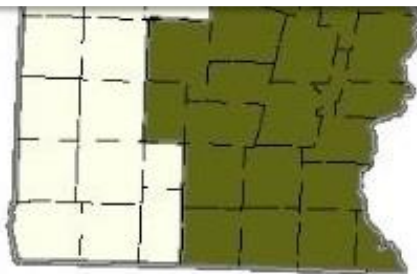




**Vermont Plan to Prevent and End Homelessness  
2018 - 2022**



**Vermont Council on Homelessness - February 27, 2018**



# I. Executive Summary

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## Key Strategies and Action Items

Vermont's Council on Homelessness has endorsed three key strategies to prevent and end homelessness.

1. **Housing Supply, Affordability, Access:** *Increase the number of homes affordable to Vermonters with extremely low-incomes (less than 30% of area median income), especially those who are homeless.*
2. **Coordination of Programming:** *Align programs serving Vermonters who are homeless, or at risk of homelessness, under the clear objective of Housing Stability. Emphasize meeting the housing needs of the Person, not merely the program.*
3. **Supportive Services:** *Expand the capacity of programs to provide individualized supportive services once formerly homeless families and individuals move into permanent housing.*

Additional detail on these strategies, recommended action items, progress to date and challenges encountered is found in [section II](#) of this plan.

## Current Extent of Homelessness in Vermont

Vermont's most recent Point-in-time count, conducted in January of 2017, identified 1,225 Vermonters without housing. This represents an 11% increase over the previous year and an overall 16% reduction since the five-year plan was enacted. Additional data and trends illustrating the extent of homelessness in Vermont are found in [section III](#) of this plan.

## Related Initiatives to Reach Specific Populations

With state and federal technical support, Vermont has developed approaches targeted to specific populations experiencing homelessness. Examples of current initiatives targeted to Veterans, Youth and Children and Families are found in [the appendix](#).

## Technical Definitions

Also included in [the appendix](#) are the official HUD definition of homelessness and an overview of Coordinated Entry & Assessment.

## II. Key Strategies, Action Items, Progress and Challenges

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The Council on Homelessness recommends continued focus on three overarching strategies to reduce and end Homelessness. These strategies are linked with Vermont's five-year HUD Consolidated Plan, reflected in the housing policy of member agencies, and implemented through investments and programming developed since the plan's inception.

### **Strategy 1: HOUSING SUPPLY, AFFORDABILITY, ACCESS**

*Increase the number of homes affordable to Vermonters with extremely low-incomes (less than 30% of area median income), especially those who are homeless.*

#### **Action items:**

- i. Develop a multi-year housing production strategy to increase housing opportunities for people who are homeless. Include targets for housing production and rehabilitation linked to the Housing Needs Assessment and incorporating county-level Point-in-Time data. (Targets can be set in the five-year HUD Consolidated Plan and include determinations of relative local need for various types of housing, such as Transitional; housing affordable to households with incomes below 30% of AMI; and Supportive Housing.)
- ii. Maintain and measure progress on Vermont's 15% Housing for the Homeless goal, and related development incentives for households with extremely low incomes or experiencing homeless.
- iii. Engage landlords around screening processes and review vacancy data. Ask about barriers for tenants that have subsidies and services. Engage landlords around production and affordability, including a strategy to improve sub-standard units.
- iv. Develop incentives for landlords to rent to households with significant barriers to housing, such as Risk Mitigation Funds and Master Lease Arrangements.
- v. Explore additional rental subsidy resources to increase affordability. Explore bundling subsidy with services to expedite tenancy, particularly with Supportive Housing.
- vi. Explore other lower-cost models - such as home sharing and accessory dwelling units (ADUs) - which rapidly increase affordable home opportunities within existing buildings.
- vii. Explore other state or local mechanisms to prevent rents in tighter markets being driven further out of reach through conversion to luxury apartments or short-term vacation rentals.

## Strategy 1 - Progress and Challenges:

Unpredictability of federal resources for housing subsidy have unwound some gains at making apartments affordable. Meanwhile, new sources of trust fund and bond revenue present opportunities to reduce homelessness if they can be appropriately targeted. New state incentives and goals are already increasing access to housing. In addition to these large-scale initiatives, state government can work more with the private sector to bring more apartments rapidly on line through small loans or grants to landlords to make improvements to vacant units and to homeowners to create accessory dwelling units. Promising models for this exist in some Vermont communities and should be replicated.

- Sequestration and continuing resolutions in Washington have periodically impacted the federal section 8 program, forcing Vermont's housing authorities to slow or freeze issuance of new vouchers. This change has rippled out to state-funded "bridge" subsidy programs such as the Vermont Rental Subsidy which is 100% targeted to formerly homeless households. To avoid re-traumatizing these families, AHS has extended the duration of assistance for this program but slowed issuance of new VRS vouchers to manage to the \$1 million annual appropriation. As access to rental subsidy decreases, homelessness increases.
- In 2017, Governor Scott successfully launched a major housing revenue bond estimated to generate \$37 million for the construction of affordable housing over three years. At least one quarter of this will be targeted to households earning less than 50% of area median income and at least one quarter will house people with incomes between 80 and 120% of area median.
- In state fiscal year 2017, Vermont's Agency of Human Services targeted roughly \$4 million towards rental subsidy for homeless and vulnerable populations through programs such as the Department of Mental Health's *Subsidy and Care* program and *Housing Contingency Fund*, and the Department for Children and Families' *Vermont Rental Subsidy Program*. This assistance helps house and stabilize over 500 households per year.
- In 2017, the Vermont Council on Homeless convened panels on Master Leasing and Housing Mitigation Funds and developed guidance on how and when these landlord engagement tools can best be used.
- In 2016, the National Housing Trust Fund was funded at \$174 million. In 2017, it was increased to \$219 million. At these levels, Vermont receives \$3 million annually. As suggested by the National Low Income Housing Coalition, Vermont uses these fund to help end homelessness by targeting assistance to persons earning below 30% of area median income.
- In 2016, Governor Shumlin signed an executive order setting a goal for developers receiving public funds for affordable housing to make 15% of their portfolio available to Vermonters experiencing homelessness. The first round of reporting (December 2016) indicated many housing organizations have reached this goal and that others are well on their way.

- In 2016, the Corporation for Supportive Housing analyzed Vermont’s homeless system of care, supportive services and housing stock. Their [Roadmap to End Homelessness](#) report, presented to the Legislature in January 2017, included a six-year investment plan to create the affordable housing, Rapid Re-housing and Supportive Housing they estimate is needed to end homelessness in Vermont.
- In 2016, the Agency of Human Services’ Health Department launched a state “bridge” subsidy, providing rental assistance for persons with HIV/AIDS until they can secure a federal HOPWA (Housing for Persons with AIDS) voucher.
- In 2015, Vermont established housing production goals targeted to address homelessness in the five-year Consolidated Plan submitted to HUD.
- In 2014, the Joint Committee on Tax Credits approved changes to Vermont’s Qualified Action Plan (QAP) strengthening the incentive for developers of tax credit affordable housing who set-aside 10% of apartment units for people who are homeless or at-risk of homelessness. Incentives were further strengthened in 2016 and 2017. These changes will have a positive and long-lasting impact on the ability of vulnerable Vermonters to access high quality affordable housing. Most housing developers seeking these credits now include units set aside for people coming from homelessness.
- In 2014, the Vermont Housing and Conservation Board and Vermont Agency of Human Services convened housing and homeless service providers from across Vermont to showcase local collaborations and effective practices for increasing access to affordable housing and stabilize tenants at risk.
- VASH vouchers from the Veterans Administration (held harmless during sequestration) have been a welcome tool for reducing chronic homelessness among veterans.
- State-funded rental assistance programs have received strong support from the Council, the Legislature and the Administration in recent years. In 2014, the Council recommended that the Governor double the size of the Vermont Rental Subsidy Program. The Council was pleased to see the Governor and Legislature support this request in state fiscal year ’15. Vermont’s AHS currently allocates roughly \$4 million to rental assistance for homeless and vulnerable populations through various departments, housing and stabilizing over 500 households per year. This improves lives and keeps Vermonters from needing costlier emergency services or institutional care.

## **Strategy 2: COORDINATION OF PROGRAMMING – MEETING THE NEEDS OF THE PERSON**

*Align programs serving Vermonters who are homeless - or at risk of homelessness - under the clear objective of Housing Stability. Emphasize meeting the housing needs of the Person, not merely the program.*

### **Action items:**

- i. Continue to use standard definitions to describe housing activities across departments; and uniform reporting standards to measure effectiveness across programs.
- ii. Adhere to realistic caseload limits to ensure that case management is provided effectively. Ensure that case management for households with more complex needs is coordinated through approaches such as case coordination, conferencing, the designation of lead case managers or service coordinators or other evidence-informed approaches.
- iii. Beyond measuring how many people are served by a given program, assess barriers to participation such as: program capacity; eligibility guidelines; or “non-compliance.”
- iv. Leverage mainstream resources and services to support housing stability.
- v. Consider expanding the following:
  - a. Financial Capability services in housing programs;
  - b. Locally-administered, flexible, assistance funds to prevent homelessness.
  - c. Non-categorical housing case management to serve a subset of vulnerable Vermonters whose eligibility for services through the state’s Department of Corrections, Department of Mental Health, Department of Health, or Department of Disabilities Aging and Independent Living may be dynamic.
  - d. Housing Navigation and Housing Retention Services.
- vi. Use a standard, statewide approach – such as Coordinated Entry & Assessment – to determine what might be effective upstream homelessness prevention strategies.
  - a. Gather and analyze aggregate, de-identified data, looking for patterns such as institutional placements, economic crises, health emergencies, substance use, relocation, or involvement in other programs, among Vermonters who become homeless.
  - b. Present summary findings to the administration with policy recommendations to mitigate any common risk factor(s) identified.



## Strategy 2 - Progress and Challenges:

Much progress has been made in the area of program coordination, though work remains to fully realize the strategy in terms of flexibly meeting the needs of *all* people seeking assistance.

**Standard Definitions:** The Agency of Human Services has developed standard expectations for activities such as "case management," "housing case management," and "housing retention," through the AHS Policy on Housing Stability. AHS and the Council on Homelessness have adopted standard definitions of "homelessness" and "at-risk of homelessness." AHS has worked across departments and with its housing and service partners to use definitions consistently within programs. Additional data via Coordinated Entry and Assessment should provide local Continua of Care and the Council on Homelessness with information on longer-term housing stability.

**Realistic Case Loads:** The Family Supportive Housing Program (FSH), launched in July 2013, establishes case load ranges of between 12-15 households per service coordinator when working with formerly-homeless families with multiple or complex needs. This program establishes a minimum frequency of visits with a case manager and provides flexibility on when and where to accommodate families. Case load ratios for Family Services have also been a factor in determining where to target expansion of this program. Case load expectations should be expanded to other programs where possible.

**Flexible Funds:** Some Vermont communities have been successful preventing homelessness further "upstream" through local, flexible prevention funds.

**Financial Capability Services:** Financial Capability services are integrated into the Family Supportive Housing program and should be expanded into other programs and districts. The FSH financial empowerment curriculum builds off pilots in the Champlain Valley and Windsor County. Other supportive, transitional and affordable housing programs have added financial capacity or credit repair programming. HUD's Family Self-Sufficiency Initiative is one example of financial capability programming embedded in a housing program, as is CVOEO's *Rent Right* program which incorporates financial education with tenant education.

**Coordination and Consolidation of Similar Assistance Programs:** In 2015, the Department of Mental Health merged their Housing Contingency Fund and Housing Recovery Fund into the CRT Housing Support Fund. In SFY '16, Community Housing Grants funding was fully merged with Emergency Solutions Grants funding to create the Housing and Opportunity Grants program.

**Standard AHS Housing Outcomes:** AHS has defined seven housing activities for greater consistency across programs and coordinated with departments to develop standard measures for each. In SFY '15 Transitional housing measures were consistent across DOC, VDH and DCF.

**Coordinated Intake and Assessment:** By 2018, Vermont will have Coordinated Entry and Assessment operating in all local Continua of Care. This will support system coordination and improve outcomes for clients seeking housing assistance. Additional information on Coordinated Entry & Assessment may be found in the appendix.

### **Strategy 3: SUPPORTIVE SERVICES**

*Expand the capacity of programs to provide individualized supportive services once people move into permanent housing.*

#### **Action items:**

- i. Work to ensure that all of Vermont's local continuum of care have some Supportive Housing capacity for both individuals and families. Target these valuable resources to people for whom it is most appropriate: Individuals identified as chronically homeless, and families with multiple and extended episodes of homelessness who have more intensive service needs.
- ii. Work to ensure that all of Vermont's local continuum of care have some Rapid Re-Housing capacity for individuals and families who have experienced homelessness. Target this resource to people for whom it is most appropriate: Families and individuals with less-intensive service needs whose homelessness was triggered by a shorter-term financial or life event.

### **Strategy 3 - Progress and Challenges:**

The Council has generally endorsed Supportive Housing for people who have experienced chronic homelessness. (Chronic homelessness refers to an individual or family with a disabling condition who is homeless and resides in a place not meant for human habitation, a safe haven, or in an emergency shelter, and has been homeless for at least a year or on at least four separate occasions in the last three years.) During their analysis of Vermont, the Corporation for Supportive Housing suggested that Supportive Housing was appropriate for roughly 90% of the Chronically Homeless Population and roughly 10% of the homeless population who are not considered chronically homeless.

Many formerly-homeless Vermonters now receive individualized supportive services through new or expanded programs which are population-specific or region-specific. Some counties still lack adequate capacity to provide supportive housing. Providers are more sophisticated about ensuring this type of long-term, service-rich programming is targeted to households for whom it is most appropriate. Coordinated Entry and Assessment is being used in some regions to prioritize households for Supportive Housing. Guidance from the U.S. Interagency Council on Homelessness, Department of Housing and Urban Development, Vermont Agency of Human Services, Corporation for Supportive Housing, Technical Assistance Collaborative and others has helped to standardize and refine Supportive Housing.

- The State of Vermont Department of Mental Health (DMH) has embraced the Housing First approach as a tool to assist in ending chronic homelessness. In 2014, Pathways Vermont was awarded conditional Specialized Service Agency provider status by DMH, enabling them to bill Medicaid for services which support clients experiencing homelessness and mental illness.



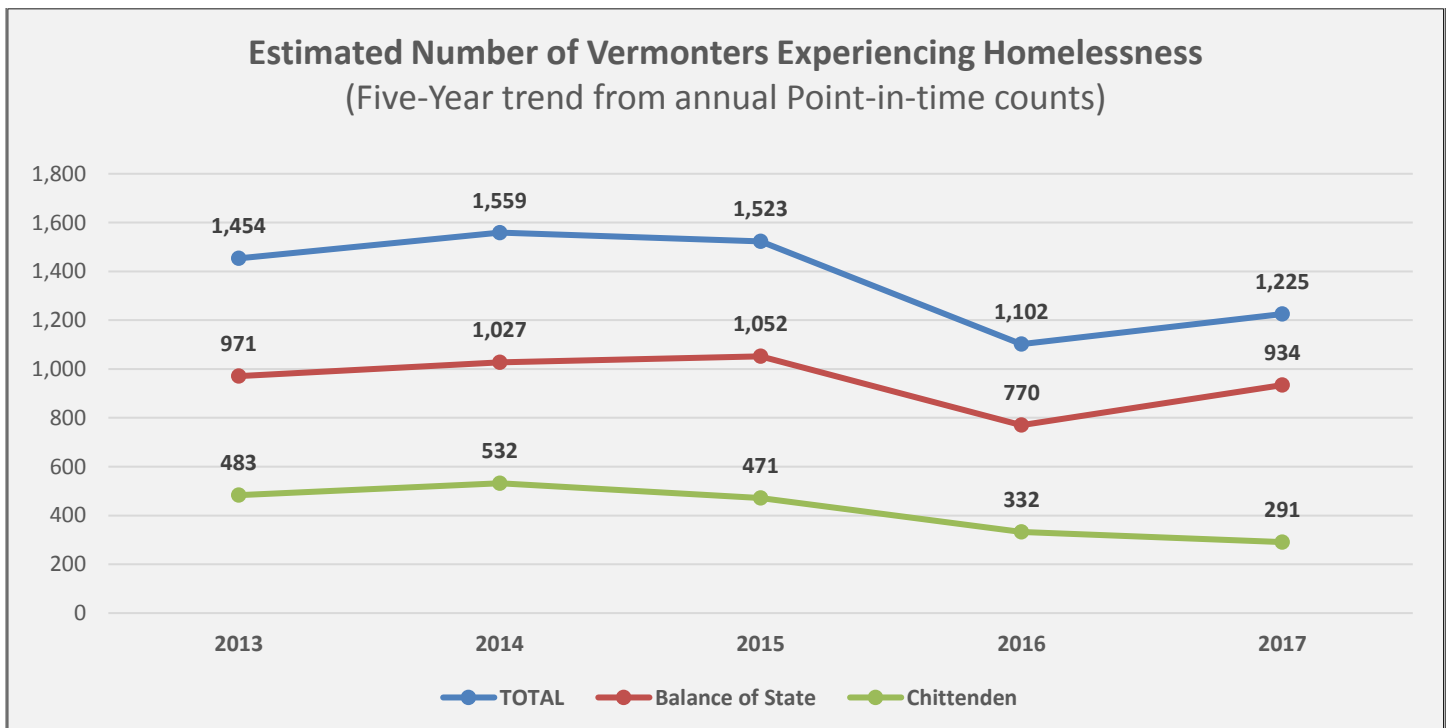
- The Agency of Human Services and Department for Children and Families (DCF) has developed the Family Supportive Housing program for families. Family Supportive Housing was launched in July 2013 in Brattleboro, Burlington and Rutland, and has since been expanded to seven districts by leveraging Medicaid dollars for case management. The initiative links local service and housing partners to provide intensive case management, service coordination and affordable housing for homeless families who have experienced multiple episodes of homelessness. Ongoing collaboration through the Family Supportive Housing program’s Community of Practice provides a feedback loop from service and housing providers which helped identify how the program and duration of services needed to adapt. This includes clarity on when people can successfully “graduate” from services, and how services beyond 24 months can be funded when needed.
- Successful supportive housing programs should be expanded to additional districts as funding allows and data supports.
- The Department of Corrections (DOC) has made supportive housing options available to offenders exiting correctional facilities through its Transitional Housing program.
- The Chittenden and Balance of State Continuum of Care have expanded Permanent Supportive Housing options through bonus project applications to HUD and expansion of the HUD-funded Shelter+Care program. Chittenden County uses Coordinated Entry and Assessment to identify homeless individuals at greatest risk and prioritize them for Permanent Supportive Housing. While the increase in PSH options is positive, it has in some cases been at the expense of services funding for case management, and many local Continua of Care are currently struggling to ensure there is adequate corresponding *service* capacity to match these PSH resources. The Vermont Council on Homelessness believes long-term housing stability requires strong, dependable and balanced investment in the three areas of housing, rental subsidy and services.
- The Veteran’s Administration has expanded Permanent Supportive Housing options through the VASH program. (The federal government will need to fill vacant positions in the V.A. so that a shortage of case management capacity does not undermine the program’s success.)
- In 2016, the Corporation for Supportive Housing estimated the need for Supportive Housing units in Vermont and developed detailed cost estimates covering construction, rental subsidy and supportive services. Their conclusions were included in the “Roadmap to End Homelessness” and presented to the Council, the Vermont Legislature and the Administration.
- The 2014 statewide Access to Housing meeting provided information relating to housing and service barriers, the needs of tenants and housing providers, and solutions.

### III. Indicators of Progress (Point-in-Time count)

Each winter, states and cities across America conduct a one-day count of persons experiencing homelessness. Vermont’s most recent Point-in-time count, conducted January 2017, estimates that **1,225 Vermonters are homeless. This represents an 11% increase over the previous year and an overall 16% reduction since 2013.**

Some Council members have expressed that Point-in-time counts can underrepresent the full extent of homelessness. This can be because people staying with family or friends may not meet the HUD definition of homelessness or because not all persons who are homeless seek services. Measuring the incidence of homelessness is a challenge in any region and data from the Point-in-time count is analyzed alongside data from other sources. Because Vermont's small size can magnify minor fluctuations, the Council continues to monitor long-term trends from the Point-in-time count. For these reasons, point-in-time data are considered best estimates.

Annual data are gathered by Vermont’s two Continuum of Care groups: The Chittenden County Homeless Alliance (serving Chittenden County); and the Vermont Coalition to End Homelessness (serving the remaining 13 counties referred to here as the “Balance of State”). In 2017, the number of Vermonters counted as homeless increased in some counties and decreased in others. Chittenden County continued a promising reduction in homelessness for the third straight year. Across the Balance of State, homelessness increased this year by 21%, following a significant decrease the year before. Since 2013, homelessness in Chittenden County has declined by a significant 40% and in the Balance of State by a far more modest 4%.



## Summary 2017 Data - By Region

- 24% of persons counted were in Chittenden County. The next two largest concentrations of homelessness were in Washington and Rutland counties (12% and 15% respectively). Together, these three counties account for half of all homeless persons in Vermont.
- The most significant **1-year progress** in reducing homelessness was in:
  - Franklin (-17%); Chittenden (-12%); and Orange (-5%)
- The most significant **5-year progress** in reducing homelessness has been in:
  - Caledonia (-51%); Chittenden (-40%); and Windsor (-31%)

## Summary 2017 Data - By Population

- **CHILDREN: 306** children were counted. Approximately 25% of Vermont's homeless population is under 18.
- **MENTAL ILLNESS: 340** Persons (28%) reported having a serious mental illness
- **DOMESTIC VIOLENCE: 267** (22%) reported a history of domestic violence.
- **SUBSTANCE ABUSE: 228** Persons (19%) reported addiction to drugs, including alcohol.
- **VETERANS: 94** persons identified as Veterans. This represents a 15% reduction from the previous year and a 27% overall reduction since 2013.

## Summary 2017 Data - By Program Type

- **533** persons (44%) were in an **emergency shelter**.
- **310** persons (25%) were in a **hotel or motel** paid for by AHS or charitable organization.
- **245** persons (20%) were in a **Transitional Housing** program for the homeless.
- **134** persons (11%) were **unsheltered**, meaning they were sleeping in a vehicle, in the woods or on the streets. (This represents a 14% reduction from 2016 and a 27% overall reduction since 2013.)
- **3** persons were in a **Safe Haven** program for the homeless.



# Appendix

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- A. The Ending Family Homelessness Framework**
- B. Youth Homelessness Prevention Plan**
- C. Blueprint for Ending Veterans Homelessness in Vermont**
- D. Definitions of Homelessness and At Risk of Homelessness**
- E. Overview of Coordinated Entry and Assessment**

### **A. ADOPT the "Family Connection" framework developed by the Interagency Council on Homelessness. Support four key components of an effective homeless Continuum of Care.**

1. Develop a coordinated entry system to assess needs and connect families to targeted prevention and temporary shelter as needed in each community.
2. Ensure interventions and assistance are tailored to the needs of families.
  - a. Provide assistance to rapidly re-house homeless families.
  - b. Increase access to affordable housing and help communities target resources.
  - c. Direct service-intensive housing interventions to the highest need households.
3. Connect families to benefits, employment, and community-based services needed to sustain housing. Promote stability and positive education outcomes for children and youth by ensuring coordination between local homeless Continuum of Care, homeless education liaisons, runaway and homeless youth programs and organizations providing early education and intervention, such as Head Start.
4. Develop and build upon evidence-based practices for serving homeless families and families at risk for homelessness.

### **B. Bring Together supportive services, housing, and rental assistance to improve housing stability for families, children, landlords and communities.**

1. Create a Section 8 rental subsidy preference for homeless families participating in Supportive Housing programs.
2. Foster local partnerships between service providers and property managers around concrete initiatives such as Rapid Re-Housing, Supportive Housing, and apartments set-aside for the homeless.
3. Encourage local admissions preferences for homeless families applying for subsidized housing.



**C. CONSTRUCT and rehabilitate rental housing affordable to households with extremely low incomes, and accessible to families and individuals who have experienced homelessness.**

**Promote significant public and private development of rental housing.**

1. Work with the Agency of Human Services, local housing and service providers, and continuums of care to prioritize local housing needs and resource allocation.
2. Integrate housing with services and rental assistance for the homeless into mixed-income affordable housing development.
3. Use housing needs and homelessness data to target development and set production goals.
4. Explore alternative and compact designs for new housing, public policy requirements, and State or publicly donated property and land to reduce construction and operating costs, thereby addressing the supply gap.
5. Identify increased development and rental assistance resources paired with support services for family housing, similar to recent initiatives targeted to veterans.
6. Encourage communities to support building new rental housing. Encourage municipalities and regional planning commissions to examine their plans for housing with a goal of reducing barriers to appropriately sited housing.
7. Engage in strategies that move current renters to homeownership and improve the rental market for potential renters.

**Encourage Improvements to Distressed Rental Stock**

1. Work with state and local government to increase the supply of apartments meeting rental habitability standards.
2. Develop a strategy and funding sources to provide incentives and technical assistance to private landlords who bring apartments up to quality standards and into service at affordable rents.

## APPENDIX B - Youth Homelessness Prevention Plan

In March 2017, stakeholders, working with the Vermont Coalition to End Homelessness and the Chittenden Homeless Alliance, began meeting to create a plan to address the unique needs and challenges of transition aged youth (aged 16-24) experiencing homelessness in Vermont. Specific actions will be recommended in a Summer 2018 report targeting systems, services and supply to make incidents of youth homelessness rare, brief and non-recurring while mitigating short and long-term impacts.

### KEY STRATEGIES:

- Increase data collection and analysis to gain better understanding of youth homelessness.
- Develop a shared understanding of evidence-informed practices, current resources, and effective interventions.
- Increase availability of and access to housing supports that address distinctive needs of young adult population.
- Enhance capacity to identify and engage youth at risk of experiencing homelessness.

### PRIORITY OUTCOMES FOR YOUTH:

- **Stable housing** – increased placement in safe and developmentally-appropriate housing, moving youth towards independent living.
- **Permanent connections**- improving ability to develop and maintain positive attachments to social networks.
- **Education/employment**- increasing employability and academic success to promote long-term stability.
- **Social-emotional well-being**- enhance the development of key competencies and behaviors that equip a young person to succeed across multiple domains of daily life.

### PLANNING PROCESS:

- **Phase 1: Assess.** Create a systems map, conduct a needs analysis, analyze existing data, understand the problem in Vermont, learn from national partners and initiatives, seek feedback from key stakeholders, including youth. March 2017- December 2017
- **Phase 2: Design.** Build a vision, identify and define desired program models, develop a plan to enhance the current infrastructure to support priorities, define benchmarks for progress. January 2018- June 2018
- **Phase 3: Implement.** Support implementation of plan, progress towards benchmarks, and ongoing evaluation and improvement. July 2018- December 2020.

*For more information on the Committee's work, contact the Vermont Coalition of Runaway and Homeless Youth Programs at [info@vcrhyp.org](mailto:info@vcrhyp.org) or call 802-229-9151.*

## APPENDIX C - Blueprint for Ending Veterans Homelessness in Vermont

Vermont's most recent Point-In-Time count identified 94 veterans who were homeless. This represents approximately 7.7% of the state's total homeless population. Veterans who have experienced long-term homelessness are often in need of intensive services to obtain and retain permanent housing. A coalition of veteran providers is working to end veteran homelessness in Vermont. A statewide array of services, coordinated through the Continuums of Care, and provided by a network of community partners, is focused to accomplish this goal.

### **The following services are currently available to Vermont's homeless veterans.**

- Community and street outreach to rapidly identify homeless veterans
- Homeless prevention and rapid re-housing services
- Short-term emergency shelter
- Transitional housing
- HUD/VASH permanent supportive housing
- Veterans Justice Outreach services
- Employment services
- Compensated work therapy
- Medical services
- Evidenced-based individual and group therapy
- Psychiatric medication prescription and management

The majority of the above services are provided by the Health Care for Homeless Veterans program of the VA Medical Center at White River Junction, either directly or in partnership with the VA's contracted homeless programs. The VA Supportive Services for Veteran Families (SSVF) program plays a key role in homeless prevention and rapid re-housing services, as do many other local provider agencies.

Over the last two years, a coalition of homeless veteran agencies, acting as a sub-committee of the Balance of State and Chittenden County Continuums of Care, have worked together, bi-weekly, to identify, and case conference all of the known homeless veterans throughout Vermont. Since its inception, this coalition has successfully moved over 150 veterans from homelessness into permanent supportive housing.

The goal of these collective efforts is to continue to build out a coordinated entry system of services in Vermont that addresses all of the service needs of our homeless veterans whereby every homeless veteran can be supported and housed.

*For more information on Vermont's work to End Veterans Homelessness, contact the Health Care for Homeless Veterans program of the VA Center at White River Junction at [James.Bastien@VA.Gov](mailto:James.Bastien@VA.Gov) or 802-295-9363 x6543.*

## APPENDIX D – Definition of “HOMELESSNESS”

<b>CRITERIA FOR DEFINING HOMELESSNESS</b>	Category 1	Literally Homeless	<p>(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ul style="list-style-type: none"> <li>(i) Has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;</li> <li>(ii) Is living in supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); <b>OR</b></li> <li>(iii) Is exiting an institution where (s)he resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.</li> </ul>
	Category 2	Imminent Risk of Homelessness	<p>(2) Individual or family who will imminently lose their primary nighttime residence, provided that:</p> <ul style="list-style-type: none"> <li>(i) Residence will be lost within 14 days of the date of application for homeless assistance;</li> <li>(ii) No subsequent residence has been identified; <b>AND</b></li> <li>(iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing.</li> </ul>
	Category 3	Homeless under other Federal statutes	<p>(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:</p> <ul style="list-style-type: none"> <li>(i) Are defined as homeless under the Runaway and Homeless Youth Act (42 U.S.C. 5732a, section 387), the Head Start Act (42 U.S.C. 9832, section 637), the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2, section 41403), the Public Health Service Act (42 U.S.C. 254b(h), section 330(h)), the Food and Nutrition Act of 2008 (7 U.S.C. 2012, section 3), the Child Nutrition Act of 1966 (42 U.S.C. 1786(b), section 17(b)) or McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a, section 725);</li> <li>(ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;</li> <li>(iii) Have experienced persistent instability as measured by two moves or more during the preceding 60-days; <b>AND</b></li> <li>(iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or GED, illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment.</li> </ul>
	Category 4	Fleeing/ Attempting to Flee Domestic Violence	<p>(4) Any individual or family who:</p> <ul style="list-style-type: none"> <li>(i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual’s or family’s primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;</li> <li>(ii) Has no other residence; <b>AND</b></li> <li>(iii) Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing.</li> </ul>

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**APPENDIX D – Definition of “AT RISK OF HOMELESSNESS”**

<b>CRITERIA FOR DEFINING AT RISK OF HOMELESSNESS</b>	<b>Category 1</b>	Individuals and Families	<p>An individual or family who:</p> <ul style="list-style-type: none"> <li>(i) Has an annual income below 30% of median family income for the county; <b>AND</b></li> <li>(ii) Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the “homeless” definition; <b>AND</b></li> <li>(iii) Meets one of the following conditions: <ul style="list-style-type: none"> <li>(A) Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; <b>OR</b></li> <li>(B) Is living in the home of another because of economic hardship; <b>OR</b></li> <li>(C) Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; <b>OR</b></li> <li>(D) Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; <b>OR</b></li> <li>(E) Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; <b>OR</b></li> <li>(F) Is exiting a publicly funded institution or system of care.</li> </ul> </li> </ul>
	<b>Category 2</b>	Unaccompanied Children and Youth	A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute.
	<b>Category 3</b>	Families with Children and Youth	A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her.

*HUD Interim ESG Regulation – Congruent with definition adopted by Vermont Agency of Human Services*

## APPENDIX E - Overview of Coordinated Entry and Assessment Partnership

**Coordinated Entry (CE)** is a set of processes to ensure that people experiencing a housing crisis are quickly identified, assessed for, referred and connected to housing assistance based on their strengths and needs. At a minimum, coordinated entry is required to:

- Cover the geographic area of the Continuum of Care (CoC),
- Be easily accessed by individuals and families seeking housing or services,
- Be well advertised, and
- Include comprehensive and standardized assessment.

Coordinated entry also helps ensure the success of homeless assistance and homeless prevention programs in communities. In particular, coordinated entry can help communities systematically assess the needs of individuals and families, and effectively match each individual or family with the most appropriate resources available to address that individual or family's particular needs.

### Geographic Area & Population

The Vermont Balance of State Continuum of Care includes all of the counties in Vermont *except* for Chittenden County. Within these 13 counties, there are 11 local Continuums of Care operating as part of the Balance of State CoC. VCEH has defined a Local Coordinated Entry Partnership model as key to coordinated entry implementation.

Coordinated entry is intended to serve all individuals and households experiencing a housing crisis, defined as: **Homeless** or **At-risk of Homelessness**, using the definitions adopted by HUD and the Vermont Agency of Human Services:

### Goals of Coordinated Entry

Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of well-developed process for accessing resources has resulted in severe hardships for people experiencing homelessness. Coordinated entry is intended to increase and streamline access to housing and services for households experiencing homelessness, match appropriate levels of housing and services based on their needs, and prioritize persons with severe service needs for the most intensive interventions.

HUD's primary goals for coordinated entry processes are:

1. Assistance will be allocated as effectively as possible
2. Assistance is easily accessible no matter where or how people present

In Vermont, the primary goal of coordinated entry is to provide and improve consumer information, referral, assistance and access to housing and services for individuals and families experiencing or at risk of homelessness.



## APPENDIX E - Overview of Coordinated Entry and Assessment Partnership (continued)

In Vermont, coordinated entry can:

- Improve referral appropriateness and coordination
- Increase understanding among partners of what resources are available
- Decrease the time that people experience homelessness
- Help people move in and out of the “homeless system” as quickly as possible allowing them to achieve housing stability
- Support community-wide or system level planning and outcomes

VCEH further defines effective coordinated entry as client-focused, linking the household to an intervention to resolve the housing crisis, based on a standard assessment of needs and strengths and the knowledge of housing and services available.

VCEH will work to ensure that in policies and practice all clients in all permanent housing programs, regardless of their funding source, can be connected to high intensity supports (as needed), bridge to a permanent affordable housing placement as appropriate, and pursue mainstream housing resources.

### Guiding Principles (from the Local Partnership Agreement)

1. **Reorient service provision**, creating a more client-focused environment.
2. **Recognizes the inherent dignity of persons in need of housing**, and honors their right to confidentiality, safety, respect, and choice.
3. **Identify which strategies are best for each household** based on knowledge of and access to a full array of available services.
4. **Link households to the most appropriate program** that will assist the household to quickly resolve their housing crisis and regain housing stability.
5. **Provide timely access and appropriate referrals** to housing programs and support services.
6. **Shorten the number of days** between onset or threat of homelessness and access to assistance needed to re-establish stable housing.
7. **Protects the safety of victims fleeing domestic/sexual violence** and simultaneously helps victims to access housing resources.
8. **Provide immediate access to information** regarding housing and support services.
9. **Establishes consistent referral protocols and uniform assessment** so that no matter where a person or family presents in need, they can have access to needed housing programs and support services.
10. **Reduces duplicate collection of household information** to streamline referral and access to needed resources.
11. **Provide for ongoing participation** by consumers and stakeholders in the development and evaluation process of coordinated entry.
12. **Commitment to continuous improvement** through ongoing evaluation of Local Coordinated Entry Partnerships and VCEH.