

The Agency of Human Services strives to improve the health and wellbeing of Vermonters today and tomorrow and to protect those among us who are unable to protect themselves. The highest priority AHS housing effort is ending homelessness in Vermont. In the domain of housing and homelessness, our mission necessitates both an emergency response and a coordinated re-housing system to help people move *beyond* crisis and shelter.

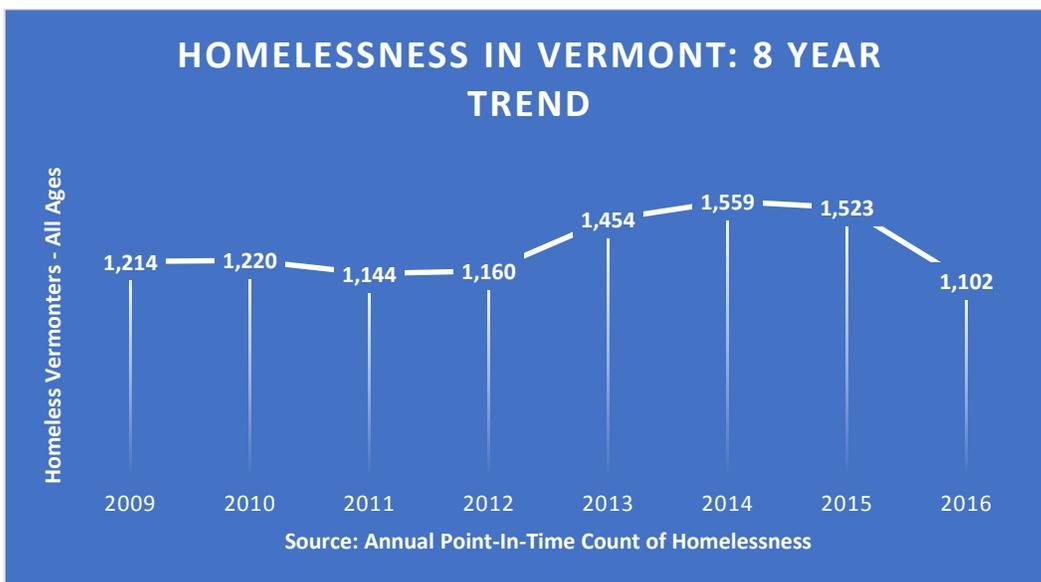
AHS Housing Outcomes 2017 – [handout]

Collaboration with Partners

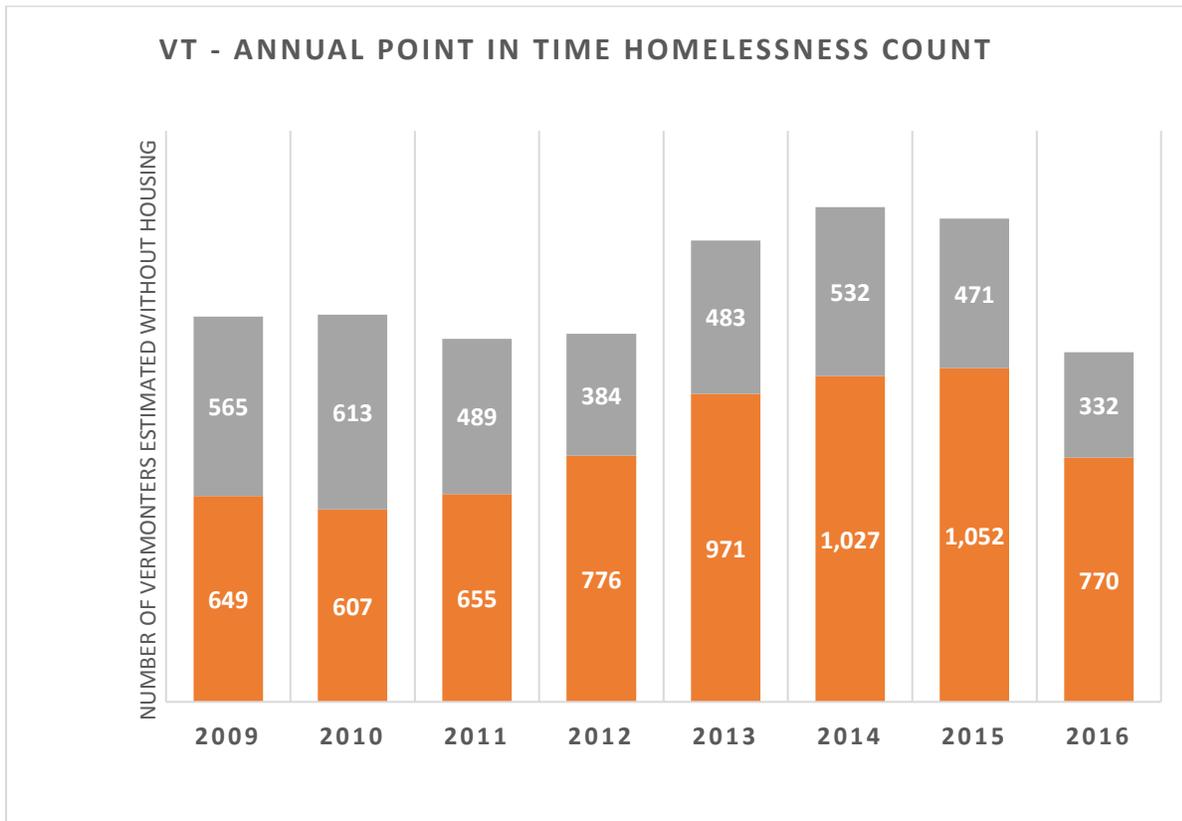
Reducing homelessness requires many partners working in close coordination. AHS collaborates with the Vermont Housing Finance Agency (VHFA), the Department of Housing and Community Development (DHCD) and the Vermont Housing and Conservation Board (VHCB). Statewide policy is coordinated through the Vermont Housing Council and Vermont’s Interagency Council on Homelessness. At the local level, programs providing homeless services coordinate through Continuum of Care groups and local Housing Review Teams.

Homelessness Data and Trends

In Vermont, the incidence of homelessness declined modestly from 2014 to 2015, and significantly from 2015 to 2016. The most recent one-day Point-In-Count of Americans experiencing homelessness indicated that on any given night, approximately 1,102 Vermonters were without housing. This represents a 28% decrease from the previous year. While no single measure of homelessness purports 100% accuracy, the Point-In-Time count uses standard definitions developed by HUD and represents Vermont’s best proxy measure at this time. Data for 2017 should be available later this month.



PIT Data by Continuum of Care: **Grey** = Chittenden County **Orange** = Balance of State



Who is homeless? Among Vermonters enumerated in the 2016 Point in Time Report:

- 29% reported having a serious mental illness
- 23% were children under 18
- 21% were fleeing domestic violence
- 19% identified as having a substance abuse disorder
- 16% reported having a physical disability
- 10% were veterans
- 5% reported having a developmental disability

Virtually every region of the state reports some level of homelessness. The following counties had the highest reported counts of homeless persons. (*% is of Vermont's total homeless count*)

- 30% were in Chittenden County
- 13% were in Rutland County
- 11% were in Washington County
- 11% were in Windsor County
- 10% were in Windham County

Why do people become homeless? (a partial list)

- POVERTY
- Disparity between incomes and housing costs
- Unemployment and underemployment
- Domestic violence and other trauma
- Health Crises and Disability
- Substance Abuse and Mental Illness
- Families or individuals just outside an eligibility circle
- Tenant Behaviors and History

What challenges does homelessness pose for individuals, families and communities?

Health: Risk of exposure-related injury or illness; reduced life expectancy; increased incidence of illness among homeless children; exacerbation of mental health symptoms.

Instability: Increased stress on families that can make parenting difficult. Instability and chronic stress impact educational attainment with lasting impacts.

Stigma: People presenting themselves as homeless have a harder time accessing the very things they need most: apartments, employment and positive social connections and relationships.

Stress: A tremendous amount of time and effort are consumed with basic daily activities. Longer-term strategic thinking is inhibited.

Evolving Homeless Services Focus at AHS

- Encouraging realistic case loads
- Expanding supportive housing to continue intensive services once people are re-housed
- Developing rental subsidy programs
- Integrating financial literacy services into housing programs
- Expanding Rapid Rehousing programs

Evolving System Coordination Focus at AHS

- Promoting common performance measures across programs
- Consolidating similar state programs for efficiency
- Targeting initiatives based on data
- Going beyond program eligibility to promote prioritization
- Braiding rental subsidies and supportive services
- Coordinating discharge planning across departments to reduce the risk of homelessness
- Promoting Coordinated Intake & Assessment to reduce referral steps, stabilize housing as quickly as possible and divert people from higher-cost, less-effective alternatives.

Ending Family Homelessness by 2020 Framework

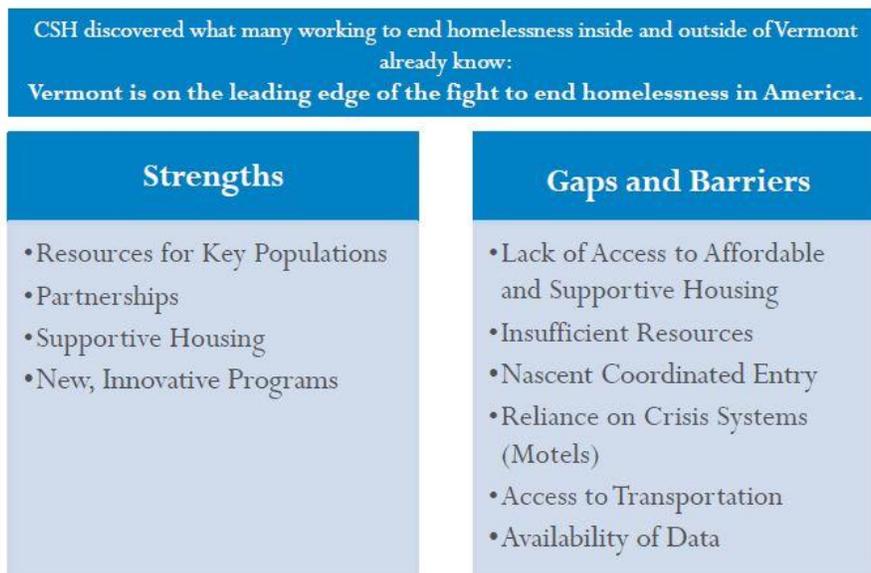
Given the high number of children and families without housing in Vermont, the AHS Secretary's Office has been working with the Department for Children and Families, Agency of Education, homeless Continuum of Care groups and many other state and private partners to support a thoughtful re-tooling of our conventional response to family homelessness. Our emphasis is on working closely with existing local homeless Continuum of Care groups to promote and link the following components of an effective local system:

- Coordinated Entry & Assessment;
- Prevention & Diversion;
- Rapid Re-Housing;
- Supportive Housing;
- And targeted emergency or transitional capacity where indicated.

Ending Family Homeless 2020 Framework – [handout]

From CSH Roadmap Report:

Assessment of Existing Resources and Systems



Reducing and ending homelessness is possible. It requires prioritized access to housing; rents which are affordable to households earning below 30% of area median income (AMI); and the appropriate amount and duration of supportive services.