, Department of Housing and Community Development, Department for Children and Families, and the Vermont Agency of Human Services who integrate (to the maximum extent possible) new funding for services, capital (unit) and subsidy.

Key Investments and Strategies for Success:

Capital Investments to Create Dedicated Units for Homeless Households in Coordinated Entry

The following substantial and new capital investments have been made by the State of Vermont in order to re-house homeless Vermonters:

- [Vermont Housing & Conservation Board \(VHCB\) - Multi-family Affordable Housing Development](#)

VHCB makes grants and loans for the acquisition, rehabilitation, and construction of affordable housing by nonprofit housing organizations. VHCB is administering funding from the federal American Rescue Plan Act State Fiscal Recovery Fund (ARPA-SFR) to accelerate the production and rehab of affordable housing and emergency shelters. Significant ARPA funding (\$119m), combined with Coronavirus Relief Funds (CRF) awarded to projects in 2021 (\$32m) and supplemental State General fund (>\$100m) is anticipated to yield more than XX new units (between XXXX and XXXX), with approximately XX dedicated to re-housing Vermonters experiencing homelessness. VHCB also administers the federal HOME program, and HOME ARPA investments.

All new units created within the VtBoSCoC service area dedicated for people experiencing homelessness are filled through the VtBoSCoC coordinated entry process. Most of these new units are also deeply subsidized through a project-based voucher commitment by a public housing authority.

- [Department of Housing & Community Development – Vermont Housing Improvement Program \(VHIP\)](#)

The Vermont Housing Improvement Program (VHIP) provides rental property owners up to \$50,000 per unit to cover the cost of repairs needed to bring older, vacant units up to code. VHIP builds upon past rental rehabilitation pilot programs that used modest public investment to revitalize Vermont’s older housing stock and address Vermont’s affordable housing crisis. Landlords participating in VHIP commit to maintaining rents at or below HUD Fair Market Rent and to use the VtBoSCoC coordinated entry process to find renters for at least five years. VHIP was initially supported by \$7.2m in CRF funds, followed by \$25m in ARPA SFR investments. VHIP is administered regionally through Vermont’s

homeownership center network and is expected to create approximately XX new units between XXXX and XXXX.

Braiding Federal Rental Assistance in Projects to Deeply Subsidize Units

Vermont has a demonstrated history of braiding together capital investments with rental assistance and services to help families and individuals experiencing homelessness to get and keep stable permanent housing. This key strategy is possible due to VtBoSCoC's strong partnerships with and commitments from the XX (6?) public housing authorities (PHAs) within the service area. The largest is the Vermont State Housing Authority (VSHA) which administers a Housing Choice Vouchers, a Project-Based Voucher and Moderate Rehabilitation Programs. VSHA also administers CoC-funded Permanent Supportive Housing (PSH) and Rapid Re-housing (RRH) Projects, in addition to Family Unification Program and Mainstream (811) Program. VSHA has also administered Vermont's Emergency Rental Assistance Program (ERAP) and the Emergency Housing Vouchers – the latter in partnership with the VtBoSCoC.

At least X Public Housing Authorities currently have committed project-based vouchers for people experiencing homelessness in projects which leverage CoC Program funding to support transitional services or long-term permanent supportive housing services. In total, the Vermont State Housing Authority has X Project-Based Voucher units currently committed to serving households exiting homelessness. Of VSHA's total Housing Choice Voucher portfolio, X% of households have come from homelessness.

For example, the Rutland Housing Authority (PHA) has partnered with the Housing Trust of Rutland County (Nonprofit Affordable Housing Developer and Manager), the Homeless Prevention Center (a VtBoSCoC Coordinated Entry Regional Lead) and the Rutland Mental Health Services (health care services) to provide permanent supportive housing to formerly homeless community members. The Vermont State Housing Authority administers the "A Way Home" project, which pairs project-based vouchers with CoC-funded housing retention services to provide permanent supportive housing to 60 chronically homeless households in four VtBoSCoC local regions. The Emergency Housing Vouchers are serving 99 households referred through VtBoSCoC coordinated entry who are homeless and fleeing domestic/sexual violence.

Bridging Temporary Rental Assistance to Permanent Affordable Housing

Rapid Re-housing programs in Vermont which seek to quickly re-house homeless families and individuals have found success by bridging households from temporary rental assistance to a permanent housing choice voucher through "move-on" or "move-up" preferences at Public Housing Authorities. For example, the Department for Children and Families (DCF) administers the Vermont Rental Subsidy Program, which provides 12-18 months of rental assistance for homeless families, primarily families enrolled in Reach Up (Vermont's TANF program). After 9 months of successful tenancy, participants can apply for a VSHA Housing Choice Voucher with a "move-up" preference. Similarly, ESG-CV funds were deployed by DCF in fall 2020 to support a statewide "CARES Housing Voucher Program"; this rapid re-housing initiative provided 12-18 months of rental assistance and supportive services to over XXX families exiting homelessness who were able to transition to a permanent housing voucher in partnership with VSHA. In the past year, X households have transitioned from VRS and CARES projects to a VSHA Housing Choice Voucher due to a preference. Other CoC RRH projects, as well as VA-Supportive Services for Veteran Families also can "move-up".

Moving Forward

X Public Housing Authorities have submitted their interest to HUD in receiving new Housing Stability Vouchers. Based on total available voucher nationwide, it is not anticipated that Vermont's allocation will be

substantial. Nonetheless, VSHA and XXX have committed to partnering with the VtBoSCoC on a prioritization plan for the allocation of Stability Vouchers, which may include a preference through the coordinated entry process. Where possible and if awarded, these PHAs are willing to pair new vouchers with CoC-funded supportive services. See attached.

VHCB and DHCD have both provided a letter of commitment regarding new housing units.

To be successful in rental housing, all Vermonters need an apartment (1) which is affordable (2) as well as the individualized supports and resources (3) to thrive. This three-legged stool supports a strong, stable, rental housing market and is critical for individuals and families exiting homelessness – capital investments to create and leverage units (1), rental assistance to create deep affordability (2), and individualized supportive services (3) to meet household needs.

The VtBoSCoC has prioritized projects which will combine all three “legs of the stool” – and specifically seek to braid supportive services with VHCB or VHIP supported new units, and/or leverage federal rental assistance through project-based vouchers or move-on preferences.

Insert Project Application Examples Here

2) LANDLORD RECRUITMENT (8 PTS)

For several years, many communities in the VtBoSCoC have suffered from significantly low vacancy rates (X% in XXXX). At the same time, Vermont’s rental housing stock is one of the oldest in the nation. In communities where rental housing could be located, the quality of housing often fails to meet minimum habitability standards. The pandemic has exacerbated an existing housing crisis – making locating and securing code-compliant rental housing at Fair Market Rent regularly takes 90-120 days even for households with few traditional barriers to tenancy. Vermont has implemented a range of landlord outreach, recruitment and retention strategies which have demonstrated success.

Rental Risk Mitigation Funds

Vermont’s Family Supportive Housing (FSH) Program helps place families experiencing homelessness with severe service needs into permanent affordable housing and provides ongoing home-based intensive service coordination to support housing stability. FSH is administered by DCF, delivered by X community-based organizations, and serving X families annually statewide. Since its inception in 2014, the FSH program has used a rental risk pool to mitigate perceived and real risks of private landlords who rent to FSH families, many who have significant rental barriers (e.g., poor rental history, criminal background, poor credit, etc.). Lease addendums are used to outline why and how landlords can access risk pool funds. By pairing risk pools with intensive supportive services, a modest commitment of resources successfully helps to re-house X families annually. In Spring 2022, the Vermont legislature appropriated \$5m to launch a statewide rental risk mitigation fund to mitigate real and perceived risks for landlords renting to any household with a public subsidy. The new statewide program will launch in Fall 2022.

Landlord Liaisons

DCF OEO administers the Housing Opportunity Grant Program (HOP) which blends federal ESG and state funding to support community organizations in providing emergency shelter, rapid re-housing, homelessness prevention and coordinated entry housing navigation services. Since 2016, HOP has supported Landlord Liaison positions at several community organizations and provided training and technical assistance to develop best practices. Landlord Liaisons do not provide supportive services to households, but instead seek to act as a point of contact for private landlords within the community. Landlord Liaisons have hosted landlord outreach

and recognition events, helped landlords apply for new resources (e.g., ERAP), and helped landlords navigate federal requirements such as fair housing, FMR, habitability inspections, etc. DCF is now administering an ERAP-funded Housing Stability Services Program through 2026. Altogether \$X in federal and state funding is leveraged through DCF to support X landlord liaisons across Vermont. Similarly, the CoC Youth Homeless Demonstration Program has supported a youth-specific landlord liaison initiative in X communities.

Landlord Incentives

During the pandemic, Coronavirus Relief Funds were used to launch a statewide Rapid Resolution Housing Initiative (RRHI). RRHI pairs flexible financial assistance with client-centered problem solving to help households quickly exit homelessness to a range of safe housing options. In addition to typical moving costs, RRHI's flexibility was able to be used to support households with sign-on bonuses, additional security deposits, and even to address home repair issues which prevented move in. \$X in RRHI helped XX households exit homelessness between XXXX and XXXX. Similarly, ESG CV funding allowed new flexibilities for landlord incentives which were key to the success of the CARES Housing Voucher Program.

Rental Improvement Programs

The initial tranche of funding for the Vermont Home Improvement Program (detailed above) led to re-housing X individuals and families experiencing homelessness in 2021. Vermont's Homeownership Centers implement VHIP regionally and act as a central point of contact for private landlords seeking to participate. Significant new processes were established in round one between the Homeownership Centers and VtBoSCoC regional Coordinated Entry lead agencies to ensure streamlined, successful referrals from coordinated entry to private landlords, preventing unnecessary vacancies and ensuring rental assistance and services were in place. Lessons learned in this initial roll out (2021) have been incorporated into the current program. In addition, VSHA administered a nationally recognized ERAP-funded Health and Safety Repair program, allowing certain repairs deemed necessary to maintain safe and healthy living conditions where households met ERAP requirements.

Landlord-Tenant Mediation Program

Originally with CRF funding, and then with ERAP Housing Stability Service funding, the Vermont Landlords Association has implemented a statewide formal [landlord-tenant mediation program](#) to help landlords and tenants come to mutually agreeable solutions without the expense, time and stress of court involvement. At no cost, more than X landlords have participated in the program since its inception in 2021.

Moving Forward

The VtBoSCoC will explore the use of HMIS to track placements from coordinated entry into permanent housing, specifically beyond the basic HMIS data elements. The VtBoSCoC will seek to understand which landlord recruitment tools were used to secure a placement, as well as geographic variance on the success of landlord recruitment tools.

The VtBoSCoC has prioritized projects which have demonstrated a partnership with VHIP and also projects with a specific landlord recruitment and engagement strategy which is outlined in the project staffing structure or will leverage the landlord recruitment tools identified above.

Insert Project Application Examples Here

B) LEVERAGING HEALTHCARE RESOURCES (10PTS)

Vermont has several homeless healthcare partnerships in place which seek to meet the needs of individuals and families experiencing homelessness with the most severe service needs. Vermont operates a section 1115

demonstration “Global Commitment to Health” in which the Vermont Agency of Human Services (AHS) is the Single State Agency responsible for administering Vermont’s Medicaid program. The AHS Department for Vermont Health Access operates both the state’s Medicaid program and state-based marketplace. The Global Commitment waiver allows Vermont to develop innovative care models, improve care coordination and strengthen population health management. The Vermont Agency of Human Services includes several Departments leveraging healthcare services to meet the needs of Vermonters experiencing homelessness, particularly those with the most severe service needs and unsheltered. The following are examples of healthcare funded supportive housing:

- DCF Family Supportive Housing (FSH) provides Medicaid targeted case management and service coordination to help families experiencing homelessness to transition to and sustain permanent affordable housing. FSH uses an evidence-based practice for housing families with complex needs and multiple-systems involvement. FSH supports eight community-based providers in the VtBoSCoC who partner with affordable housing providers and utilize Family Unification Vouchers to support approximately 250 families annually. All families experiencing homelessness are eligible for enrollment, with prioritization for households with child welfare involvement.
- Department of Mental Health (DMH) Subsidy + Care Program is modeled after HUD’s Shelter+Care program and targeted to serve Vermonters in mental health acute care beds or those who are homeless and at serious risk of needing an acute care bed. Tenant-based rental subsidies are administered by the VSHA, and treatment services are provided by community-based organizations serving people with serious mental illness. About 100 households benefit from the program annually.
- DMH also has designated Pathways Vermont as a Specialized Service Agency to provide Housing First services statewide to individuals who are homeless and have serious mental illness.
- Support and Services at Home (SASH) model supports older adults and adults with disabilities in publicly supported housing to be able to stay in their own home, and thus avoid nursing home care. SASH is supported by Medicaid and Medicare funding.
- Department of Corrections administers funding for community-based organizations to support re-entry supportive housing for people to prevent homelessness and reduce recidivism. Grants are supported by global commitment funding and pair rental assistance with supportive services for participants with complex behavioral health needs, generally exiting institutions and without other housing options. More than 500 individuals are served annually.
- During the most recent reporting period, VSHA CoC-Permanent Supportive Housing Programs (“Shelter+Care”) leveraged over \$800,000 in healthcare resources, mostly through Medicaid billing, to support 141 households.

In addition, there are several strategies underway to provide outreach-based healthcare services for households experiencing homelessness:

- The Vermont Chronic Care Initiative provides holistic, intensive, and short-term case management services to Vermonters enrolled in Medicaid. VCCI works with members referred for complex case management by healthcare and human service providers. VCCI case managers and outreach coordinators screen members to identify and prioritize needs to help them access housing, food, safety and health care services to meet their needs. The VCCI team works to connect members with medical homes, community-based self-management programs, local care management teams and to navigate health related care. VCCI regularly works with households experiencing homelessness and is a VtBoSCoC coordinated entry referral partner.
- The VtBoSCoC has partnered with the Vermont Department of Health (VDH) on a homeless health care capacity building project, supported by a federal Rural Health Equity Grant. VDH has hired a homeless health care coordinator and awarded more than \$500k to 9 regional continuums of care in the

VtBoSCoC to support local health care capacity building partnerships. The initiative has also partnered with the National Council on Homeless Health Care to provide training and technical assistance. The VDH-supported initiative seeks to build out best practices for enhancing and expanding healthcare access for Vermonters experiencing homelessness, as well as identify overarching recommendations for state policymakers. The Vermont Homeless Health Care Capacity Building Project launched in Spring 2022 with a statewide Homeless Health Care Summit.

- Vermont has a Medicaid benefit for mobile crisis services delivered by ten local community mental health agencies which includes crisis response, inpatient screening, and mobile outreach. Vermont has also received a federal grant to support planning to expand and enhance mobile crisis services. A large statewide planning effort is underway, which yielded a needs assessment report in June 2022.
- VDH local district offices provide coordination and support of COVID and other vaccination and prevention efforts. In 2020 and 2021, more than X COVID vaccination clinics for Vermonters experiencing homelessness were offered with support from VDH.

Healthcare Screening and Referrals

The VtBoSCoC uses a complex (or “severe”) service needs score¹ to identify and prioritize households for permanent supportive housing. This assessment identifies whether a member of the household has been a frequent user of other systems, previous episodes of homelessness, victimization, acute and chronic health conditions, as well as rental, employment and educational history. The VtBoSCoC “complex service needs score” generally mirrors the HUD Special NOFO definition of “severe service needs”. The Complex Service Needs assessment section is also used to specifically to screen and refer households to other housing, human services and health care resources for which they may be eligible. For example, a household with chronic health conditions and no health care provider would be referred to VCCI. A homeless family with child welfare involvement can be screened, prioritized and referred to Family Supportive Housing. A household with a SUD and seeking treatment, can be referred to for a screening and assessment for SUD services through Vermont’s preferred provider network. Work is underway to incorporate screening and referral for long-term care resources, to VCCI and to revise the assessment to include screening for experiences of unsheltered homelessness.

Moving Forward

The VtBoSCoC has prioritized projects which will leverage substantial healthcare resources to provide individualized support services to project participants, whether through Medicaid/insurance billing, tailored services or partnership. VtBoSCoC will fund projects that do not restrict enrollment based on eligible requirements of the health care service provider, and where SUD treatment and recovery services are available to all participants based on choice.

VCCI and AHS have both provided a letter of commitment regarding leveraging healthcare resources.

Insert Project Application Examples Here

C) STRATEGY TO IDENTIFY, SHELTER, AND HOUSE PEOPLE EXPERIENCING UNSHELTERED HOMELESSNESS

¹ Add as appendix?

The VtBoSCoC has a strong network of providers working to reach people experiencing unsheltered homelessness in locations they reside. In rural Vermont, this often include encampments outside of town and city centers, and thus “outreach” will be used in place of “street outreach” to describe Vermont’s strategies and resources. In addition, Vermont has a robust option of shelter options, including the low barrier statewide DCF General Assistance Emergency Housing and Transitional Housing programs, which use motel vouchers and occupancy in lodging establishments to provide shelter options when community-based emergency shelter capacity is not available. Indeed, during the pandemic the Emergency Housing program expanded from pre-covid eligibility and enrollment of approximately 200-300 households per night to provide non-congregate shelter for upwards of 1900 households per night. DCF’s Emergency & Transitional Housing programs are now housing approximately 1500 households per night compared to publicly funded community-based shelters which now support approximately 500 households per night (compared to 350 households pre-COVID). Vermont’s emergency shelter system is grounded in the principle to quickly connect people to permanent housing. As well, all VtBoSCoC Rapid Re-housing and Permanent Supportive Housing projects abide by Housing First principles and the VtBoSCoC coordinated entry policies currently prioritize households who are unsheltered.

1) CURRENT STREET OUTREACH STRATEGY (3 PTS)

Each region of the VtBoSCoC has one or more providers who provide outreach services. The PATH Program provides assistance to several Vermont organizations to conduct outreach efforts to people experiencing a serious mental illness or co-occurring disorder. PATH is funded by the U.S. Dept. of Health & Human Services and administered by the AHS Department of Mental Health. PATH providers regularly partner with first responders and town officials who are often the first to be called when safety or health issues are identified with an encampment. In some communities, faith-based organizations have regularly scheduled outreach circuits to delivery basic supplies and food. Trusted partnerships and coordination at the local level with these sectors is key to reaching those without shelter. The AHS DMH also supports several peer service organizations which are active within the VtBoSCoC and many which provide outreach to unsheltered Vermonters in specific Vermont communities, including at least two drop-in centers.

In addition, significant resources have been deployed to provide onsite services at more than 70 lodging establishments across Vermont providing emergency housing to those experiencing homelessness during the pandemic. Initially, expanded motel-based services were supported by Coronavirus Relief Funds, then FEMA-reimbursed non-congregate shelter wrap around services, and more recently sustained by ERAP Housing Stability Service funding. Motel-based services have included a range of essential services and supports to engage and serve households, including mental health outreach and housing navigation services. These new site-based services have forged partnerships with first responders, lodging management and faith-based partners providing security, meal delivery and more. There are currently more than X FTEs deployed in X regions providing regularly scheduled onsite services one or more times per week. The dramatic expansion of General Assistance Emergency Housing was a necessary pandemic response to provide adequate non-congregate shelter as congregate community-based shelters closed or reduced capacity. Even as new long-term emergency shelter capacity has increased, the expanded emergency housing program has continued to provide critical non-congregate housing options which for a time-being seemingly eliminated unsheltered homelessness. The lack of an unsheltered homeless count in the 2021 PIT Count makes comparisons over time challenging. However, in XXXX, more than X Vermonters entered coordinated entry from an unsheltered location compared with XX in XXXX, suggesting that expand emergency housing options and motel-based outreach served to reach more unsheltered households.

Still, Vermont has more than 200 towns spread out more than 8300 square miles in the rural counties included under the rural set aside geography of the VtBoSCoC. Additional resources are needed to identify and respond

to current gaps in “street outreach” and to ensure that outreach partners are well connected to coordinated entry and using evidence-based practices.

Further, as pandemic era emergency housing strategies and funding recedes, eligibility for GA Emergency Housing has returned to a more limited length of stay for only the most vulnerable households. The DCF Transitional Housing Program was established to bridge pandemic-housed families and individuals in lodging, but will also sunset in Spring 2022. Enhanced outreach and supportive services will be critical to remain connected to homeless households during this transition period.

Moving Forward

The VtBoSCoC has prioritized projects which will partner and/or provide outreach services which are field-based, mobile and seek to reach underserved and/or structurally disadvantaged communities. Further, the VtBoSCoC seeks to support projects that are well coordinated with local partners, first responders, emergency departments and faith-based communities.

Insert Project Application Examples Here

2) CURRENT STRATEGY TO PROVIDE IMMEDIATE ACCESS TO LOW BARRIER PERMANENT HOUSING FOR PEOPLE WHO ARE UNSHELTERED (3 PTS)

During the pandemic, expanded access to temporary rental assistance and flexible financial assistance supported more immediate access to safe, low barrier housing for previously unsheltered Vermonters. As described, the Rapid Resolution Housing Initiative provided up to \$8000 per household to provide a range of flexible financial assistance to help address individualized housing barriers and plans. RRHI funds were used to cover past debt, fees to reinstate licenses, purchase new cars (critical to expanding housing options in rural areas), essential home goods (such as a bed or appliance), in addition to typical moving costs, security deposits, and rental assistance. The RRHI helped more than X homeless households – including X unsheltered households – find stable housing. Lessons learned from the RRHI have been incorporated into the Housing Opportunity Grant Program which provides client financial assistance. Addressing the range of individualized barriers to housing in rural areas is a key strategy to providing immediate access. \$XXX in flexible financial assistance was awarded to X local fund administrators in the VtBoSCoC as part of the current funding cycle and is available to all homeless households participating in VtBoSCoC coordinated entry process, regardless of service provider.

The CARES Housing Project (ESG-CV and CRF funds) provided rapid re-housing vouchers to XXX homeless families and individuals beginning in 2020 – 2022. The project demonstrated that temporary rental assistance administered statewide and paired with local, voluntary support services can work to provide immediate access to low barrier housing. CARES Housing Support Agencies entered into care coordination agreements with other service providers to provide wrap-around supports and landlord incentives, paired with RRHI funds helped to address a range of barriers to entry. Many CARES Housing families were re-housed in new VHIP units brought online during early 2021.

Currently, all CoC PSH and RRH projects implement low barrier/housing first practices, and CoC PSH and CoC RRH projects are prioritized to serve households with the most complex service needs (via the coordinated entry assessment).

In 2022, affordable housing developers have begun to enter into MOUs with regional Coordinated Entry Partners to ensure streamlined access and referral process for homeless households as new units become

available. These MOUs detail clear processes to ensure that households have an individualized housing support plan regardless of service provider, ensuring fair and equitable access to housing.

As previously stated, the VtBoSCoC coordinated entry policy prioritizes households who are unsheltered as the first tier to be referred to permanent supportive housing. Approximately X% of households entering CoC PSH projects were previously unsheltered.

Moving Forward

The VtBoSCoC has prioritized projects which will provide low-barrier access to permanent housing, specifically using harm reduction strategies, minimizing documentation requirements, affirmatively supporting equal access for all genders, allowing pets, and housing tenants with criminal records. The VtBoSCoC has prioritized projects which have strong partnerships with “street” outreach to support re-housing households experiencing unsheltered homelessness.

Insert Project Application Examples Here

D) IDENTIFY AND PRIORITIZE HOUSEHOLDS EXPERIENCING OR WITH HISTORIES OF UNSHELTERED HOMELESSNESS (12 PTS)

As previously described, each region of the VtBoSCoC has one or more providers who provide outreach services to identify and serve households who are unsheltered and to help connect individuals and families to permanent housing through VtBoSCoC coordinated entry, which prioritizes unsheltered households. For example, providers in the Hartford region, regularly coordinate with first responders to provide outreach to known encampments, bring food and supplies to unsheltered households. Through this engagement, the provider can build trust, help to access low barrier shelter, and participation in coordinated entry, which includes ongoing housing navigation services. When the option is available, households have been able to go directly from an encampment into housing through partnership with the local affordable housing provider. In other communities, peer-based outreach workers drop in at local community centers or conduct circuits through known camping areas to reach unsheltered Vermonters, or faith-based organizations provide regular outreach services. Several local police departments have embedded mental health clinicians, which are often a first resource when a new household is met, and hospitals deploy social workers who interface with unsheltered Vermonters seeking acute medical care and are able to make a referral for emergency shelter and coordinate entry. Still, a more comprehensive approach is needed to reach the disperse geography in the VtBoSCoC, with additional training and coordination with healthcare, faith-based, and first responder partnerships.

A review of unsheltered PIT data shows reveals the following about Vermont’s unsheltered homeless population:

Insert data on gender, age, race/ethnicity and county, and unsheltered PIT data over time

Currently, the VtBoSCoC policy on emergency shelter prioritizes households those who are unsheltered above all other eligible categories when a shelter has an opening. Likewise, PSH and RRH projects also prioritize households who are unsheltered, ensuring that those who are unsheltered are the highest tier, regardless of severity of service needs, etc.

On X/X/XX, the VtBoSCoC, as recommended by the Coordinated Entry Committee, agreed to add the past experience of unsheltered homelessness to the assessment’s Complex Service Needs Section. (See Appendix

X): “has anyone in your household ever been without shelter? For instance, living in a car, an abandoned building, a park or anywhere not meant for people to live there?”

This addition will allow the VtBoSCoC to better capture information about unsheltered experiences, conduct demographic, geographic and equity analysis of this population and prioritize people with unsheltered experiences for housing.

Similarly, on X/X/XX, the VtBoSCoC, as recommended by the Coordinated Entry Committee, adopted a new prioritization for all permanent housing projects supported by the Special NOFO, as follows:

Currently Unsheltered, then by Complex Service Need Score, then by Date of Assessment

Literally Homeless with Past Experience of being Unsheltered, then by Complex Service Need Score, then Date of Assessment

Then, other Literally Homeless Households, by Complex Service Need Score, then by Date of Assessment

Moving Forward

The VtBoSCoC has prioritized projects which will provide low-barrier access to permanent housing, specifically using harm reduction strategies, minimizing documentation requirements, affirmatively supporting equal access for all genders, allowing pets, and housing tenants with criminal records. The VtBoSCoC has prioritized projects which have strong partnerships with “street” outreach to support re-housing households experiencing unsheltered homelessness. The VtBoSCoC has adopted prioritization policies which ensure projects will reduce unsheltered homelessness and serve those with past unsheltered experiences. Finally, the VtBoSCoC has ensured that SSO project applications are able prioritized on par with permanent housing projects, recognizing that expanding street outreach and supportive services is a critical strategy to increase access to healthcare and housing for those who are unsheltered.

Insert Project Application Examples Here

E) INVOLVING INDIVIDUALS WITH LIVED EXPERIENCE OF HOMELESSNESS IN DECISION MAKING (5 PTS)

The VtBoSCoC currently has X board seats. While some have past personal experiences with housing insecurity, the VtBoSCoC requires that at least two board seats are specifically designated for people with lived experience. Many VtBoSCoC board members which provide services and shelter also have board seats at the organizational level which are designated for people with lived experience of homelessness.

To further develop meaningful and intentional integration of decision-making, the VtBoSCoC has partnered with the Chittenden CoC (Chittenden Homeless Alliance) to develop an ongoing consumer advisory group. The consumer advisory group is intended to support the development of this Plan as well as future policy decisions of the two CoCs. Recruitment to the consumer advisory group was limited by the time and resource constraints under this Special NOFO. However, the following recruitment methods were used ...

The consumer advisory group convened X times and X members participated in public meetings held by the Special NOFO Committee. In addition, one member of the consumer advisory group also was an active and regular participant on the Special NOFO Committee comprised of 6 members total. Members were provided XYZ to support their participation.

In addition, the Homeless Health Care Capacity Building project is hosting a training for members provided by the National Council on Homeless Health Care this September 2022 specifically on consumer engagement, with consumers participating, to provide meaningful and effective ongoing engagement.

Further, several VtBoSCoC members use Intentional Peer Support to recruit and support employees with past lived experience.

Moving Forward

The VtBoSCoC has prioritized projects where more than one board member of project applicants are intentionally people with lived experience as well as projects which hire people with lived experience.

Insert Project Application Examples Here

F) SUPPORTING UNDERSERVED COMMUNITIES AND SUPPORTING EQUITABLE COMMUNITY DEVELOPMENT (8 PTS)

The VtBoSCoC is committed to reaching underserved communities and offering equitable housing interventions to address needs.

The annual Coordinated Entry Evaluation looks at data by region and statewide which considers the #/% of households on the master (i.e., by-name) list and the #/% on the list longer than 3 months who are chronically homeless, The annual evaluation also reviews the average time a household is on the regional master list both for “leavers” and “stayers” by subpopulation – including household structure, age of head of household, ethnicity/race, and disability status. Coordinated entry data is the most comprehensive and uniform data regularly available on homelessness in Vermont. The addition of regional analysis is critical in a rural CoC which encompasses a broad geographic area, with distinct partners and service systems in each area; however, review of the data at the regional level can also complicate meaningful analysis and obscure equity review when the total population is relatively small. PIT data, which represents only one night, is particularly vulnerable to misrepresenting the experience of homelessness amongst different populations. For this reason, the Coordinated Entry Committee has set a goal to expand both regional and statewide data reporting and analysis – particularly with regards to additional equity metrics. The VtBoSCoC has reviewed the CSH Racial Equity Metrics and agrees that more work must be done to identify specific partnerships and strategies to address existing disparities.

Insert CE Annual Evaluation Data Here

Insert CE data analysis of the coordinated entry data on length of time people are homeless.

People with a disability tend to be homeless longer than those without.

A review of annual coordinated entry data from X/X/XXXX to X/X/XXXX also reveals the following disabilities experienced (self-reported) by those who are homeless in the VtBoSCoC:

Q13a1. Physical and Mental Health Conditions at Start						
Program Applicability: All Projects						
	Total	Without Children	Adults in HH with Children & Adults	Children in HH with Children & Adults	With Only Children	Unknown Household Type
Mental Health Disorder	2,489	2,063	322	100	0	4
Alcohol Use Disorder	233	223	10	0	0	0
Drug Use Disorder	415	362	53	0	0	0
Both Alcohol and Drug Use Disorders	276	257	18	0	0	1
Chronic Health Condition	1,011	903	85	21	1	1
HIV/AIDS	20	17	3	0	0	0
Developmental Disability	612	446	69	94	2	1
Physical Disability	1,508	1,347	132	27	0	2

The COVID pandemic strengthened and forged between healthcare providers and shelter providers. Emergency Shelters identified medical advisors and primary care partnerships with local free clinics or one of Vermont’s X federally qualified health centers. The Vermont Department of Health District in coordination with OEO and the State Emergency Operations Center provided regular training, shelter health assessments, supplies (like masks, cleaning, sanitizer, test kits and vaccines), rapid response teams to mitigate outbreaks and access to alternative isolation and quarantine housing. To solidify and build on these partnerships the Vermont Department of Health has issued \$X to X regional partnerships to build local capacity to expand and enhance healthcare access for people experiencing homelessness. These partnerships specifically seek to identify key healthcare needs and strategies, as well as deepen outreach to more remote areas. In one example, a small, largely volunteer service organization in a remote mountain area are working to identify concrete strategies and training to help ensure both unsheltered and sheltered households are screened and referred to appropriate resources – including housing, mental health and SUD services and treatment. Key to their success is real-time access to transportation and emergency services (such as food and clothing), which they are building in partnership with the local FQHC. VtBoSCoC services, such as coordinated entry assessment and housing navigation services, are available to households virtually, but the towns (which include >X homeless households on a given night) are remote and isolated. These towns, and others like them, are significantly underserved.

Structurally Disadvantaged Communities (See Appendix X)

The Vt Balance of State CoC defines structurally disadvantaged areas as those census tracts which have both high rates of substandard housing units as well as population below the poverty level. Using data from the American Community Survey (2016-2020), the VtBoSCoC has chosen to highlight those census tracts in which both data points are above the state of Vermont average. Structurally disadvantaged areas are these identified geographies which have also been significantly underserved or unserved by VtBoSCoC services.

Moving Forward

The VtBoSCoC has prioritized projects which specifically seek to target services to structurally disadvantaged areas. The VtBoSCoC has also prioritized projects which identify specific partnerships with BIPOC and/or LGBTQIA+ organizations in order to reach these populations and improve service delivery. Project applicants are asked to commit to reviewing project data disaggregated by race, ethnicity, gender identify and/or age, and projects are prioritized if their Board of Directors includes BIPOC and/or LGBTQIA+ members.

Insert Project Application Examples Here

Draft