



Vermont Coalition of Runaway and Homeless Youth Programs FY 2017, Quarters 1 and 2

I. Introduction

The Vermont Coalition of Runaway and Homeless Youth Programs (VCRHYP) provides a statewide safety net for runaway, homeless, and other youth in distress in VT, and their families. The 14 member agencies of the Coalition provide this safety net as part of the grant between VCRHYP and DCF for services supported with Global Commitment Funds, through provision of 24/7 Emergency Crisis Response for youth and families in every region of Vermont.

This Emergency Crisis Response, as defined by the VCRHYP/State of Vermont grant, includes the following services: assessment, referral to temporary shelter, crisis intervention services, individual and family counseling, group counseling, home and school visits, care coordination, Access/family preservation services, and access to healthcare – including preventative care and substance use awareness, and support in obtaining and maintaining medical care.

II. Outcome Measures

The following report provides data for services provided by VCRHYP's 14 member programs, reflective of the first two quarters of FY17. During the reporting period, 390 youth were open and active in the HMIS database, 240 of those youth enrolled in the Basic Center Program, and 150 enrolled in the Transitional Living Program. Below is an outline of data available for youth served in each of those programs, which are supported by State of Vermont funds.

BASIC CENTER PROGRAM OVERVIEW

Demographics

- Gender: 89 females, 98 males, 1 person identifying as trans, 56 without data.
- The majority of clients were 15 years old and above at entry.
- 21% of clients identified as LGBTQ.
- 12% of clients identified as people of color.

Entry data

- Top referral sources are schools, child welfare agencies, self-referrals and parents/guardians.
- Most clients were living with their family at the time of entry, with 12% staying with friends, 7% in emergency shelter, and 10% coming from a foster care setting.
- The top five critical issues at entry were:

- Household dynamics
- Housing issues
- Youth mental health
- School issues
- Youth unemployment
- Youth alcohol or drug abuse
- 25% of clients served reported formerly being a ward of the child welfare system.

Exit data

- 92 clients exited services during the reporting period.
- 100% of youth had health insurance at exit.
- 25% were in the project less than a month, 25% for 1-3 months, 15% for 3-6 months, 35% for 6 months or longer.
- 72% exited to a safe location, 18% exited into foster care*, emergency shelter, or a psychiatric facility. * NOTE: *Of the 9 youth who exited into a foster care placement, all 9 were served by Windsor County Youth Services through a contract between Windsor and DCF; these youth were already in custody at the time of intake as opposed to new referrals to DCF. If we remove these 9 clients, we achieved more than 80% of youth with safe exits.*

Entry Exit Destination (clients exiting in period)	#
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	6
Foster care home or foster care group home	9
No exit interview completed	4
Other	6
Psychiatric hospital or other psychiatric facility	2
Rental by client, no ongoing housing subsidy	7
Rental by client, with other ongoing housing subsidy	7
Residential project or halfway house with no homeless criteria	1
Staying or living with family, permanent tenure	36
Staying or living with family, temporary tenure (e.g., room, apartment or house)	9
Staying or living with friends, permanent tenure	4
Staying or living with friends, temporary tenure (e.g., room apartment or house)	3
Transitional housing for homeless persons (including homeless youth)	2

TRANSITIONAL LIVING PROGRAM OVERVIEW

Demographics

- Gender: 36 females, 32 males, 2 people identifying as trans, 52 without data.
- 11% of clients identified as LGBTQ.
- 7% of clients identified as people of color.
- The majority of clients were 18, 19 or 20 at entry.

Entry data

- Top five referral sources are another project run by the agency, self-referral, school, or another organization.
- The top five critical issues at entry were:
 - Unemployment/ insufficient income
 - Housing issues
 - Household dynamics
 - Youth mental health
 - School issues
- 19% of clients served reported formerly being a ward of the child welfare system.
- Residence prior to entrance:

Emergency shelter, including hotel or motel paid for with emergency shelter voucher	7%
Foster care home or foster care group home	2%
Hospital or other residential non-psychiatric medical facility	1%
Hotel or motel paid for without emergency shelter voucher	1%
Other	3%
Place not meant for habitation	6%
Rental by client, no ongoing housing subsidy	5%
Rental by client, with VASH subsidy	1%
Residential project or halfway house with no homeless criteria	1%
Staying or living in a family member's room, apartment or house	45%
Staying or living in a friend's room, apartment or house	25%
Transitional housing for homeless persons (including homeless youth)	2%

Exit data

- 52 clients exited services during the reporting period.
- 100% of youth had health insurance at exit.
- 28% were in the project for 1-3 months, 49% for 3-12 months, 23% for longer than a year.
- At exit, 57% of youth were employed.

- 71% of youth had safe exits, 4% (n=2) exited to a hospital or other residential medical facility or to an emergency shelter.

Entry Exit Destination (clients exiting in period)	#
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	1
Hospital or other residential non-psychiatric medical facility	1
No exit interview completed	11
Other	2
Permanent housing for formerly homeless persons	1
Rental by client, no ongoing housing subsidy	5
Rental by client, with other ongoing housing subsidy	3
Rental by client, with VASH subsidy	3
Staying or living with family, permanent tenure	12
Staying or living with family, temporary tenure (e.g., room, apartment or house)	8
Staying or living with friends, permanent tenure	1
Staying or living with friends, temporary tenure (e.g., room apartment or house)	4

III. Medicaid Usage

FY17	Invoiced	Paid	% Paid
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VCRHYP acts as the billing provider for its member agencies and during Q1 and Q2 of FY17 ensured that all claims submitted on behalf of the VCRHYP network were complete and accurate by reviewing monthly data reports and billing submissions by member agencies. VCRHYP also

July	153	148	97%
August	150	138	92%
September	136	120	88%
October	123	113	92%
November	105	96	91%
December	100	96	96%
Total	767	711	93%

tracks Medicaid eligibility of youth served per month to monitor wellbeing of youth and to ensure reimbursements go through for VCRHYP agencies, and for the Coalition overall. This table reports monthly Medicaid eligibility data of youth served by VCRHYP during Q1 and Q2, not all Q2 billing is completed yet as some November and December claims are still being processed. Additionally, numbers do not reflect billing from Addison County Parent Child Center or Counseling Services of Addison County as their portion of VCRHYP’s Medicaid allocation was pulled into IFS, VCRHYP no longer has access to their billing information.

III. Other Activities

VCRHYP’s administrative team consists of five members: Executive Director, Assistant Director, Medicaid Billing Specialist, Youth Engagement Coordinator, and Data Entry Clerk. The last two listed positions are part-time positions and the other three are full-time. VCRHYP’s admin team performs on-site file reviews at each coalition agency, supports the development and implementation of best-practices, ensures statewide continuity of services and builds capacity through work with statewide partner agencies.

Every other month, VCRHYP hosts the Best Practice Committee meetings. RHY youth care workers from coalition members across the state come together for a day long meeting where presenters and trainers come in to share information and resources, Youth care workers share their work and get feedback from peers through a peer-sharing forum, and the VCRHYP admin team provides information about and solicits feedback on coalition initiatives.

In addition to these bi-monthly meetings, VCRHYP holds bi-annual grantee trainings for both the BCP and TLP grants. These full-day trainings cover issues such as trauma-informed care, motivational interviewing, case-management and planning tools, LGBTQ competency, mental health awareness and other core knowledge areas for RHY workers.

During this review period, among other achievements and activities, VCRHYP has played an important role on the Youth Thrive State Implementation Team; released a newly revised website (vcrhyp.org); increased our social media outreach by more than 40%; and partnered with the VT Coalition to End Homelessness and the Chittenden Housing Alliance to create a joint Youth Housing Committee which will work towards building a plan to end youth homelessness by 2020.

In the next half of the year, we will work to enhance our relationship with the Youth Development Program by creating a shared training plan for our youth care workers, and defining eligibility for each program and working to increase appropriate referrals. VCRHYP will partner with YDP to sponsor the Youth Conference on April 3, and a Legislative Awareness Day on April 14 with activities for youth and adults. Partnering with HUD and state partners, we will begin creating the plan to end youth homelessness. We will continue to support the rollout of Youth Thrive into every region in the state, and we will build on our existing outcomes framework, focusing on four new areas: stable housing, employment and education, social and emotional wellbeing, and permanent connections.