



VERMONT HOMEBRIDGE

Anne N. Sosin, Vermont Affordable Housing Coalition

OVERVIEW

- Summarize current crisis of homelessness in Vermont
- Describe strategies for addressing crisis
- Propose path for action

HOMELESSNESS IN VERMONT

- Second highest per capita rate of homelessness in the US.
- Vermonters are entering homelessness faster than they are exiting it— 2,400 became homeless in 2022 while 2,200 left homelessness.²
- More than 80% of Vermonters experiencing homelessness sheltered in motels.³
- Significant vulnerability: 75% of households have an individual with a disability.²
- Motel program participants cited rental assistance or subsidy and support securing rental housing as the greatest housing need.²
- 37 motel guests are from out of the state (AHS).²

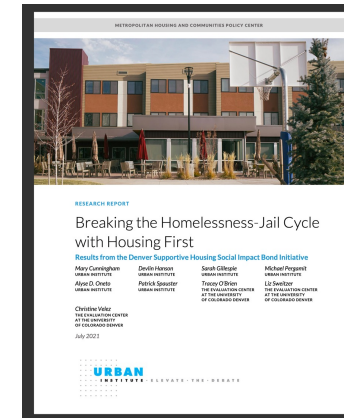
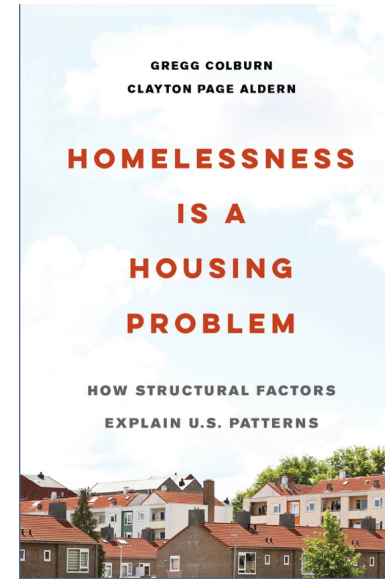
1. The 2022 Annual Homelessness Assessment Report (AHAR) to Congress, Department of Housing and Urban Development (HUD), 2023. <https://www.huduser.gov/portal/sites/default/files/pdf/2022-AHAR-Part-1.pdf>.
2. <https://housingdata.org/profile/housing-needs/homelessness>
3. AHS Care Coordination Program Research Teams Assessment, Agency of Human Services, February 2023.

MOST PEOPLE CAN BE HOUSED

Housing affordability and supply, not substance use, mental illness, poverty, climate, local political context, or availability of services, account for regional variation in homelessness.

Robust evidence that the vast majority of people experiencing homelessness can be successfully housed with positive outcomes.

Cities and agencies employing evidence-based solutions at scale—Houston, Milwaukee, Veteran’s Administration—making progress.

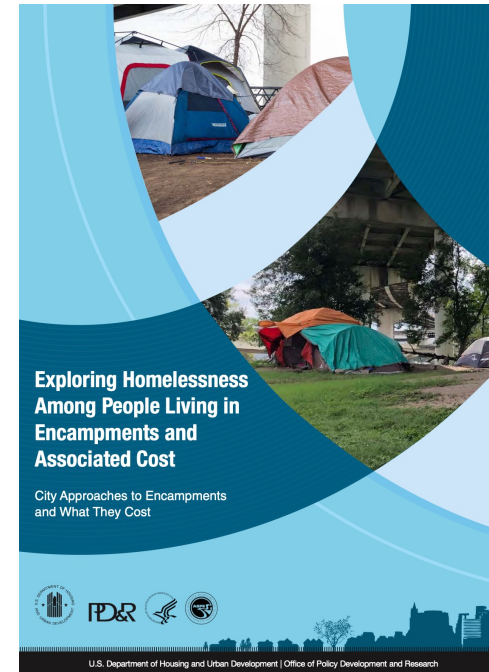


1. <https://www.urban.org/policy-centers/metropolitan-housing-and-communities-policy-center/projects/denver-supportive-housing-social-impact-bond-initiative/what-we-learned-evaluation>

2. Raven MC, Niedzwiecki MJ, Kushel M. A randomized trial of permanent supportive housing for chronically homeless persons with high use of publicly funded services. Health Serv Res. 2020 Oct;55 Suppl 2(Suppl 2):797-806. doi: 10.1111/1475-6773.13553. PMID: 32976633; PMCID: PMC7518819.

COSTS OF INACTION ARE KNOWN

- Costs of unsheltered homelessness estimated at upwards of \$30,000 per person per year
- Homelessness and housing instability lead to adverse health outcomes across the lifespan.
- Impacts and costs absorbed by healthcare systems schools, criminal justice system, public services, health systems, and communities.



A Person Trapped in the Homelessness-Jail Cycle Costs Denver Nearly \$4,000 in Criminal Justice-Related Costs over 90 Days

Cost and number of justice system interactions for one person experiencing long-term homelessness in Denver in 2016



Source: Sarah Gillespie, Benjamin Chartoff, Devlin Hanson, and Mary K. Cunningham. "The first step toward breaking the homelessness-jail cycle." *Urban Wire* (blog), Urban Institute, May 18, 2016. <https://www.urban.org/urban-wire/first-step-toward-breaking-homelessness-jail-cycle>.

Notes: These data do not represent actual citations, arrests, jail stays, or other police contacts. They are simulated to match the distribution of actual interactions for a person experiencing chronic, or long-term, homelessness cycling in and out of jail. Costs are based on estimates provided by Denver for the average cost of one citation (\$175), arrest (\$430), jail stay (\$80).

u.s. The New York Times SALE: URBAN

A Sandwich Shop, a Tent City and an American Crisis

As homelessness overwhelms downtown Phoenix, a small business wonders how long it can hang on.

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JAMA | Original Investigation

Population-Level Health Effects of Involuntary Displacement of People Experiencing Unsheltered Homelessness Who Inject Drugs in US Cities

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IMPORTANCE At least 500 000 people in the US experience homelessness nightly. More than 30% of people experiencing homelessness also have a substance use disorder. Involuntary displacement is a common practice in responding to unsheltered people experiencing homelessness. Understanding the health implications of displacement (eg, "sweeps," "clearings," "cleanups") is important, especially as they relate to key substance use disorder outcomes.

OBJECTIVE To estimate the long-term health effects of involuntary displacement of people experiencing homelessness who inject drugs in 23 US cities.

DESIGN, SETTING, AND PARTICIPANTS A closed cohort microsimulation model that simulates the natural history of injection drug use and health outcomes among people experiencing homelessness who inject drugs in 23 US cities. The model was populated with city-level data from the Centers for Disease Control and Prevention's National HIV Behavioral Surveillance system and published data to make representative cohorts of people experiencing homelessness who inject drugs in those cities.

MAIN RESULTS AND MEASURES Projected outcomes included overdose mortality, serious injection-related infections and mortality related to serious injection-related infections, hospitalizations, initiations of medications for opioid use disorder, and life-years lived over a 10-year period for 2 scenarios: "no displacement" and "continual involuntary displacement." The population-attributable fraction of continual displacement to mortality was estimated among this population.

RESULTS Models estimated between 974 and 2175 additional overdose deaths per 10 000 people experiencing homelessness at 10 years in scenarios in which people experiencing homelessness who inject drugs were continually involuntarily displaced compared with no displacement. Between 611 and 1360 additional people experiencing homelessness who inject drugs per 10 000 people were estimated to be hospitalized with continual involuntary displacement, and there will be an estimated 3140 to 8812 fewer initiations of medications for opioid use disorder per 10 000 people. Continual involuntary displacement may contribute to between 15.6% and 24.4% of additional deaths among unsheltered people experiencing homelessness who inject drugs over a 10-year period.

CONCLUSION AND RELEVANCE Involuntary displacement of people experiencing homelessness may substantially increase drug-related morbidity and mortality. These findings have implications for the practice of involuntary displacement, as well as policies such as access to housing and supportive services, that could mitigate these harms.

Viewpoint and Editorial
Supplemental content

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“I’ve been addicted to a number of drugs since I was like 17 years old. Now I’m 2X and decided to get clean this summer...I went to rehab for seven days...So, but now I’m here just trying to get everything together. I’m trying to get my doctors and all my doctor stuff put together. I have hepatitis C. So I’m trying to get that worked out and I’m taking pills for it...I’m trying to hold the job I just got one.”

GA Emergency Housing Guest, Upper Valley

BEYOND ZERO SUM HOUSING POLICY



Cost-intensive sub-optimal
emergency housing



Permanent, affordable housing
with supportive services

PROJECT TURNKEY: A BLUEPRINT FOR ACTION

Creates shelter and permanent housing in a single investment

- Statewide Hotels-to-Housing Initiative
- Launched with \$74.7 million legislative investment
- Rapid acquisition of hotels for non-congregate shelter
- Prioritization of immediate shelter capacity over renovations
- Emergency housing can become permanent housing

Results

- 865 units and 20% expansion in 7 months
- Preliminary data shows superior rehousing outcomes
- Significant cost savings compared to permanent affordable housing and private motels

Accelerates and brings to scale models that have been successfully employed in Vermont

A HISTORIC INVESTMENT IN SHORT-TERM SHELTER & LONG-TERM HOUSING

\$74.7M

to acquire hotels and motels as safe, socially distanced shelters for people affected by fires and COVID-19.

20%

increase in the state supply of emergency shelter for people experiencing homelessness, achieved within seven months.

19 TURNKEY PROPERTIES

13 COUNTIES STATEWIDE

865 NEW HOUSING UNITS

VERMONT HOMEBRIDGE: GATEWAY TO HOUSING

- Statewide hotels-to-housing initiative
- Rapid acquisition of hotels and other properties for non-congregate shelter
- Prioritization of shelter over significant renovation
- Flexibility in approach: allows for SROs, pods, manufactured homes, and other types of non-congregate shelter
- Dual investment in emergency and permanent, affordable housing



Colonnade Inn, web image

INVESTMENTS NEEDED

- \$40 million one-time investment to VHCB
- \$10 million in supplemental funding for shelter operations and supportive services
- \$72 million in GA Emergency Housing funding to maintain shelter

CONCLUSION

- Eliminating homelessness funding does not eliminate the impacts of costs of homelessness in Vermont.
- We can manage our current crisis with evidence-based strategies and best practices or let it manage our communities.
- Vermont has an opportunity to adopt an approach that can address both its immediate crisis of homelessness and long-term housing needs.