

Testimony – January 10, 2018

Champlain Housing Trust

My name is Margaret Bozik. I'm the Director of Asset Management & Special Initiatives for the Champlain Housing Trust. I'm also the co-chair of the Chittenden County Homeless Alliance.

The Champlain Housing Trust provides housing for around 7,000 people in Chittenden, Franklin and Grand Isle counties. We have two principle lines of business: shared equity homeownership and affordable rental apartments. We are committed to meeting changing needs and to providing the widest range of options to serve people at various income levels, with any kind of special need, at different points in their life and in different housing markets within our service area. We do this through our partnerships with social service agencies and by developing and stewarding a variety of housing types and tenures to allow people to enjoy housing security, affordability and mobility.

Our mission includes providing homes for those experiencing homelessness. In the last state fiscal year:

- We provided homes for just over 300 households who came out of homelessness.
- 28% of our apartments that turned over were rented to homeless households, which translates to 93 homeless households housed.
- We were able to house 40% of the homeless households that applied.

We are interested in more than just getting people experiencing homelessness into housing. As with all of our tenants, we want that housing to be stable. We measure housing stability in terms of years, not months. When people get behind on rent, we offer financial counseling as well as referrals to the back rent program. If a tenant is experiencing a long-term change in their financial situation, we work with the housing authorities to see if they have become eligible for rental subsidy. We work with a number of partners to help tenants address behavioral issues that are creating lease violations. Those partners include the designated mental health agencies, the VA, the Community Health Centers of Burlington, and the Housing Retention Team of the Burlington Housing Authority.

Most of our formerly homeless tenants have apartments scattered throughout our portfolio. Two years ago, through a new partnership with the Burlington Housing Authority, we were able to increase significantly the amount of scattered site housing we could make available to people experiencing homelessness. This partnership permanently pairs 46 of our apartments (as they become available) with subsidy and ongoing retention services from BHA. BHA's Retention Team is available on an "on-call" basis to address issues such as hoarding and housekeeping, domestic violence and episodic behavioral health problems.

In Franklin County, we are working with the Vermont State Housing Authority on ten new project-based vouchers in St. Albans and Swanton. These apartments will be deeply affordable to households experiencing homelessness or at-risk of homelessness, with supportive services available from Samaritan House, Northwest Counseling & Support Services, and other local providers.

We also have several site-specific properties that serve people experiencing homelessness. The first of those is Harbor Place, a motel in Shelburne. Five years ago, we saw the rising costs of the motel voucher program and wondered if we could help to bend the curve. We were able to purchase and operate a motel that offers lower-cost accommodations for guests who are homeless with a connection to housing navigation services to reconnect them with housing.

Two years ago, we opened Beacon Apartments, a motel in South Burlington converted into 19 permanent supportive apartments for people who had experienced chronic homelessness. Chronic homelessness means that someone is disabled and has been homeless for a long time. Most of the tenants at Beacon Apartments came

directly out of encampments, and most are both medically vulnerable and living with mental illness and/or a substance abuse disorder.

This year, we opened the Bel Aire Apartments in Burlington. The Bel Aire has five permanent supportive apartments and three medical respite apartments, where people being discharged from the hospital can recuperate in a safe and supportive environment with 24/7 on-site support from the Community Health Centers of Burlington.

In working on issues of homelessness, we have developed new and expanded partnerships with health care providers. The UVM Medical Center is a partner at all three of our site-specific projects in Chittenden County, providing significant financial assistance in particular at Bel Aire and developing significant data on reductions in health care cost and utilization. The Community Health Centers of Burlington has been a long-time partner. They are particularly successful in reaching those who are service resistant, in part because of skilled staff and in part because they offer a connection to medical services. People living in encampments who don't want to talk about their mental health or substance abuse issues may want to talk about treating their frostbite, and that opens a door to building a relationship that allows trust to develop. We are also part of a new Promise Community collaborative with Northwestern Medical Center that will make four transitional apartments available to homeless families, with the rent paid by the hospital.

It takes housing, subsidy and services to reduce homelessness. On the housing side, the lack of vacant one-bedroom apartments has been a particular hindrance. New development will help to address that barrier. We have a new development in Burlington that will be coming online with the help of the housing bond. It will have project-based rental assistance from the Burlington Housing Authority and will provide at least 14 apartments for homeless households. We also have a new development in South Burlington, with an application in for housing bond funds.

To wrap up, I want to talk briefly about the work of the Chittenden County Homeless Alliance (the "Continuum of Care"). Each year, at the end of January, communities across Vermont and across the county conduct what is called a "point-in-time count" of people experiencing homelessness. Although the point-in-time counts do not capture the entire picture of homelessness, they do provide a steady data point across time. In Chittenden County, our point-in-time count last January showed a 45% overall reduction in homelessness since 2014. That progress includes both fewer families and fewer single adults experiencing homelessness. Looking at the years from 2015 to 2017, we saw:

- A 56% decrease in chronic homelessness;
- A 29% reduction in family homelessness;
- A 42% reduction in homelessness among people with severe mental illness; and
- A 70% reduction in homelessness among those affected by a substance use disorder.

A lot of this progress has come through better use of information. Three years ago, we had the assistance of a national technical assistance provider called Community Solutions, which ran a national campaign called the 100,000 Homes Campaign. Community Solutions helped us develop a community-wide master by-name list of people experiencing chronic homelessness, with an outreach campaign to better identify people living on the street and in encampments and a shared, standardized initial assessment and prioritization tool to look at vulnerability and service needs. We have a multi-partner team review process to connect people on the master list with subsidy, services and housing. We are now expanding that master list to include everyone experiencing homelessness in the county, with expanded connections to subsidy; agreements, with client consent, to share data; and new specialized shared assessment tools for youth, families and victims of domestic violence. Community Solutions is coming back in April to help us learn to use the master list more effectively, including measuring, on a monthly basis, how many people are entering and exiting the list, how quickly people become housed, and when and why people are not housed.