

Vermont Roadmap to End Homelessness

Final Report

December 20, 2016



About CSH

CSH transforms how communities use housing solutions to improve the lives of the most vulnerable people. We offer capital, expertise, information and innovation that allow our partners to use supportive housing to achieve stability, strength and success for the people in most need. CSH blends over 20 years of experience and dedication with a practical and entrepreneurial spirit, making us the source for housing solutions. CSH is an industry leader with national influence and deep connections in a growing number of local communities. We are headquartered in New York City with staff stationed in more than 20 locations around the country. Visit csh.org to learn how CSH has and can make a difference where you live.

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Executive Summary

Homelessness has been a persistent problem in Vermont for more than three decades, but over the past several years a statewide network of non-profit organizations and public housing authorities have worked together with local, state, and federal agencies to address this pressing problem and the results of their collaboration have begun to pay off. A modest decline in the number of individuals experiencing homelessness in 2015 was followed by a dramatic reduction this year: Vermont’s latest Point in Time (PIT) homelessness count, conducted on a single night in January of 2016, recorded a 28% reduction in the number of homeless individuals statewide—the largest one year decrease in a PIT count in the nation in 2016. Yet on that night last January more than 1,100 persons were counted as homeless across the state, a reminder that more work must be done if homelessness is to cease in Vermont.

In response to the challenge of homelessness the Vermont Legislature included \$40,000 for a homeless study and report in its FY17 Appropriations Bill. Additional funding was provided by the Sustainable Fund from the Vermont Community Foundation, the Neighborworks Alliance of Vermont, the Vermont Housing and Conservation Board, and the Vermont Housing Finance Agency. A Vermont Roadmap Steering Committee was formed and it developed and released a request for proposals on July 1, 2016 for an actionable Roadmap to End Homelessness in Vermont. CSH was selected and developed the following Roadmap, further building on earlier statewide plans including Vermont’s Plan to End Homelessness (2012). This report is the product of six months of work between CSH and the Steering Committee, a working group composed of officials from a number of state agencies, regional non-profits, public housing authorities, and advocacy organizations. This document contains CSH’s assessment of the homelessness system in Vermont, estimates of cost savings if homelessness is reduced and recommendations on how best to implement system changes to meet this important goal in the next five years.

The findings from CSH’s assessment of Vermont’s homelessness system clearly indicate Vermont is headed in the right direction. Local innovation and a willingness among non-profits to partner is supported by flexible state programs and leadership. A nascent coordinated entry system is helping to prioritize resources to those in greatest need of assistance. An understanding of the effectiveness of supportive housing and Housing First programs is in place and local programs continue to develop. Despite these strengths, an acute shortage of public resources coupled with a well-documented lack of affordable housing across the state must be addressed if homelessness is to end. A well-aligned network of state agencies will need to double down on their efforts to work collaboratively in order to deliver some 360+ new units of supportive housing, an additional 1,250+ units of affordable housing for the lowest income levels, and other forms of support over the next five years in order to solve this problem.

A significant investment of resources on the part of the State, as well as federal funding, local funding, private philanthropic support and private investments in affordable housing will be required to get the job done. This report assumes the maintenance of current federal and state funding levels for production of supportive and affordable housing as well as funding for housing and homelessness programs and services. A decrease of funding across any of these programs, particularly federal funding, will have a significant impact on the feasibility of CSH’s recommendations, the state budget, and on Vermont households in need. Pages 18-26 of this report details the costs associated with the housing interventions required to end homelessness. Securing these vital resources will require effective, focused advocacy and a high degree of political will.

The innovative models of supportive housing and Housing First that have been tested and are in use across Vermont are ready to be scaled. For the most vulnerable populations, including long-term “chronically homeless” persons and persons exiting institutions, overwhelming evidence indicates these housing interventions deliver better outcomes for individuals and the community while at the same time saving valuable

public resources. Pages 27-31 of this report details cost avoidance strategies which have the potential to save state resources and improve outcomes for vulnerable individuals and families with complex needs.

Vermont is well positioned to end homelessness and this Roadmap provides an actionable and clear way to reach this goal.

Assessment of Existing Resources and Systems

As a first step toward creating a set of recommendations to end homelessness in Vermont CSH set about to develop an understanding of the state’s existing homelessness response system. Starting in August of this year, CSH engaged in a series of exercises over a three month period which included a series of in-depth interviews with sixteen key stakeholders involved in the effort to address homelessness across the state; a group meeting on August 18th in Waterbury with 50 non-profit leaders, government officials, advocates and funders; a second group meeting on September 30th in Burlington involving twelve individuals experiencing homelessness; and the distribution, collection and analysis of 338 written surveys which were provided to stakeholders across the state.

During this same period more than 50 separate reports and source documents related to homelessness systems, agencies, and activities in Vermont were provided to CSH via the Steering Committee. The assessment section of this report captures themes from both the qualitative and quantitative data reviewed.

CSH has discovered what many working to end homelessness inside and outside of Vermont already know: Vermont is on the leading edge of the fight to end homelessness in America.

Summary

The assessment activities undertaken by CSH revealed what many working to end homelessness inside and outside of Vermont already know: Vermont is on the leading edge of the fight to end homelessness in America. Effective and coordinated state level leadership supports communities of sophisticated and highly committed non-profit organizations across the state. Industry “best practices” to address homelessness including supportive housing and Housing First are in use in most Vermont communities. An unusually strong commitment among provider groups to collaborate with each other at the local level and to work closely with state and federal agencies and the philanthropic community have resulted in a number of highly effective and sustained partnerships that have moved the dial on homelessness.

A long-standing belief in “solving problems locally” combined with a commitment to flexibility at the state level to foster and support this Vermont value has led to the rise of innovative homelessness programs around the state. As in other states where significant progress has been made toward ending homelessness, a high level of coordination between key state agencies (corrections, housing, human services, etc.) exists in Vermont. The state’s 2016 Point in Time Count reflects the excellent progress Vermont has made as of late; an overall one year decrease in homelessness of 28% was achieved between 2015 and 2016, along with a decrease of 25% in the number of chronic homeless individuals statewide.

Yet there are many challenges still to overcome. An overall lack of access to affordable, decent housing in Vermont must be addressed and a significant number of additional units of supportive and affordable housing must be provided to end homelessness in the state. In many rural areas of Vermont an inadequate supply of habitable, publicly subsidized or private housing means valuable rental subsidies go unused, many low-income individuals are forced to live in substandard housing, and *persons experiencing homelessness are left with few housing options*. In the state’s more affluent densely populated areas a desirable, modern multi-family affordable housing portfolio exists however, an acute shortage of rental subsidies and a lack of sufficient units due to high demand means *persons experiencing homelessness are left with few housing options*. A statewide vacancy rental rate of 2-3% places even greater pressure on the homeless in every Vermont community.

A statewide coordinated entry system which promises to make more efficient use of precious public resources by prioritizing assistance to the neediest homeless Vermonters is in its early stages of implementation but has yet to be fully operationalized. Despite the launch of new programs designed to shift the state’s focus from crisis to permanent solutions, an ongoing reliance on the use of emergency motels as a source of short-term shelter for

homeless and vulnerable families and individuals means a disproportionate share of scarce public resources that might otherwise be available for permanent solutions continues to be spent on temporary fixes – and the demand for those scarce public and private funding resources to support the overall effort to end homelessness in Vermont perennially exceeds the supply of available funding in any given year.

Strengths of the Current System

Ability to Focus Resources on Key Populations

Vermont has reduced the total number of individuals experiencing chronic homelessness across the state by nearly a third over the past year. A focused approach, involving the delivery of supportive housing to chronically homeless individuals who are identified by name at the local level through the state’s still forming coordinated entry system appears to have begun to pay off. “The shift to focusing on chronic homelessness has been inspiring and it seems to be working” said Martha Maksym, the Executive Director of the United Way of Northwest Vermont. “The work the Champlain Housing Trust has been doing to rehab and produce supportive housing for this population has been amazing. I truly feel we can end chronic homeless in our community over the next year or so” she said.

A 23% reduction in the number of homeless veterans in Vermont, recorded between 2015 and 2016, resulted from a similar focused response involving the Department of Veterans Affairs, the Vermont Agency of Human Services, housing and services providers on the ground, and other partners.

Partnerships

“It’s a small state – we work well together” – Liz Genge, Downstreet Housing and Community Development.

The ability for local organizations to partner with one another—both through the existing Continuum of Care (CoC) structures and through individual project level partnerships—is a clear strength for Vermont. Twenty percent of survey respondents reported that coordination among agencies and coordination at the Continuum of Care level was a best practice in their community. *“The local CoC has been helpful in getting all the community members at the table. The collaborative work has meant we are all heading in the same direction; because this is a “small town” we often share the folks we serve.” – Survey respondent.*

“...all these partners have a mission to support people in the community to live with a modicum of safety and dignity—and housing is basic to all aspects of health and functioning.” – Survey respondent

The Vermont Balance of State CoC reduced chronic homelessness by 50% in the 2015 Point in Time Count, and by an additional 9% in 2016. This reduction was primarily a result of prioritizing federal HUD CoC-Supportive Housing (Shelter+Care/VASH subsidies) and the strong partnerships between the Vermont State Housing Authority, the Brattleboro Housing Authority, the Vermont Department of Mental Health, Pathways to Housing Vermont, designated Mental Health Agencies, homeless service providers and local CoCs across the state.

“Mental health, community action, state agencies and local faith communities have long been partners in this endeavor and continue to improve communications and share problem solving strategies. Housing is an issue that absorbs an incredible amount of time, personnel and energy even in agencies/groups whose primary mission is NOT housing. But all these partners have a mission to support people in the community to live with a modicum of safety and dignity—and housing is basic to all aspects of health and functioning.” – Survey respondent.

“The Chittenden County CoC led a collaborative effort involving partnerships with a number of local groups and reduced chronic homelessness by 40%.” – Participant at the August 18th group meeting.

Survey respondents suggested Vermont’s *Housing Review Teams* (HRT) are a best practice. The HRTs are tied to CoCs and include representatives from local housing, shelter and service provider groups. HRTs meet to focus on individual cases, helping households experiencing homelessness access and maintain housing. One

respondent suggested HRT members having access to flexible funding streams being imperative, while another stated, “HRT is very helpful in identifying folks who are working with multiple community partners.”

Supportive Housing

Many survey respondents suggested supportive housing “with adequate social and health services provided to persons in need with appropriate support” has been effective at addressing homelessness in their community.

According to the 2015 HUD Continuum of Care Homeless Assistance Programs Vermont Housing Inventory Count Report there are approximately 460 units/subsidies of supportive housing for households experiencing homelessness in Vermont, and Vermont is well positioned to continue creating new units of supportive housing. The State’s Qualified Allocation Plan (QAP), the mechanism by which Vermont decides which affordable housing projects to award Low-Income Housing Tax Credits (LIHTC) to, is already geared to support the production of supportive housing for homeless households. Supportive housing is listed as a “Top Tier Priority” in the Vermont QAP; developers who pledge to set aside at least 25% of the units in their proposed development as supportive housing are given a rating and ranking preference over other developer applications that do not make this same pledge.

“Supportive housing for individuals who are chronically homeless is far and away the most effective way to keep people housed. It is a targeted approach to the problem, and uses the fewest amounts of resources in the least complex way for the individuals and the institutions that provide services to them.” – Survey respondent.

New, Innovative Programs

Over the past two years the state has continued to move further away from a reliance on expensive motels as a means of housing the homeless and instead move toward community based alternatives. State spending patterns are evidence of this shift: In FY2016 Vermont spent \$3M on emergency hotels, a \$1.3M reduction from the \$4.3M spent in FY 2015. State funded flexible grants are now being made available to communities to implement innovative locally based alternatives to motels including case management, housing search support, and housing assistance.

In 2016, the Governor issued an executive order establishing a “15% Goal” which directs landlords who have accepted public financing in connection with their housing to make 15% of their housing portfolio available for housing for persons experiencing homelessness. It is unclear how effective the program will be at this early juncture, particularly since public resources for rental assistance and supportive services are not being made available in a systematic way through the initiative. However, initial results are positive and promising and the program should be closely tracked and monitored.

Gaps and Barriers in the Current System

A lack of access to affordable and supportive housing

Again and again—in every in-person interview, at the facilitated group meeting on August 18th, at the meeting with individuals with lived experience of homelessness in September and through the results of the survey, a lack of access to affordable housing was repeatedly cited as the most significant unmet need affecting persons experiencing homelessness in Vermont. Eighty-five percent of survey respondents indicated that affordable housing

“There’s a shortage of decent affordable housing – there are lots of places for people to go but the housing they find is often substandard”—Affordable Housing Property Manager & Survey Respondent

and/or rental assistance is an unmet need of the individuals and families they work with. *“There’s a shortage of decent affordable housing – there are lots of places for people to go but the housing they find is often substandard,”* said one property manager involved in leasing units to persons experiencing homelessness.

Forty-three percent of survey respondents indicated a lack of available supportive housing in their community was a significant barrier to ending homelessness. A review of the state’s current HUD-required “Housing Inventory Chart” revealed there are 460 units of supportive housing dedicated to households experiencing homelessness in Vermont. With approximately one thousand individuals experiencing homelessness counted in Vermont in January of this year, a clear need for additional units of supportive housing exists.

Some of the possible reasons for the shortage of affordable and supportive housing emerged during CSH’s assessment activities: *“We won’t build in certain rural areas of the state because the high cost of development results in housing that’s too expensive as compared to the dilapidated options that already exist,”* said the Executive Director of a leading affordable housing development organization. *“Vermont uses a common housing application to award affordable housing resources which includes LIHTC and CDBG and HOME but the reality is developers have to apply in as many as three different places to secure all of their funding for a project—a daunting task for any developer,”* offered a government official involved in affordable housing finance activities in Vermont.

Insufficient resources for rental subsidies, capital costs and sustained supportive services

Both survey respondents and stakeholders interviewed repeatedly cited insufficient resources (public subsidies and public/private funding) to support the homelessness system in Vermont as a significant barrier preventing communities from ending homelessness. Lack of adequate resources ranked right behind a lack of access to affordable housing and lack of access to supportive housing in the CSH survey. State and federal rental subsidies cannot be used in existing substandard units. Federal funding levels for housing, rental subsidies and supportive services are below what they were five years ago and *“the state of Vermont suffers from chronic budget shortfalls, preventing it from making needed investments”*—Excerpt from the Vermont Out of Reach Report and Press Release.

Repeatedly, during both in-person interviews and the facilitated group session on August 18, CSH heard a call for more resources as key to moving the needle on homelessness: *“We’re under-resourced,”* said one senior public official bluntly; *“More money for subsidized housing!”* said the Executive Director of a community based organization.

“I don’t know that federal resources are going to increase— is it a role for foundations to provide short-term subsidies, until such time as federal resources are available or until a family becomes self-sufficient? We should be thinking about how to attract larger systems to finance the development of affordable housing— hospital systems, UVM (The University of Vermont), the state— to leverage additional resources. Imagine if these larger institutions committed 5% of their funding to be invested in a capital fund to create supportive housing where a modest return on that investment is provided— imagine what that might yield?” said the leader of one Vermont based philanthropic organization.

Coordinated Entry System not yet fully functional

The 2009 HEARTH Act, which governs most of the federal assistance that communities receive to address homelessness, included a requirement for communities to implement a Coordinated Entry System for the delivery of housing and homeless services (including prevention resources, shelter, rapid rehousing, transitional housing and supportive housing). This new systems-focused approach emphasizes centralized/coordinated intake and assessment, robust homeless prevention strategies, rapid access to housing using a Housing First approach, strategic targeting, and integration with mainstream systems.

Vermont's Coordinated Entry System is currently being implemented, but is not yet fully functional. Several survey respondents characterized planning or implementation of Coordinated Entry as slow moving, but with potential for changing the practices and efficiency of the system, as well as outcomes for persons experiencing homelessness.

Coordinated Entry, if comprehensive and well-integrated with mainstream service systems, can help communities move toward their goal of ending homelessness by improving the speed, accuracy and consistency of the screening and assessment process and targeting scarce resources more efficiently and accurately in order to be most effective. It has been CSH's experience that in every community where significant progress has been made toward ending homelessness (Houston, Connecticut, Salt Lake City, and many others) a functional Coordinated Entry system has been fully implemented.

Reliance on motels

Vermont has experienced an explosion of costs related to hotels and warming stations over the past five years. There is now a push to move away from a substantial reliance on motels as a means for sheltering persons experiencing homelessness, and over the past year an overall reduction in motel expenses has been achieved. However, in certain areas of the state motel expenses continued to increase over the past year.

Access to affordable transportation is limited

As a rural state with limited resources, and in many instances vast distances between populated areas, access to affordable transportation is a barrier for many individuals experiencing homelessness in Vermont. Fifty-eight percent of survey respondents selected transportation as an unmet need for the people they work with.

Data availability

2015 Data generated by Vermont's Homelessness Management Information System (HMIS), a federally mandated data management system that tracks a wide range of information related to homeless persons in a given jurisdiction, is partially complete, primarily as a result of provider capacity and system implementation issues. A fully functioning HMIS (and one that includes wider participation) would provide more complete and reliable data on the number and frequency of persons experiencing homelessness, it would reduce the burden on those experiencing homelessness in accessing resources and it would facilitate evaluation of the effectiveness of programs and interventions. CSH was encouraged to learn during assessment work that significant progress toward improving the quality of this data was made in 2016. CSH looks forward to reviewing Vermont HMIS data in 2017, when higher quality 2016 data is available, to produce a "system map" that provides an overview of how individual people access and move through the Vermont homelessness system (from intake to shelter through to placement in permanent housing within the community).

Roadmap

The Destination: Ending Homelessness

In order to end homelessness in the next five years Vermont must build on the strengths of the existing system by increasing investments in what works—providing access to safe and adequate affordable housing combined with supportive services to households experiencing homelessness.

Gaining an understanding of how many new units of permanent housing options (supportive housing and affordable housing), specialized supportive services, and other key interventions (rapid rehousing and prevention) will be needed over the next five years to get the job done, and an estimate of how much these interventions will cost, is critically important.

CSH completed housing need projections based on data provided by the Vermont Office of Economic Opportunity and Vermont’s 2016 Point in Time Count to answer this key question. CSH has determined that Vermont will need to add nearly 400 units of new supportive housing and an additional 1,250 new units of affordable housing targeted to households with incomes at or below 30% of the Area Median Income (see table 1.1) over the next five years to end homelessness. In addition, the provision of approximately 1,250 units of rapid rehousing assistance over this same period will be required, as will the successful prevention of nearly 300 homeless households from ever entering the homelessness system, in order to ensure the system can adequately meet the needs of the most vulnerable.

To create housing and services at this scale and to ensure these resources are appropriately targeted to the most vulnerable homeless households, Vermont will need to engage in systems change work. The following section of this report details CSH’s recommendations for Vermont.

Table 1.1 FY 2016 Statewide Income Limits for Vermont

2016 Median Family Income: \$70,200

Household Size	1 Person	4 Person
Extremely low-income (30% of median)	\$14,750	\$21,050
Very low-income (50% of median)	\$24,550	\$35,100
Low-income (80% of median)	\$39,300	\$56,150
Median income (100% of median)	\$49,100	\$70,200

Supportive Housing

Evidence-based housing intervention that combines non-time-limited affordable housing assistance with wrap-around supportive services for people experiencing homelessness, as well as other people with disabilities. (USICH)

Affordable Housing

Housing for which the occupant(s) is/are paying no more than 30 percent of his or her income for gross housing costs, including utilities. (HUD)

Rapid Rehousing

Intervention that rapidly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services. (HUD)

Homeless Prevention

Strategy that prevents homelessness for people seeking shelter by helping them stabilize and preserve existing housing, or identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. (National Alliance to End Homelessness)

The Way Forward: Action Steps

1. Scale Supportive Housing in Vermont

An expanded portfolio of supportive housing must be created and maintained over time as a key resource in order for Vermont to end homelessness. Supportive housing is an innovative and proven solution for homelessness. It combines affordable housing with services that help people who face the most complex challenges live with stability, autonomy, and dignity.

To create supportive housing at scale, the existing Vermont Housing Council, which is staffed by the Agency of Commerce and Community Development, should form a “Supportive Housing Interagency Subcommittee” to design and implement a new plan to deliver supportive housing at scale in Vermont. The Council would:

- Draft and execute a Memorandum of Understanding between relevant state agencies to ensure cross agency collaboration and the alignment of funding streams for the purposes of creating supportive housing at scale. A similar cross-agency collaboration in Connecticut has helped create a powerful engine for supportive housing production. Combining capital for construction and long-term operating reserves with funding for services and project-based operating subsidies is a formula that has created almost 2,000 units of supportive housing in Connecticut over a ten-year period.
- Design and implement a unified supportive housing funding program to offer the “three legs of the supportive housing funding stool”—capital, operating/rental subsidies, and supportive service funding—concurrently, to accelerate the pace of supportive housing production.
- Establish unit goals for each funding round, from year to year, to help drive the process.
- Design the new supportive housing delivery program with the flexibility to offer funding in varied combinations from one funding round to the next, to promote either the construction of new units of supportive housing or the expansion of scattered site supportive housing (a model which leverages existing rental units already within the community).
- Endeavor to create 368 units of supportive housing over the next five years via development and the leasing of existing units (50% development and 50% leasing).
- Support efforts to create an additional 1,251 units of affordable housing targeted to households with incomes at or below 30% of the Area Median Income and 1,251 units of rapid rehousing (short-term rent support coupled with short-term supportive services) over this same time period.

2. Complete the Design and Roll Out of Vermont’s Coordinated Entry System

A complete implementation of Vermont’s Coordinated Entry system and full implementation of the state’s HMIS data system should be prioritized. Local coordinated entry systems are currently being implemented but are not yet fully up and running—additional funding to provide adequate staff to operate this system should be made available as soon as possible. A successful coordinated entry system can help communities move toward their goal of ending homelessness by quickly matching individuals experiencing homelessness with the housing and support they need. Coordinated entry can:

- Help reduce wait times in the system by moving people through the referral process quickly.
- Reduce duplication of efforts and help serve clients better.

A successful coordinated entry system can help communities move toward their goal of ending homelessness by quickly matching individuals experiencing homelessness with the housing and support they need.

- Assist communities with ending chronic homelessness by sparking conversations about targeting the most expensive resources to those that have the highest acuity of need, or have been homeless the longest, as is currently happening with HUD-funded supportive housing.

Successful coordinated entry requires the participation of all housing and service providers in the community, making it critical that organizations involved in supportive housing projects:

- Participate in a designated community process to coordinate access to housing, including the use of coordinated referrals and triage, common applications, common entrance criteria and centralized wait-lists. If the community does not have coordinated entry to housing, the supportive housing project partners clearly communicate the referral and application process to the entire community.
- Participate in or lead efforts to ensure that community application processes, documentation of eligibility and intake processes are streamlined and efficient, so that applicants are not asked for the same information on multiple occasions.
- Prioritize persons in high need for services for all units, using community-wide data mechanisms such as vulnerability index score or data on frequent utilization of crisis systems.

3. Increase the Supply of Affordable Rental Housing

Vermont’s five-year plan to end homelessness (2012) clearly identified the need to “increase the number of available homes affordable to renter households earning 30% of Area Median Income or less” as a “Major Goal.” Five years later the need for more deeply affordable rental housing for Vermont households at the lowest end of the income scale remains as pressing as ever.

The state of Vermont has a system in place to efficiently develop multi-family affordable housing. State funding through the Vermont Housing and Conservation Board for affordable housing development is offered in combination with Low-Income Housing Tax Credits and federal Section 8 rental subsidies to develop roughly 200 units of new affordable housing each year across the state. With additional funding for capital costs and operating subsidies this system could be ramped up to develop an even greater number of units of housing in a given year. Despite the fact that public housing authorities do not use state funding for the most part they should be asked to participate given their role in housing households experiencing homelessness and their administration of the Section 8 Housing Choice Voucher program. Vermont public housing authorities have demonstrated a willingness to project-base vouchers (attach voucher assistance to specific housing units) in support of innovative efforts at developing and operating supportive housing.

*A CSH survey of Vermont based affordable and supportive housing developers revealed that **per unit development costs for supportive housing in Vermont are on average equal to or lower than development costs in other areas of the North East.***

4. Support What Already Works

- Housing Review Teams, Housing Support Workers, and state supported rental subsidies such as The Vermont Rental Subsidy Program, are showing significant signs of success;
- Care Coordination Programs, such as The Support and Services at Home Program (SASH), are helping low income vulnerable households maintain their housing (which helps lower the incidence of homelessness);
- Coordinated Entry, supported by local Housing Review Teams (see above);
- Supportive Housing (see above);
- Housing First programs, such as Pathways Vermont and Family Supportive Housing;

- Increased funding for eviction prevention, rapid rehousing support and services provided in supportive housing;
- The 15% Goal program;
- Producing extremely Low-Income (ELI) housing through the Vermont Housing and Conservation Board and Vermont Low Income Housing Tax Credit (LIHTC) Programs (more than 50% of current LIHTC units in Vermont are serving ELI households).

5. Design and Test New Innovative Programs

Design launch and evaluate a **Frequent Users (FUSE)** initiative targeting individuals cycling between homelessness and institutional settings. Consider focusing initially on one hundred individuals in the custody of the Vermont Department of Corrections (DOC) who DOC has deemed at high risk of homelessness who could be furloughed back to the community if appropriate supportive housing units were available (BETTER USE OF PUBLIC RESOURCES).

FUSE is a nationally recognized model that has been implemented in more than 20 communities nationwide. FUSE initiatives help communities identify and engage super utilizers of public systems and place them into supportive housing to break the cycle of repeated use of costly crisis health services, shelters, and the criminal justice system. FUSE allows public systems to cut costs while improving outcomes for some of their most vulnerable community members.

Create a statewide supportive housing **Quality Initiative** and establish and monitor uniform programmatic guidelines and standards of quality and excellence in supportive housing (particularly as it relates to the delivery of supportive services to supportive housing residents). These quality standards should apply to any publicly funded supportive housing unit and contracted supportive housing provider agency in Vermont. Comparable systems in jurisdictions such as New York City and Connecticut have played an important role in maintaining the quality of publicly funded supportive housing over time (ENSURES INTEGRITY OF SYSTEM).

Quality initiatives help ensure better outcomes for supportive housing tenants, especially those with multiple barriers to housing stability. A comprehensive quality initiative builds the capacity of the supportive housing industry to create and operate high-quality effective and sustainable supportive housing units, helps ensure that existing resources for supportive housing are being used efficiently and effectively, and supports the allocation of new resources.

Consider adopting a **Pay for Success (PFS)** approach targeted to a sub population of homeless Vermonters (persons experiencing chronic homelessness or persons exiting state institutions) (LEVERAGE PRIVATE INVESTMENTS)

Pay for Success initiatives are designed to create and evaluate bold ways to finance high quality, effective supportive housing interventions producing measurable outcomes for individuals and communities. Investors provide up front financing to help achieve housing stability for a target homeless population and measurably improve lives. Investors receive a return only if the agreed-upon goal is achieved. Pay for Success leverages the resources of philanthropic and other investors to help drive evidence-based innovation and invest in what works.

Housing Projections

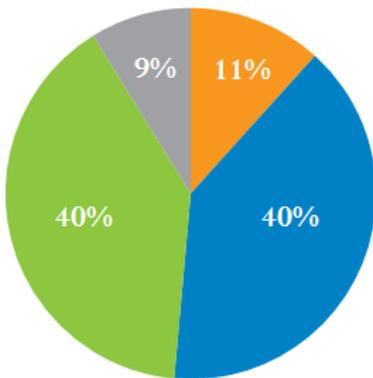
To end homelessness in Vermont new affordable and supportive housing must be created. Beyond newly developed and leased supportive housing and developed affordable housing, rapid rehousing assistance (short-term rental assistance coupled with short-term supportive services) and prevention efforts (services to assist people seeking shelter by helping them stabilize and preserve existing housing, or identify immediate alternate housing arrangements) will need to be provided too. Housing projections are made by CSH to provide an estimate of the number of these interventions that will be required to end homelessness. The CSH housing projections below:

- Are based on local Vermont data (including data provided by the Vermont Office of Economic Opportunity and Vermont’s 2016 Point in Time Count);
- Include projections for the need for Supportive Housing, Affordable Housing targeted to be affordable to households living at or below 30% of Area Median Income, Rapid Rehousing, and Prevention;
- Are used to inform the Financial Modeling in the next section, which provides an estimate of the cost to create the housing interventions CSH projects Vermont will need.

For an explanation of the assumptions used to generate housing projections, refer to ‘Housing Need Assumptions’ on pg. 84.

CSH has determined that to end homelessness in Vermont over the next five years the State will need 3,148 new permanent housing interventions:

- 368 units of Supportive Housing (50% developed and 50% leased in existing units)
- 1,251 new units of Affordable Housing (100% developed—new and renovation of substandard units)
- 1,251 Rapid Rehousing interventions
- 278 successful Preventions



	Individual Households	Family Households	Total
Permanent Supportive Housing	304	64	368
Affordable Housing ≤ 30% AMI	1006	246	1251
Rapid Rehousing	1006	246	1251
Prevention	224	54	278
Total	2539	609	3148

Financial Modeling

CSH conducted financial modeling to provide an estimate of how much funding will be required over the next five years to provide the housing and services described in the previous Housing Projections section above.

Financial modeling:

- Provides a snapshot on how much funding is needed;
- Incorporates a great amount of flexibility in how that pipeline is achieved;
- Gives a concrete base from which to *start* the implementation of a comprehensive supportive housing development and rapid rehousing strategy.

CSH used actual costs provided by a dozen Vermont based supportive service and affordable housing provider organizations combined with industry averages to arrive at the estimated capital, operating, and service costs presented below. CSH used Fair Market Rents for Burlington, Vermont to support estimated operating costs.

Total Investment (New and Ongoing)

Producing a sufficient number of supportive and affordable housing units plus the required amount of rapid rehousing and prevention over the next five years in Vermont requires a total investment of \$331.1M in one-time costs plus an additional \$85.6M in operating and service costs over 6 years.

	# of Units / Interventions	Capital Costs ¹	Operations/Leasing/ Rental Assistance Costs (Years 1-6)	Services Cost (Years 1-6)
Supportive Housing	368	\$42,292,000	\$16,089,000 ²	\$8,394,000 ³
Affordable Housing ≤ 30% AMI	1,251	\$288,810,000	\$46,450,000 ⁴	\$4,449,000 ⁵
Rapid Rehousing	1,251	--	\$6,207,000	\$3,231,000
Prevention	278	--	\$591,000	\$225,000
Total (Years 1-6)	3,148	\$331,102,000⁶	\$69,337,000⁷	\$16,299,000

¹ Capital Costs Includes the costs to construct housing: Real estate/land acquisition, hard construction costs, soft costs (e.g., legal fees, permits, environmental, developer fees, etc.) for new construction as well as moderate rehabilitation. These are one-time costs.

² Includes new supportive housing operating funding needed each year and previously committed funding compounded yearly.

³ Includes new supportive housing service funding needed each year and previously committed funding compounded yearly.

⁴ Includes new affordable housing operating funding needed each year and previously committed funding compounded yearly.

⁵ Includes new affordable housing service funding needed each year and previously committed funding compounded yearly.

⁶ Some portion of one time capital costs could be generated by private investment through the State's existing Low-Income Housing Tax Credit program.

⁷ Some portion of projected operating costs would be offset by federal Section 8 funding, if available.

Annual Supportive Housing Investments

CSH projects the state of Vermont will need an additional 368 units of supportive housing over six years in order to end homelessness, three hundred and four (304) studio/one-bedroom units for individuals and sixty-four (64) 2-3 bedroom units for families. The financial modeling assumes that half (184 units) of these units will be developed and half (184 units) will be leased (existing units subsidized and targeted for households needing supportive housing). In order to develop 184 units of supportive housing by 2022, Vermont will need to fund and develop approximately 30 units per year and lease approximately 31 additional units per year for 6 years.

Supportive Housing Capital Costs

The average capital cost per unit of supportive housing in Vermont is \$229,847. This is an average of the cost of constructing new housing and the cost of rehab existing housing in Vermont. The average also averages these costs for studio/1 bedrooms and 2/3 bedrooms. Capital costs include real estate/land acquisition, hard construction costs, and soft costs (e.g., legal fees, permits, environmental, developer fees, etc.). Capital costs are one-time costs. The financial modeling assumes capital expenditures typically occur two budget years after a funding commitment is secured. Total capital costs for 184 units of supportive housing are \$42,291,896 over 6 years.

Supportive Housing Operating and Leasing Costs

The average operating and leasing cost per unit of supportive housing per year is \$10,930. This is an average of the operating and leasing costs of developed and leased studio/1 bedroom units and 2/3 bedroom units. Operating and leasing costs include maintenance, utilities (non-tenant), property management (leasing activities), security, insurance, replacement reserves, etc. Operating and leasing costs do not include the tenant portion of rent. Operating and leasing costs are on-going costs recurring each year of operation. The financial modeling assumes operating and leasing expenditures typically occur one budget year after a funding commitment is secured. Total operating leasing costs for 368 units of supportive housing are \$4,022,164 over 6 years.

Supportive Housing Service Costs

The average service cost per unit of supportive housing per year is \$5,702. This is an average of the service costs for individuals and families. Service costs include costs to provide supportive services. These estimates are derived from averaging a mix of service models including Intensive Case Management (ICM) and Assertive Community Treatment (ACT); these models include services such as clinical services & case management support. Service costs are ongoing costs recurring each year of operation. The financial modeling assumes service expenditures typically occur one budget year after a funding commitment is secured. Total service costs for 368 units of supportive housing are \$2,098,400 over 6 years.

The following chart shows the costs associated with the development and leasing of 368 units of supportive housing between 2017 and 2022.

New Supportive Housing Investments Required Annually (368 Units)

Year	Per Unit Costs	Year 1 2017	Year 2 2018	Year 3 2019	Year 4 2020	Year 5 2021	Year 6 2022	Total Years 1-6	Ongoing Annual Costs ⁸
New Units <i>Developed/leased</i>		30/31	30/31	30/31	30/31	30/31	30/31	368	
Capital Costs <i>Developed only</i>	\$229,847 one-time per unit ⁹		\$7,048,649	\$7,048,649	\$7,048,649	\$7,048,649	\$7,048,649 ¹⁰	\$42,291,896*	\$0
Operating & Leasing Costs	\$10,930¹¹ per unit per year	\$574,595	\$574,595	\$574,595	\$574,595	\$574,595	\$574,595	\$4,022,164**	\$4,022,164
Service Costs	\$5,702¹² per household per year	\$299,771	\$299,771	\$299,771	\$299,771	\$299,771	\$299,771	\$2,098,400	\$2,098,400
Total Costs		\$874,366	\$7,923,016	\$7,923,016	\$7,923,016	\$7,923,016	\$7,923,016	\$48,412,460	\$6,120,564

* Some portion of one-time capital costs could be generated by private investment through the State’s existing Low-Income Housing Tax Credit program.

** Some portion of projected operating costs would be offset by federal Section 8 funding, if available.

⁸ Ongoing Annual Costs are the costs to continue to operate units developed in years 1-6. These costs include annual operating/leasing costs and service costs.

⁹ The combined average per unit cost represents a combination of the average capital costs of studio/1 bedroom units (\$221,937) and 2/3 bedroom units (\$267,421).

¹⁰ The financial modeling assumes capital expenditures typically occur two budget years after a funding commitment is secured. An additional \$7,048,649 would be expended in 2023 to account for the units added in 2022.

¹¹ The combined average per unit cost of \$10,930 represents an average of the operating costs of studio/1 bedroom units (\$8,883 developed/\$11,556 leased) and 2/3 bedroom units (\$10,920 operating/\$17,688 leased). Note that annual operating and leasing costs are calculated based on the actual costs of the suggested mix of units, not the per unit per year average.

¹² The combined average per unit cost of \$5,702 represents an average of the service costs for individuals (\$5,650) and families (\$5,950). Note that annual service costs are calculated based on the actual costs of the suggested mix of units, not the per unit per year average.

Annual Affordable Housing Investments

CSH projects the state of Vermont will need an additional 1,251 units of affordable housing over six years in order to end homelessness. This estimate assumes that one thousand and six (1,006) of these units will be studio/one-bedroom units for individuals and two hundred forty-six (246) will be 2-3 bedroom units for families. This financial modeling assumes all of these units will be developed and will be affordable to households living at or below 30% of Area Median Income. In order to develop 1,251 units of affordable housing by 2022, Vermont will need to develop approximately 209 units per year.

Affordable Housing Capital Costs

The average capital cost per unit of affordable housing is \$230,862. This is an average of the cost of constructing studio/1 bedroom and 2/3 bedroom units. Capital costs include costs to construct housing. These include real estate/land acquisition, hard construction costs, soft costs (e.g., legal fees, permits, environmental, developer fees, etc.) for new construction as well as moderate rehabilitation. Capital costs are one-time costs. The financial modeling assumes capital expenditures typically occur two budget years after a funding commitment is secured. Total capital costs for 1251 units of affordable housing are \$288,809,509 over 6 years.

Affordable Housing Operating Costs

The average operating cost per unit of affordable housing per year is \$9,283. This is an average of the operating costs of studio/1 bedroom units and 2/3 bedroom units. Operating costs include costs to operate housing. These include maintenance, utilities (non-tenant), property management (leasing activities), security, insurance, replacement reserves, etc. Operating costs do not include the tenant portion of rent. Operating costs are on-going costs recurring each year of operation. The financial modeling assumes operating expenditures typically occur one budget year after a funding commitment is secured. Total operating leasing costs for 1,251 units of affordable housing are \$11,612,597 over 6 years.

Affordable Housing Service Costs

The average service cost per unit of affordable housing per year is \$2,583. This is an average of the service costs for individuals and families. Service costs include costs to provide resident service coordination. Service costs are ongoing costs recurring each year of operation. The financial modeling assumes service expenditures typically occur one budget year after a funding commitment is secured. Total service costs for 1,251 units of affordable housing are \$3,231,239 over 6 years.

The following table shows the costs associated with the development of 1,251 units of affordable housing between 2017 and 2022.

New Affordable Housing Investments Required Annually (1,251 Units)

Year	Per Unit Costs	Year 1 2017	Year 2 2018	Year 3 2019	Year 4 2020	Year 5 2021	Year 6 2022	Total Years 1-6	Ongoing Annual Costs ¹³
New Units		209	209	209	209	209	209	1251	
Capital Costs	\$230,862 one-time per unit ¹⁴		\$48,134,918	\$48,134,918	\$48,134,918	\$48,134,918	\$48,134,918 ¹⁵	\$288,809,509*	\$0
Operating Costs	\$9,283¹⁶ per unit per year	\$1,658,942	\$1,658,942	\$1,658,942	\$1,658,942	\$1,658,942	\$1,658,942	\$11,612,597**	\$11,612,597
Service Costs	\$2,583¹⁷ per household per year	\$461,606	\$461,606	\$461,606	\$461,606	\$461,606	\$461,606	\$3,231,239	\$3,231,239
Total Costs		\$2,120,548	\$50,255,466	\$50,255,466	\$50,255,466	\$50,255,466	\$50,255,466	\$303,653,345	\$14,843,836

* Some portion of one-time capital costs could be generated by private investment through the State’s existing Low-Income Housing Tax Credit program.

** Some portion of projected operating costs would be offset by federal Section 8 funding, if available.

¹³ Ongoing Annual Costs are the costs to continue to operate units developed in years 1-6. These costs include annual operating/leasing costs and service costs.

¹⁴ The combined average per unit cost represents a combination of the average capital costs of studio/1 bedroom units (\$221,937) and 2/3 bedroom units (\$267,421).

¹⁵ The financial modeling assumes capital expenditures typically occur two budget years after a funding commitment is secured. An additional \$48,134,918 would be expended in 2023 to account for the units added in 2022.

¹⁶ The combined average per unit cost of \$9,283 represents a combination of the average operating costs of studio/1 bedroom units (\$8,883 developed/\$11,556 leased) and 2/3 bedroom units (\$10,920 operating/\$17,688 leased). Note that annual operating and leasing costs are calculated based on the actual costs of the suggested mix of units, not the per unit per year average.

¹⁷ The combined average per unit cost of \$2,583 represents a combination of the average service costs for individuals (\$2,427) and families (\$3,223). Note that annual operating and leasing costs are calculated based on the actual costs of the suggested mix of units, not the per unit per year average.

Annual Rapid Rehousing Investments

CSH projects the state of Vermont will need 1,251 slots of rapid rehousing over six years in order to end homelessness. One thousand and six (1,006) of these slots will be for individuals and two hundred forty-six (246) slots will be for families. In order to develop 1,251 slots of rapid rehousing by 2022, Vermont will need approximately 209 slots in year one and sustain these units over 6 years. The average length of rapid rehousing is roughly 1 year, and thus over 6 years, 209 slots of rapid rehousing will serve roughly 1,251 individuals and families.

Rapid Rehousing Rental Assistance Costs

The average rental assistance cost per slot of rapid rehousing is \$4,962. This is an average of the costs for individuals and families. Rental assistance costs include the costs of rental deposits, rent assistance/arrears, utility deposits, housing search assistance, and moving expenses, in order to help households move as quickly as possible into permanent housing. Total rental assistance costs for 1,251 units of rapid rehousing are \$6,207,430 over 6 years.

Rapid Rehousing Service Costs

The average service cost per slot of rapid rehousing housing is \$2,583. This is an average of the costs for individuals and families. Service costs include costs to help households move as quickly as possible into permanent housing. Total service costs for 1,251 units of rapid rehousing are \$3,231,239 over 6 years.

The following shows the costs associated with the creation of 1,251 slots of rapid rehousing between 2017 and 2022.

New Rapid Rehousing Investments Required Annually (1,251 Slots)

Year	Per Slot Costs	Year 1 2017	Year 2 2018	Year 3 2019	Year 4 2020	Year 5 2021	Year 6 2022	Total Years 1-6	Ongoing Annual Costs ¹⁸
Slots		209 ¹⁹						1251	
Rental Assistance Costs	\$4,962 ²⁰ per household	\$1,034,572	\$1,034,572	\$1,034,572	\$1,034,572	\$1,034,572	\$1,037,053	\$6,207,430	\$1,037,053
Service Costs	\$2,583 ²¹ per household	\$538,540	\$538,540	\$538,540	\$538,540	\$538,540	\$538,540	\$3,231,239	\$538,540
Total Costs		\$1,573,112	\$1,573,112	\$1,573,112	\$1,573,112	\$1,573,112	\$1,573,112	\$9,438,669	\$1,573,112

¹⁸ Ongoing Annual Costs are the costs to continue to operate slots produced in years 1-6.

¹⁹ The average length of rapid rehousing is roughly 1 year. 209 slots produced in year 1 will serve roughly 1,251 individuals and families over 6 years.

²⁰ The combined average per household cost of \$4,962 represents a combination of the average rental assistance costs for individuals (\$4,494) and families (\$6,879). Note that annual rental assistance costs are calculated based on the actual costs of the projected mix of households served, not the per household average.

²¹ The combined average per household cost of \$2,583 represents a combination of the average service costs for individuals (\$2,427) and families (\$3,223). Note that annual service costs are calculated based on the actual costs of the projected mix of households, not the per household average.

Annual Prevention Investments

CSH projects the state of Vermont will need to prevent 278 households from entering its homeless system over six years to end homelessness. Two hundred twenty-four (224) of these preventions will be for individuals and fifty-four (54) will be for families. In order to deliver 278 slots of prevention by 2022, Vermont will need to provide/fund approximately 46 preventions per year.

Prevention Rental Assistance Costs

The average rental assistance cost per slot of prevention is \$2,125. This is an average of the costs for individuals and families. Rental assistance costs include the costs of rental deposits, rent assistance/arrears, utility deposits, housing search assistance, and moving expenses in order to preserve a household's current housing or secure alternative housing. Total rental assistance costs for 278 slots of prevention are \$590,616 over 6 years.

Prevention Service Costs

The average service cost per slot of prevention per year is \$810. This is an average of the costs for individuals and families. Service cost includes the costs to assist individuals or families to preserve current housing or secure alternative housing. Total service costs for 278 slots of prevention are \$225,100 over 6 years.

The following table shows the costs associated with the delivery of 278 units of preventions between 2017 and 2022.

New Prevention Investments Required Annually (278 Slots)

Year	Per Slot Costs	Year 1 2017	Year 2 2018	Year 3 2019	Year 4 2020	Year 5 2021	Year 6 2022	Total Years 1-6	Ongoing Annual Costs ²²
Slots		46 ²³						278	
Rental Assistance Costs	\$2,125 ²⁴ per household	\$98,436	\$98,436	\$98,436	\$98,436	\$98,436	\$98,436	\$590,616	\$590,616
Service Costs	\$810 ²⁵ per household	\$37,516	\$37,516	\$37,516	\$37,516	\$37,516	\$37,516	\$225,100	\$225,100
Total Costs		\$135,953	\$135,953	\$135,953	\$135,953	\$135,953	\$135,953	\$815,716	\$815,716

²² Ongoing Annual Costs are the costs to continue to operate slots produced in years 1-6.

²³ The average length of prevention is roughly 2 months. 46 slots produced in year 1 will serve roughly 278 individuals and families over 6 years.

²⁴ The combined average per household cost of \$2,125 represents a combination of the average rental assistance costs for individuals (\$1,926) and families (\$2,948). Note that annual rental assistance costs are calculated based on the actual costs of the projected mix of households served, not the per household average.

²⁵ The combined average per household cost of \$810 represents a combination of the average service costs for individuals (\$800) and families (\$850). Note that annual service costs are calculated based on the actual costs of the projected mix of households served, not the per household average.

Cost Avoidance Strategies

As Vermont makes investments in ending homelessness, there are several strategies which have the potential to save state resources and improve outcomes for vulnerable individuals and families with complex needs.

Expand Supportive Housing, Generating Cost Savings to Public Systems

Working across the United States over the past twenty-five years, CSH has demonstrated that for certain vulnerable populations residing in state funded institutions supportive housing offers a cost effective alternative. Supportive housing pairs affordable housing with supportive services to help individuals obtain housing stability and avoid returns to costly crisis services and institutions, improving individuals' health, well-being and social outcomes, while reducing public sector costs.

Cost studies conducted in a number of states and cities have shown that it is possible to decrease public spending on costly systems such as homeless shelters, hospitals, emergency rooms, jails and prisons through the provision of supportive housing to individuals experiencing homelessness. The significance of these findings is profound for Vermont, where the will to create supportive housing at scale exists. Four studies in particular from New York, Maine, Illinois, and Massachusetts, underscore the potential for public cost savings through the use of supportive housing, and are highlighted here.

Cost studies in six different states and cities found that supportive housing results in tenants' decreased use of homeless shelters, hospitals, emergency rooms, jails and prisons.

The most extensive cost benefit analysis of supportive housing conducted to date is a now nearly twenty-year-old study completed by the University of Pennsylvania's Center for Mental Health Policy and Services Research. Researchers tracked the public system costs associated with 5,000 individuals experiencing homelessness in **New York City**, first while they were homeless and later for two years after they were placed in supportive housing. The study examined whether or not the need for services for homeless people decreased after an individual was placed into supportive housing. The findings from the study were profound:

- Providing supportive housing to an individual experiencing homelessness substantially decreased that individuals' use of temporary shelter, hospitals, jails and other temporary psychiatric and medical services.
- On average, the study found the cost of providing emergency system services to an individual experiencing homelessness in NYC was a staggering \$40,500 per year (unadjusted 1999 dollars). Supportive housing greatly reduced the costs of providing these services. The provision of supportive housing resulted in a \$16,282 reduction in costs of services per housing unit per year.

In 2009, CSH cosponsored a study along with the **Maine** Department of Health and Human Services titled: "Cost of Rural Homelessness: Rural Permanent Supportive Housing Cost Analysis". The first statewide cost of homelessness data collection effort in the nation to be conducted in a rural setting, this study provides information about the cost-effectiveness of providing supportive housing to people who are experiencing homelessness and have a disability. Findings include:

Research has shown that supportive housing has positive effects on housing stability, employment, mental and physical health, and school attendance.

- 32% reduction in service costs by providing supportive housing.
- 57% reduction on expenditures for mental health services, illustrating a shift away from expensive psychiatric inpatient care to less expensive outpatient community-based services.
- Reduced interaction with costly emergency and crisis systems: shelter usage reduced by 99%, emergency room usage reduced by 14%, incarceration reduced by 95%, and ambulance transportation usage reduced by 32%.

An **Illinois** study titled: “Supportive Housing in Illinois: A Wise Investment” was released by the Heartland Alliance, Mid-America Institute on Poverty (MAIP), the Illinois Supportive Housing Providers Association (SHPA) and CSH. This study looked at money spent on 177 Illinois adults and compared the cost of their tax-funded services for two years before and two years after they entered supportive housing.

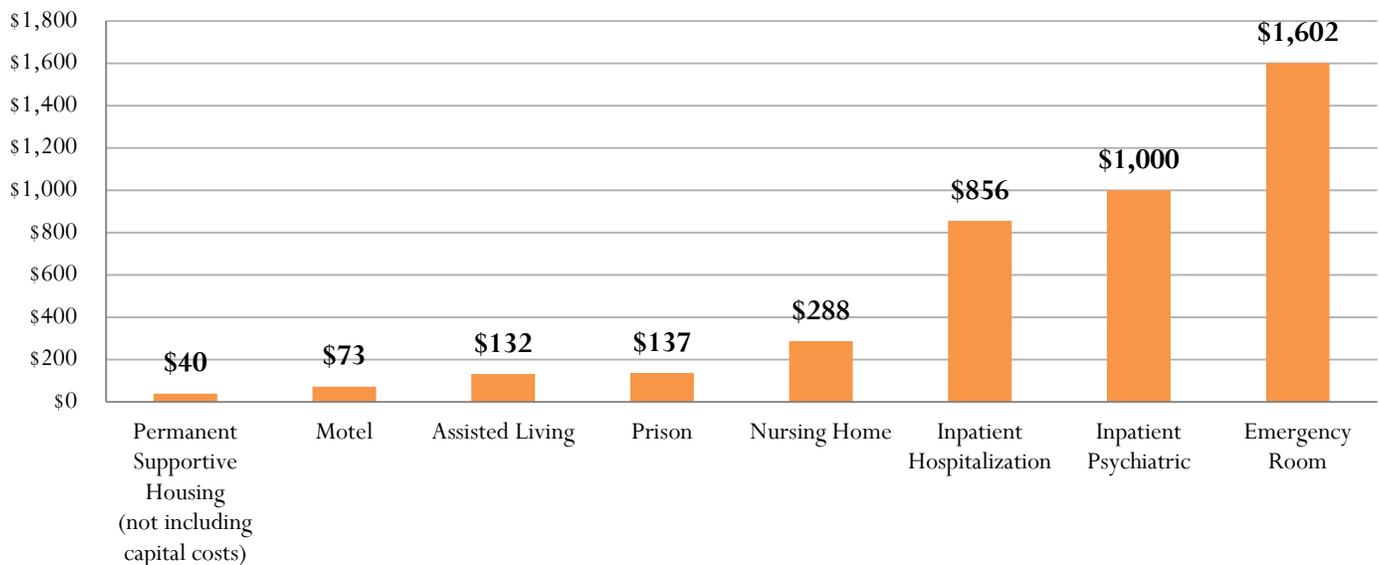
- Researchers found a 39% cost reduction in public services such as emergency rooms, nursing homes, and jails, as well as a shift towards cost effective preventive services like medical checkups and visits to the dentist.
- In addition, there were 10 people who had lived in nursing homes before they entered supportive housing. Their costs averaged \$23,658 per person over two years. After supportive housing, only three people spent any time in nursing homes and they stayed for shorter periods, at an average cost per person of only \$2,171.

In **Massachusetts**, the Massachusetts Housing and Shelter Alliance produced a report in 2009 that found that providing supportive housing to the homeless reduces Medicaid costs. 357 formerly chronically homeless people were housed in the organization’s Home & Healthy for Good (HHG) program.

- The projected annual cost savings to the Commonwealth per housed tenant at the time of the release of their report was \$8,948.52 per year. The study showed that annual Medicaid costs per person plummeted from an average of \$26,124 per year before supportive housing to \$8,500 after supportive housing.

Estimated Daily Operating Costs in Vermont

Daily costs do not include capital costs



Sources: CSH, Vermont Financial Modeling; Vermont Agency of Human Services; Vermont Department of Corrections, Genworth Cost of Care Survey, 2015.

Expanding Supportive Housing in Vermont for Individuals with Complex Needs

Vermont is currently spending more than \$170M of state funding every year to maintain individuals in institutional settings (prisons and psychiatric hospitals). Supportive housing, a housing model which has already proven its effectiveness in Vermont as an intervention to end homelessness, has the potential to serve these individuals with complex unmet needs while avoiding significant costs to the state of Vermont.

Department of Corrections

The state of Vermont spends more than \$150M per year maintaining 2,200+ prisoners in state operated jails and prisons. At \$50,000 per inmate per year, Vermont bears the fourth highest annual incarceration cost in the nation. These costs include expenditures related to the confinement and supervision of approximately 100 prisoners in out of state correctional facilities.

The Department of Corrections funds over forty transitional housing programs across Vermont which provide housing with varying supportive services to hundreds of individuals returning to the community from incarceration. While these investments total approximately \$7M per year, the duration of assistance is typically limited to the maximum term of sentence, and some offenders require longer-term subsidy with more robust assistance and supports to remain successfully housed in the community. CSH learned through its assessment activities that a significant number of individuals incarcerated in Vermont (perhaps as many as 100) could likely be safely released back to the community if appropriate supportive housing were available to the Department of Corrections.

The average annual cost to operate a single unit of supportive housing (operations/leasing costs and supportive service costs) in Vermont is roughly \$14,500. With the use of federal Section 8 rental subsidies (if and when Section 8 is available), the total cost to Vermont to operate this supportive housing could be further reduced to approximately \$5,600 per unit per year (the cost of only the supportive services). The total one time cost to develop (design, develop and construct) 10 studio/1 bedroom units of supportive housing in Vermont is approximately \$2.2M (\$222,000 per unit). Roughly 60% of these up-front capital costs could potentially be offset through the use of private investments leveraged through the State's Low-Income Housing Tax Credit program if the State's Qualified Allocation Plan were amended to divert even more tax credit equity toward supportive housing. This could effectively reduce the State's one time capital expenditure to create 10 units of supportive housing to approximately \$888,000. Therefore, over a ten-year period the total cost to the state of Vermont to develop and operate 10-units of supportive housing targeted to individuals exiting incarceration would be approximately \$1.5M. This is significantly less than half the cost to maintain 10 inmates in out of state prison facilities over the same ten-year period (\$5M).

Department of Mental Health

The potential to utilize supportive housing as a cost effective approach to respond to the expanding need for mental health treatment capacity in Vermont is significant. Through its work in other jurisdictions CSH has found that a certain percentage of individuals who reside in or who were referred to state funded in-patient psychiatric hospitals could be more appropriately served on an outpatient basis with supportive housing in the community (with proper screening and assessment and with appropriate planning and supports) at a far lower cost.

Not unlike nearly every state where CSH works, Vermont suffers from a well-documented shortage of state funded psychiatric beds. "We need more psychiatric beds in the state. We do not have enough at the new facility." said Steve Leffler, an M.D. at UVM Medical Center in 2015 (Vermont Medical Society, 2015). In recent years, the Department of Mental Health has significantly increased its capacity to provide tenant-based rental assistance and supportive services through programs such as the Subsidy and Care program, CRT Housing Support Fund, and Pathways Vermont. For many individuals, this combination has proven to be an effective diversion from longer stays in inpatient psychiatric care. However, a shortage of rental units in many regions and uneven service capacity around the state may be limiting the full potential of this approach.

Under Vermont's newly re-organized state operated inpatient mental health system, the state maintains approximately 55 in-patient psychiatric beds at several small community hospitals scattered around the state. The cost to the state to operate this in-patient system is roughly \$20M per year (the overall cost is actually closer to \$50M but Vermont receives approximately \$30M in federal funding per year to support this system). The state's share of the cost to maintain one person in this system for one year is roughly \$365,000.

As cited above, the total cost to the state of Vermont to develop and operate 10 units of supportive housing over ten years would be approximately \$1.5M. Supportive housing intended for seriously and persistently mentally ill persons requires added specialized supportive services (medication monitoring, additional counselors, around the clock staffing) which could double this cost over ten years to approximately \$3M. Nevertheless, this potential outlay of state funding would represent only a small fraction of the costs to the state to maintain these same 10 patients in state operated in-patient psychiatric beds continuously or intermittently over the same 10-year time period.

Expand Vermont's Rental Subsidy Program as a Bridge to Permanent Housing for Families

Launched in 2012, the Vermont Rental Subsidy Program provides rental assistance and support directly to households facing homelessness. The program provides households with a 12-month rental subsidy and connection to a Housing Support Worker that helps each family link to supportive services in the community where they live. Households are eligible for assistance for a total of one year, during which they work to secure other long-term subsidies or increase their income. On average, the subsidy is \$635 per household per month.

Between 2012 and 2014, the Vermont Agency of Human Services tracked the health care and housing costs for 134 Vermont homeless households participating in this program. The study showed that providing these families with this type of supportive housing led to healthcare and housing cost savings for Vermont and it provided a bridge for many of these families to permanent housing. Overall emergency healthcare costs generated by the 134 families declined by \$196,000 over the course of the two years, and primary health care costs declined by \$55,000. Medicaid expenses declined on average from \$9,347 per year per family to \$7,031 per year. State funded shelter and housing costs also decreased over the course of the study by 10%. Perhaps most importantly, 75% of the families successfully exited the program and went on to secure permanent housing in the community. An expansion of this program has the potential to further shift costs from expensive crisis services to less costly permanent housing options.

Scale Coordinated Entry to Rapidly Move Households into Cost Effective Housing Options

In 2014, an array of organizations in Chittenden County began working together to develop a coordinated entry system, including a shared waiting list, in order to serve medically vulnerable chronically homeless households. Project partners initially conducted a survey to identify the entire homeless population in the region and created a ranked registry of all individuals experiencing homelessness using a medical vulnerability index. The project team began to work together to identify apartments for these individuals, and to house them (in order of risk of dying due to homelessness) using a Housing First model.

The 2016 PIT count of households experiencing homelessness in the region recorded a 30% reduction in the number of individuals experiencing chronic homelessness, a testament to the effectiveness of moving individuals quickly into supportive housing through the use of a coordinated entry model.

The project team also tracked key outcome measures for 32 individuals housed through this effort, including health care costs. The total direct health care costs associated with this group were reduced over a 15-month period from \$441,000 per year to \$209,000 per year.

Once complete, the state's coordinated entry system will help Vermont communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most will receive it in a timely manner. Housing individuals with extreme vulnerability as quickly as possible will shift costs from away from the expensive crisis services they more frequently utilize when experiencing homeless to less costly permanent housing options.

Expand Housing Interventions to Reduce Vermont's Reliance on Motels

The state of Vermont has begun to reduce its reliance on motels as a source of shelter for homeless households through the expansion of flexible shelter based alternatives. Even with these efforts, the state spent more than \$3M in FY16 on its homeless motel voucher program. By any measure, the cost to provide a household experiencing homelessness with supportive housing in Vermont is lower than the average cost to maintain a family in a motel unit.

Supportive housing in Vermont costs approximately \$14,500 per year per household (operating/leasing and service costs only). This works out to less than \$40 per day per household. This assumes the state bears the cost of providing a rental subsidy and supportive services – this cost could be as much as 70% lower if federal Section 8 funding is available and used as a source of rental support.

The provision of motel housing costs the State of Vermont on average \$73 a day per household. Motels offer a flexible and immediate solution for households that require shelter and assistance right away. This is especially critical in a cold weather state. Some amount of motel capacity will continue to be required in Vermont as part of the state's homelessness system.

However, the state is well positioned to continue reducing its reliance on motels going forward assuming it acts on the recommendations contained in this report. The State's coordinated entry system will become fully functional over the next few years, and if the state ramps up the production of supportive housing and affordable housing targeted to Extremely Low-Income Households, the ability to quickly move households experiencing homelessness from motels into permanent housing will become more and more realistic.

Coordinated entry systems across the country strive to move individuals and families through their homelessness systems from the "front door" of shelter to the "back door" of placement into permanent housing within 30 days. This timeframe is considered an industry best practice that many communities are working to meet right now. Households experiencing homelessness in Vermont placed in a motel remain there on average for 84 days at an approximate cost of \$6,100 to the state per household.

It is reasonable to assume that as Vermont expands the availability of a variety of housing interventions and develops a fully functional coordinated entry system that efficiently matches households to the appropriate housing intervention, the state could reduce the average household length of stay in motels to 28 days. Similar reductions in the length of time homeless households remain in shelter have been achieved in several different jurisdictions around country through a similar approach. Doing so has the potential to save the State of Vermont as much as \$4,088 per household staying in state funded hotel or motel.

Appendix A: Summary of Stakeholder Interviews

CSH conducted a series of in-depth individual and group interviews with stakeholders, along with three facilitated group discussions, as a means to inform the development of the Roadmap to End Homelessness in Vermont. Responses from individual interviews, group interviews, and facilitated meetings are presented in the Roadmap alongside data from a survey of 338 stakeholders across geographic location, sectors, roles, and experience to provide a snapshot of current efforts and challenges in the current housing and homelessness field. All responses were confidential.

During the months of September and October 2016, CSH interviewed 17 stakeholders in person and via phone to gather feedback on what current strategies and programs stakeholders feel are working well, and what barriers they are facing in addressing homelessness in Vermont. A summary of feedback from the following stakeholders selected for interview by the Vermont Roadmap Steering Committee is presented below.

List of Stakeholder Interviews

Jason Williams, Sr. Government Relations Strategist, University of Vermont Medical Center

Martha Maksym, Executive Director, United Way of Northwest Vermont

Michael Monte, Chief Operations and Financial Officer, Champlain Housing Trust

Elisabeth Kulas, Executive Director, Housing Trust of Rutland County

Deb Hall—Executive Director, Homeless Prevention Center

Derek Miodownik—Community & Restorative Justice Executive, Department of Corrections

Liz Whitmore—DOC Housing Coordinator, Department of Corrections

Sarah Phillips—Chief Administrator, Office of Economic Opportunity, Department of Children and Families

Richard McInerney—Executive Director, Springfield Supportive Housing Program

Brooke Jenkins—Executive Director, Good Samaritan Haven

Josh Hanford—Deputy Commissioner, Department of Housing and Community Development

Hilary Melton—Executive Director, Pathways Vermont

Liz Genge—Director of Property Management & Chair of CoC, Downstreet Housing and Community Development

Rita Markely, Executive Director, Committee on Temporary Shelter (COTS)

Kreig Pinkham, Executive Director, Washington County Youth Services Bureau

Bethany Pombar, Director, VT Coalition of Runaway Youth

Tiffany Sausvaille, Field Rep for Bennington County, Vermont State Housing Authority

Summary of Responses

What current strategies and programs to address homelessness are working well in your community or across the state? Are there any you are planning or think there is an opportunity to implement?

- Continuum of Housing Options—“having a variety of types of housing – transitional, permanents, etc. – is helpful”
 - Permanent Housing Options—“programs that connect people to long-term housing work best for our folks”.
 - Funding, availability of vouchers and housing stock differs greatly across counties
 - Temporary Housing Options—
 - Transitional housing “Transitional motel setting (Harbor Place) is working well”
 - Rapid Rehousing—“Top thing that comes to mind is rapid rehousing. We have had decent success moving people out of shelter with rapid rehousing funds. The flexibility of that money is what is so key.”
 - Community based alternatives to the motel vouchers—“VT has historically spent a lot of money on motels, expensive, and not great outcomes. Last year they challenged the community to come with options. They stepped up with providing shelter, dinner, services at half the cost. Provides access to a way out and a connection to housing”
- Coordination of providers—
 - “We’re organizing a funder’s collaborative – we feel there’s a better way to align funders and funding – as a way to fill gaps – because the way I fund (one off grants to one off organizations) doesn’t support collaboration.”
 - “Our CoC meetings are pretty good locally and with the balance of state level. A lot of stakeholders at the table, and working well.”
- Prioritization—
 - “Burlington has prioritized people based on the highest needs, and I would love to see that happen in our county.”
 - The shift to focusing on chronic homelessness has been “inspiring” and seems to be “working well”. The VI SPDAT is being used and is working “incredibly well”. Right now there is no real prioritization on who has the highest need.
- Engaging Landlords—many individuals identified successful relationships with private landlords as key
 - Risk guarantee funds- Housing mitigation fund in Burlington (COTS) might be interesting to replicate – 80,000 reserve fund to provide a financial guarantee to landlords for people who have a lot of barriers to house them, can cover property damage, etc.
- Coordinated Entry—significant area of promise and work across the state

What partnerships have been effective at addressing homelessness in your community or across the state? These could be between organizations, across systems, nonprofit/for-profit partnerships etc. What partnerships are needed?

- Successful Partnerships—
 - “Partnering is the Vermont way.”
 - “We have an unusual capacity to set aside self-interest to work toward the common good”
 - “Partnerships with DOC and DMH are instrumental – integral to bringing Housing First to the state.”
 - “Partnerships that have been effective are those when developers or housing authority and service providers work really well together

- Chittenden County—“ We all have common goal, and are all really clear about how we can help the clients; we leverage each other’s expertise really well so instead of a program building something new they buy it instead from the partner that does it best.”
- Master leasing units to nonprofit organizations
- Needed Partnerships—
 - “Partnerships are needed in family homeless; the school system is not at table; family partners are not there, family services providers not there.”
 - “I’d like to have more private healthcare providers at the table”
 - “Housing authorities aren’t really at the table, and it would be good to know/have clear communication with them about voucher availability, when they become available.”
 - “Stronger partnerships with hospitals, embracing housing as health care, expand corrections; working with legislature; personal investment and ownership from community”

What are the barriers to implementing effective strategies to end homelessness in your community or across the state? These can include unmet needs of the population you work with, system level barriers, etc.

- Data/information sharing—
 - “Data sharing is a huge barrier – VT is at the very early stages of this work – much needs to be done – our coordinated access system is not working well – folks are trying, but the data end of our system is not working.”
 - “It is so hard to find out about available resources – units, subsidies, etc. – everybody knows their little piece of the system, but a case manager has a very difficult time to navigate the session. There is no one place to go for an answer.”
 - “Another barrier is that we do not know the need. What is the scale of problem and what would ideal response look like?”
 - “We have been struggling to understand how housing people saves our system and other systems money – we don’t do this well – there’s a huge story to tell around how a savings in one place can save millions of dollars in other systems.”
- Available Resources
 - “Sustainability of the supportive housing model is a barrier. We can come up with capital and vouchers but relying on philanthropy for service dollars is unreliable. It is hard to launch a project when you do not know how services will be funded.”
 - “A lack of dependable / reliable supportive service funding is a major barrier to expanding programs for the homeless.”
 - “Affordable housing is an issue. In Burlington it’s lack of access to any units at all – in other more remote areas its units that are close to transportation, units that are habitable”
 - “Housing stock. The vacancy rate is low; rents are high; rental subsidies—there are not enough section 8 or Shelter Plus Care subsidies.”
 - Acute shortage of housing for specific populations—homeless youth. ““Transitional housing is working for youth in VT – but that is not the trend in our industry”.
 - “Statewide mapping of the housing resources that are available in the regions would be very helpful.”
- Eligibility Requirements
 - “One barrier we see is that the definition of homelessness itself is a barrier to DOC folks – we have furloughed individuals who we need to house but the state does not consider them homeless – so they are cut off from access to supportive housing.”

- “Mitigation efforts to help folks with a criminal background access housing is happening in a few communities but it’s not a state-wide program as of yet.”
- The VISPDAT is terrible
- Gaps in services
 - “People with mental illness are bouncing from shelter to shelter because they have unmet mental health needs but are not a danger to themselves or others, so nothing can happen quickly for them with housing/services.”
 - “Case managers in shelters are not properly trained to provide housing retention services and they don’t have the time to play the role of shelter case manager AND housing retention specialist.”
 - “The households we work with are able to receive support up to the time they secure housing from us, however we are not always able to secure on-going services for these families – even those transitioning from homelessness – after we house them.”

There’s an acute shortage of housing in VT; how does this shortage affect your work?

- Discharge practices—
 - Health facilities and other institutions cannot discharge to homelessness
 - “The lack of housing is creating a backlog of folks in DOC custody – some inmates can be released without housing but having “approved housing” but folks who are deemed at high risk of homelessness are linked to housing.”
 - “DOC has roughly 150 folks who could be furloughed into housing if there was supportive housing with services but for a lack of supportive housing.”
- Access to/placement in housing—
 - “Really hard to place people in our county. Vacancy rate in county is less than 1%.”
 - “Would like to see an SRO option in our community that is simple, affordable. More project-based vouchers would be an asset.”
 - “average time to housing is impacted; standard is less than 30 days; now it’s higher”
 - “A significant sub set of homeless persons actually sleep outside in warmer weather in VT – because there’s a lack of affordable, safe, decent housing – in places like Burlington and Rutland (tent communities).”
 - “The Certificate of Occupancy program in VT exists in four communities – in these four communities a new C of O must be issued each time an apartment turns over. Rutland is one of the four communities (Barre, Brandon and Burlington are the others). Viewed as an important program but the enforcement of the program is lax. So, we have plenty of housing in Rutland but not enough that has a C of O – so the units that fail C of O inspections get rented anyway often times – to individuals outside of ‘the system’.”
 - “We won’t build in certain rural areas because the costs to construct results in housing that’s too expensive vs. the dilapidated options that exist already – on the other hand, in certain counties (Chittenden, Windsor, White River) the hotels for the homeless receive \$60/day – think of the affordable housing you could finance by using this funding in a better way.”
- Working with landlords—
 - “Not enough landlords that are willing to rent to people who have multiple barriers. Seems like there is enough stock physically in the community.”
 - “Need a culture where we give back to landlords – give a sign up-bonus; or other incentive.”
 - “It would be helpful to have additional landlords at the table, willing to make their units available. We work hard to recruit landlords and to maintain our relationships with them – brining new landlords and new units into the system would be terrific.

There is a substance abuse and addiction crisis in VT that persons experiencing homelessness are disproportionately affected by; what are the barriers to identifying and assisting this population?

- “Not enough resources; not enough Housing First options for those who purely struggle with substance abuse; Substance abuse is not really at the table to contract with anyone for housing.”
- “Lack of programs here. People have to drive to other areas; they drop out frequently.”
- “I hope Vermont starts to adapt new therapies so that there is a spectrum of treatments available for substance abuse.”
- “Our grantees struggle immensely with folks facing addiction – folks who relapse may lose their housing – losing your housing may cause you to return to prison.”
- “There is an immense need for housing options that address individuals with co-occurring disorders, FUSE, Housing First.”

A relatively small number of frequent users of public systems (shelters, jails, emergency rooms) end up using a disproportionately large amount of public resources as they cycle through these systems over and over; what are your thoughts about what can be done to reverse this in your community/across the state?

- “Housing First model would be very good for this population and housing is the best option. Really helpful to develop case studies around the high service users to tell the story and communicate better what the costs are of the high service users. The costs are so significant, that if we had local data and case studies to communicate out, we could use that to leverage resources and community support for supportive housing.”
- “As a housing organization we would be willing to work with the FUSE populations – provided there are rental subsidies and supportive service funding provided.”
- “FUSE is a great idea – we may not have the HMIS data to do it yet however – data matching as an approach is great – community providers did not like the VI SPADAT – so we’re moving forward with our own version of the tool – we haven’t fully implemented it yet.”
- “Harbor Place is a good example. There has been a huge drop in utilization of hospital services.”

Are there any other gaps or bottlenecks in the system that should be addressed? Any other information it is important for us to note?

- “How can we get money to do a large scale development for housing? We cannot wait for the feds. We need to do something big, like bond funding.”
- “We are not going to solve this with federal dollars. We need a state-funded rational system; to ensure that unintended policies do not create a system where housed people become homeless again.”
- “We should be thinking about how to attract larger systems to finance the development of affordable housing – hospital systems, UVM, the state – to leverage additional resources. 5% of their funding to be invested in a capital fund to create supportive housing – where a modest return on that investment is provided.”
- “Vermont uses a common housing application to award affordable housing resources – it includes LIHTC, CDBG and HOME – but the reality is the developer has to apply in as many as three different places to secure all of their funding – a daunting task for a developer.”
- “Vermont has done a pretty good job of reducing the number of folks who go to prison – but our ability to discharge our most difficult cases isn’t where it needs to be”.
- “We’re taking in less prisoners overall – but the folks we are taking in are harder to serve – hence the need for more supportive housing and FUSE.”
- “We can’t have cookie cutter programs because families and individuals are all unique.”
- “Multi-generational poverty and reliance on government is a real problem in Vermont”.

- “The HUD change in the definition of chronic homelessness five years ago changed the data – it makes it appear that we’re reducing the levels of chronic homelessness – we don’t believe we actually are reducing the level – at least not according to the old definition.”
- “HUD’s move away from transitional housing and pure supportive service contracts is a problem for us in Rutland”.
- “We do a lot of meaningful work every day – I’m glad the governor has prioritized ending homelessness – the new 15% unit rule which requires landlords to make 15% of their portfolio available to the homeless is a unfunded mandate – we’re concerned that despite the good intention of the order when it comes down to the compliance, it’s going to be difficult to demonstrate compliance- additional resources would be helpful too.”
- “Additional resources to provide supportive services for formerly homeless households that have been placed into affordable housing is absolutely needed. Additional rental resources (funding for additional vouchers) is needed as well. The demand for rental assistance always outpaces our supply.”

Appendix B: Summary of Facilitated Meetings and Focus Groups

Summary of Facilitated Meetings/Focus Groups

CSH conducted a series of in-depth individual and group interviews with stakeholders along with three facilitated group discussions as a means to inform the development of the Roadmap to End Homelessness in Vermont. Responses from individual interviews, group interviews, and facilitated meetings, are presented in the Roadmap alongside data from a survey of 338 stakeholders across geographic location, sectors, roles, and experience to provide a snapshot of current efforts and challenges in the current housing and homelessness field. All responses were confidential.

Facilitated Meetings

CSH facilitated a discussion with stakeholders at the Vermont Governor’s Council on Homelessness Meeting on August 17, 2016 in Waterbury and with the Roadmap to End Homelessness Steering Committee on October 26, 2016. Both hour long facilitated discussions gathered information on what current strategies and programs stakeholders feel are working well, and what barriers they are facing in addressing homelessness in Vermont.

The following presents a summary of responses with some unattributed quotes to illustrate themes across responses.

Housing and Support Services

- Not enough on-going case management services from a houser perspective
- People do not have good long-term support to stay housed
- Case manager capacity is low, too much turnover
- Services available in supportive housing do not meet the needs of adolescents (young adults under age 26)
- Veterans have co-occurring disorders and need mental health treatment - case management 1 time per month might not be enough
- Driving time to get to Veterans in rural areas for case management is a challenge
- We need a common definition of case management
- Pathways works well for those with co-occurring disorders but the need capacity—Co-occurring disorders are the hardest to engage

Resources

- Chittenden Housing Trust (CHT) – does not have enough rental assistance
- No coordinated funding stream for development (operating, capital, services)
- Inadequate housing stock in areas of the state
- Large amounts of housing stock is in bad shape
- Lack of clarity around where public subsidies go
- Publicly Funded Housing for Homeless 15% rule does not come with services or subsidies
- Need funding to help landlords improve quality of housing
- Rent is too expensive; FMR from HUD always incorrect, finance agency does studies every year to show HUD that FMR should be higher but this process is unsustainable
- 12% of housing in Vermont is mobile homes, most of it is substandard; residents don’t fit into any funding bucket to receive help

- Mobile home parks-very close to homeless – public policy needs to address this population
- Transportation expenses for homeless children is federally funded but with tight budgets within the schools sometimes the children do not get this entitlement under McKinney

Systems Coordination

- “How do we align various activity hubs so that we are meeting the vision of ending homelessness?”
- Mental health and substance abuse systems lack capacity—discharge planning is substandard
- Partnerships with police are important

Data

- No data around evictions-public or private housing
- Need to share data at least 2-3 points across agencies to measure progress
- Lack of data on homeless students but they do have should be used to compare to other data systems to see where gaps are
- Lack of affordable housing is linked to longer stays in emergency shelter in Rutland County
- Need more people with lived experience to weigh in

Frequent Users

- Need for intensive services for this population—may or may not need supportive housing—should be tailored to person
- Medical Center has made investments in FUSE
- FUSE tenants do not meet various eligibility criteria need more flexibility
- FUSE folks may need private \$ to house them—we need to learn how to use federal, state and private funding most effectively

Focus Group

CSH facilitated a discussion with persons with lived experience at the Committee on Temporary Shelter (COTS) on September 30, 2016 in Burlington. The hour long facilitated discussion gathered information on what current services and programs participants feel are helpful, and what services or programs need to be enhanced in order to better meet the needs of persons experiencing homelessness in Vermont. Participants offered the following:

Think about a time that a program or service was very helpful to you. Can you briefly tell me about what that service or program did, and how it had a positive effect on your housing situation?

- “COTS provides me with a bed, showers, laundry, food, case worker programs, and lots of support and just things that I can’t be grateful enough for all the stuff they have done or are doing.”
- “Section 8 and the Howard Center.”
- “Safe harbor for medical and COTS for Housing.”
- “The Homeless shelters have given me a chance to get work, and give me a chance to save for an apartment. The places that provide food, though they only serve one meal I know where I can go at what time of day for each meal.”
- “Section 8.”
- “COTS have been very helpful. They have provided several shelters for the homeless. They provide a place where we can go during the daytime where we can warm up and get a meal (hot meal). Plus they supply a lot of things like soup, shampoo, razors, deodorant, etc.”

- “Landlords don’t give you a second chance—COTS program that offers a guarantee is very helpful (Compass program).”
- “HRC + Compass program through COTS-guarantee of rent for 2nd chance.”

Next, I would like you to think about the services that are currently available in your community. Some examples include affordable housing, medical care, mental health or substance use counseling, transportation, etc. Which services are easy to access? What other services are accessible?

- “Usually take too much time and has too much red tape.”
- “Burlington Housing, Safe Harbor, CCTA, SSTA-for medical rides.”
- “Easy Access—SSTA-For medical rides to doctor appointments. CCTA-Transportation-to shopping, or Walmart and other stops.”

Let’s think about those same services we just talked about. Which of these are hard to access? What are some of the barriers to access (affordability, availability, location, etc.)?

- One individual offered that he is unable to access housing with his girlfriend and is unable to “live the way I want to.”
- “All the housing programs are so hard to be involved with due to the many problems which are caused by the people. It seems as if certain people are only able to get helped. Especially people from other countries and states.”
- “Economics and location-because I am disabled and can’t get to this place sometimes. Salvation army-location.”
- “Section 8, there is a waiting list.”
- “Time and transportation.”
- “Housing, the rent here on average is \$800 to \$1200.00 a month. Most of us who have any income can’t afford the rent.”
- “I am disabled and can’t work I am homeless and have a hard time getting around places even with transportation. I’ve been to a number of places and cannot get help from anyone. They should have more places around here to help disabled.
- “Without subsidy you cannot get housing.”
- “I work 30 hours a week, I get no help with rent. I earn about \$1,080 a month. Trying to find an apartment for less than \$1000 is about impossible. What they call affordable housing is about \$1,000-\$1,500 I could be wrong on the amount but it is still over \$1,000 a month. If you have bad or no references they will not rent to you. People coming out of jail are particularly hard. Sex offenders have the hardest times. Because of the nature of their crime they are limited by the courts on where they can live. Most landlords don’t want to rent to sex offenders, communities don’t want them around. And a lot of employers will not hire people who have a criminal behavior (felonies) and mostly sex offenders. Ex-convicts are almost forced to be homeless.”

Thinking about your own experience with homelessness or housing insecurity, what service or program would be helpful to you now, or would have been helpful in the past?

- “Section 8.”
- “COTS/Case manager.”
- “Affordable Housing/Temporary Housing.”
- “It would be wonderful to get a home and feel like I have a life and not so depressed and worthless.”

If there is one issue that Vermont government and nonprofit organizations should focus on in order to reduce homelessness, what do you think it should be?

- Many participants offered building tiny homes or outfitting box cars or buses as an important solution to reducing homelessness. Many participants noted they would like a private safe place to be.
- Other participants noted that it is difficult to find a place to stay—shelters are often full and you are not allowed to stay in public parks in Burlington.
- Participants offered that access to work for those that are able to work is important. One individual offered that he is unable to work as an ex-felon. Another offered that he and others are too depressed by being homeless that they are unable to work.
- “If homeless could have someone support them one on one.”
- “Access to the education system to learn how to take care of your apartment.”
- “Taking care of native Vermonters and stop allowing people from other states or countries to come here and take the funding, housing opportunities, jobs, and many more things.”
- “Tiny housing or old busses.”
- “If you’re homeless and disabled they should help out to give people in that condition a place to stay to be able to shower and sleep.”
- “Affordable housing places.”
- “Alcohol.”

What advice would you give to a friend who is experiencing homeless in Vermont?

- “Hang in there and stay positive.”
- “Check in to COTS or Pathway to housing.”
- “Try to find as much help as possible.”
- “Talk to people at COTS, Howard Human Services and any counselor who understands homelessness.”

Appendix C: Stakeholder Survey Results

Background

CSH developed and administered the ‘Roadmap to End Homelessness in Vermont: Stakeholder Input’ Survey as one of several methods of gathering information to inform the development of a “roadmap” for ending homelessness in Vermont. The purpose of the roadmap is to build on existing efforts by developing a system for facilitating service-connected affordable housing options, build local capacity, determine costs, and identify available and needed resources.

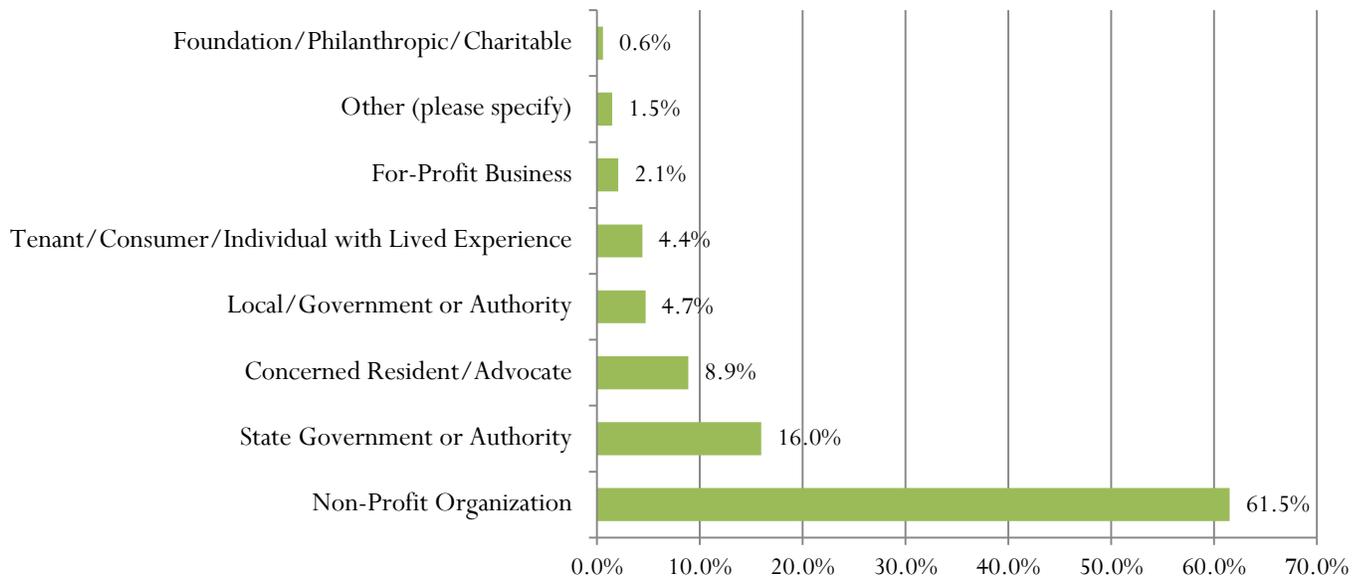
The survey was distributed via e-mail by the Co-Chairs of the Roadmap Steering Committee to multiple e-mail distribution lists (totaling approximately 75 people) requesting that it be forwarded widely in an attempt to garner a diverse sample from across geographic location, sectors, roles, and experience. The survey was live from 9:09 AM on Monday August 23rd and closed at 9:00 AM on Monday August 29th. There were a total of 338 (n=338) responses collected via the survey. This survey data is presented alongside one-on-one interviews, group interviews, and facilitated community meetings in the Roadmap to provide a snapshot of current efforts and challenges in the current housing and homelessness field.

All responses were confidential. The following presents an aggregate look at quantitative and qualitative responses with some unattributed individual qualitative responses highlighted to illustrate themes across the data.

Summary Data

Q1: Which of the following best describes your primary role in your community? (n=337)

Which of the following best describes your primary role in your community?



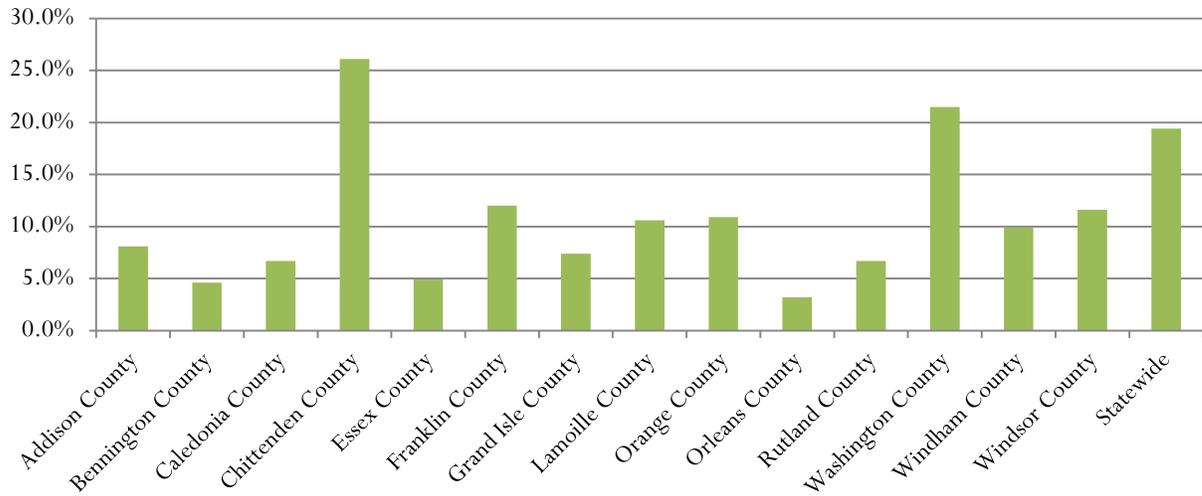
Answer Options	Response Percent	Response Count
Non-Profit Organization	61.5%	208
State Government or Authority	16.0%	54
Concerned Resident/Advocate*	8.9%	30
Local/Government or Authority	4.7%	16
Tenant/Consumer/Individual with Lived Experience*	4.4%	15
For-Profit Business	2.1%	7
Other (please specify)	1.5%	5
Foundation/Philanthropic/Charitable	0.6%	2
		answered question 337
		skipped question 1

Over half of survey respondents (61.5% n=208) indicated their role in their community was with a Non-Profit Organization. State Government or Authority (16% n=54) and Local Government or Authority (4.7% n=16) were well represented. Almost 10% of respondents identified themselves as a Concerned Resident/Advocate (8.9% n=30) and the survey reached a small number of respondents that identify themselves as a Tenant/Consumer/Individual with Lived Experience (4.4% n=15).

*Note: Respondents that answer ‘Concerned Resident/Advocate’ or ‘Tenant/Consumer/Individual with Lived Experience’ are directed to question 19-24. All other answers are directed to questions 2-18.

Q2: Which counties do you serve? (select all that apply) (n=284)

Which counties do you serve? (select all that apply)



Answer Options	Response Percent	Response Count
Addison County	8.1%	23
Bennington County	4.6%	13
Caledonia County	6.7%	19
Chittenden County	26.1%	74
Essex County	4.9%	14
Franklin County	12.0%	34
Grand Isle County	7.4%	21
Lamoille County	10.6%	30
Orange County	10.9%	31
Orleans County	3.2%	9
Rutland County	6.7%	19
Washington County	21.5%	61
Windham County	9.9%	28
Windsor County	11.6%	33
Statewide	19.4%	55

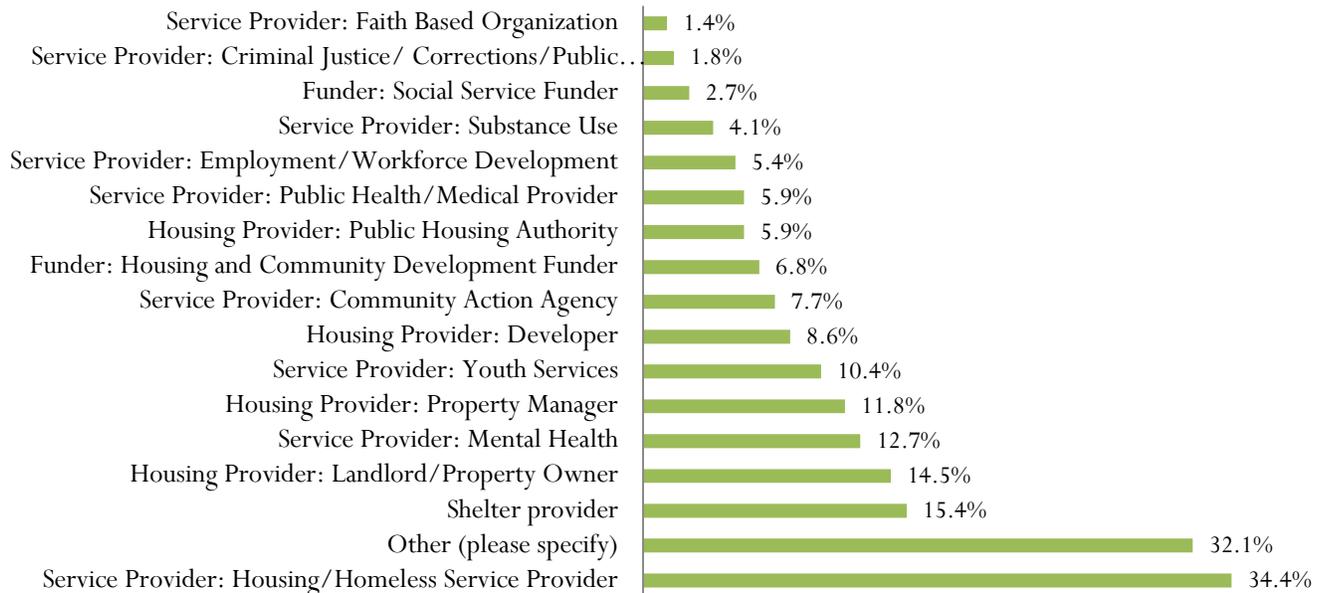
answered question 284

skipped question 54

Over a quarter of survey respondents indicated they serve Chittenden County (26.1% n=74). Close to a quarter of respondents indicated they serve Washington County (21.5% n=61) or Statewide (19.4% n=55). Roughly 16% of survey respondents skipped the question (n=54).

Q3: Which choice(s) best define your primary field of work? (select all that apply) (n=221)

Which choice(s) best define your primary field of work?



Answer Options	Response Percent	Response Count
Service Provider: Housing/Homeless Service Provider	34.4%	76
Other (please specify)	32.1%	71
Shelter provider	15.4%	34
Housing Provider: Landlord/Property Owner	14.5%	32
Service Provider: Mental Health	12.7%	28
Housing Provider: Property Manager	11.8%	26
Service Provider: Youth Services	10.4%	23
Housing Provider: Developer	8.6%	19
Service Provider: Community Action Agency	7.7%	17
Funder: Housing and Community Development Funder	6.8%	15
Housing Provider: Public Housing Authority	5.9%	13
Service Provider: Public Health/Medical Provider	5.9%	13
Service Provider: Employment/Workforce Development	5.4%	12
Service Provider: Substance Use	4.1%	9
Funder: Social Service Funder	2.7%	6
Service Provider: Criminal Justice/ Corrections/Public Safety	1.8%	4
Service Provider: Faith Based Organization	1.4%	3

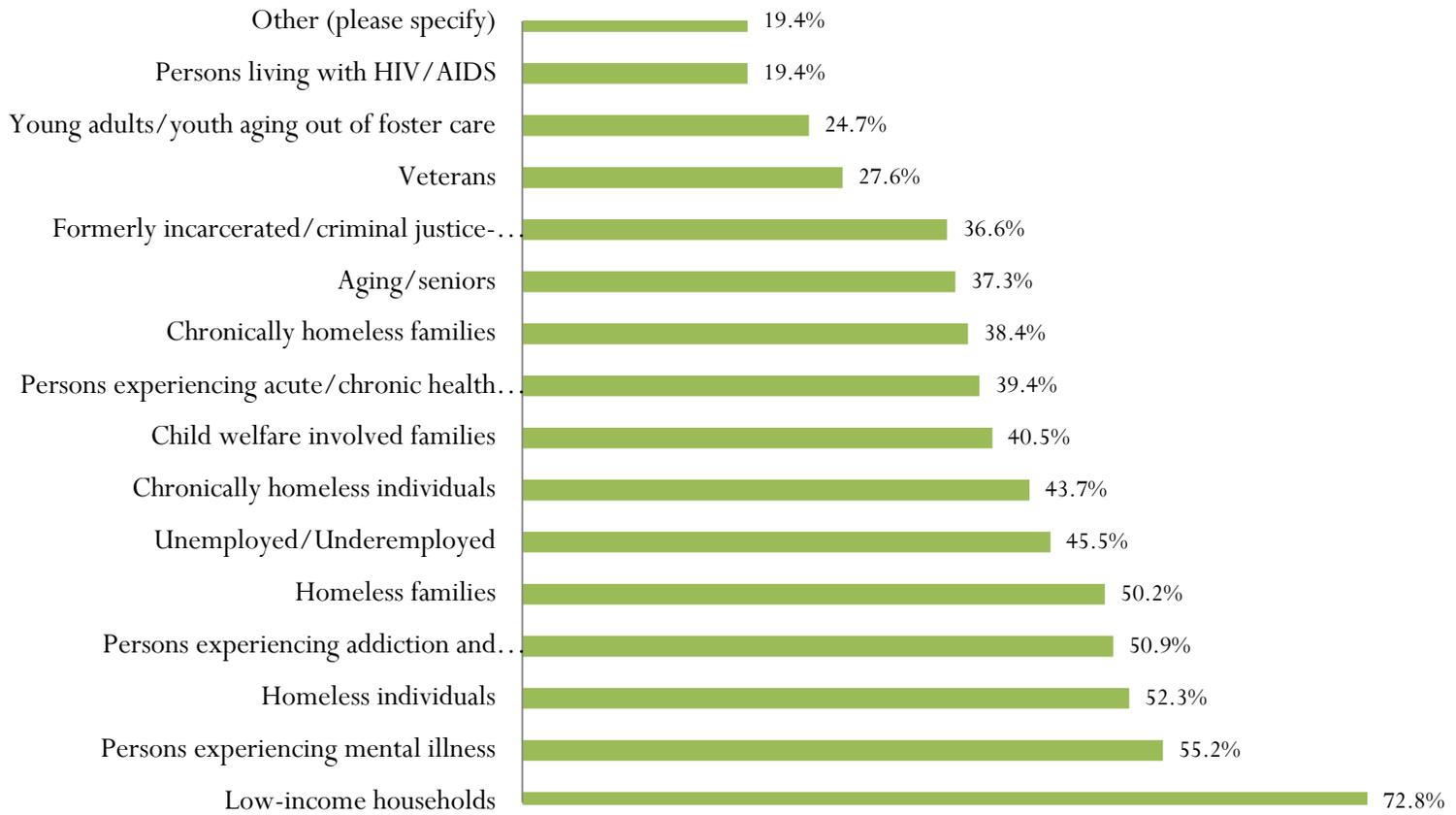
answered question 221

skipped question 117

Roughly a third (34.4% n=76) respondents indicated their primary field of work is Housing/Homeless Services Provider. Roughly a third (32.1% n=71) indicated their primary field of work as other—common answers included early childhood and family service providers, service providers for other disabilities not listed, and domestic violence/sexual violence service providers.

Q4: Which population does your current work focus on? (select all that apply) (n=279)

Which population does your current work focus on?



Answer Options	Response Percent	Response Count
Low-income households	72.8%	203
Persons experiencing mental illness	55.2%	154
Homeless individuals	52.3%	146
Persons experiencing addiction and substance use issues	50.9%	142
Homeless families	50.2%	140
Unemployed/Underemployed	45.5%	127
Chronically homeless individuals	43.7%	122
Child welfare involved families	40.5%	113
Persons experiencing acute/chronic health conditions	39.4%	110
Chronically homeless families	38.4%	107
Aging/seniors	37.3%	104
Formerly incarcerated/criminal justice-involved/reentry	36.6%	102
Veterans	27.6%	77
Young adults/youth aging out of foster care	24.7%	69
Persons living with HIV/AIDS	19.4%	54
Other (please specify)	19.4%	54
		answered question 279
		skipped question 59

Almost three quarters (72.8% n=203) of respondents indicated they work with low-income households. Half of respondents indicated they work with person experiencing mental illness (55.2% n=152), homeless individuals (52.3% n=146), persons experiencing addiction and substance use issues (50.9% n=140) or homeless families (50.2% n=140). A large number of respondent indicated that they work with unemployed/underemployed (45.5% n=127), chronically homeless individuals (43.7% n=122), or child welfare involved families (40.5% n=113). Of the respondents that indicated their work focuses on a population other than those listed, many identified young children, domestic violence survivors, or all populations.

Q5: Please indicate how your community is currently implementing each of the following strategies or programs to address homelessness. (n=189)

Answer Options	Currently implementing successfully	Currently implementing with moderate success	Currently implementing unsuccessfully	Planning/ working on implementing	No plans to implement	Unknown	Count
Coordinated interagency financing and production for supportive housing (i.e. “systems change”)	12%	<u>31%</u>	3%	24%	8%	22%	175
Models of integrated supportive-affordable housing	19%	<u>34%</u>	1%	18%	6%	23%	175
Leveraging Medicaid for supportive housing	6%	9%	2%	13%	22%	<u>49%</u>	172
Integration of community health clinics (FQHCs) and supportive housing	11%	15%	0%	13%	22%	<u>39%</u>	171
Use of Vulnerability Indices or other tools to prioritize homeless individuals for supportive housing	17%	24%	2%	18%	9%	<u>30%</u>	170
Data driven interventions	12%	23%	4%	21%	4%	<u>37%</u>	169
Supportive housing or services models for high utilizers of crisis health services	15%	<u>25%</u>	5%	19%	11%	25%	170
Supportive Housing or services models for elderly	20%	25%	3%	7%	15%	<u>30%</u>	165
Housing First, harm reduction, and low-demand models of supportive housing	16%	<u>34%</u>	5%	15%	7%	24%	167
Reentry supportive housing for people leaving or diverted from prisons/jails	11%	<u>33%</u>	8%	10%	17%	21%	166
Veterans supportive housing (including VASH)	22%	<u>29%</u>	5%	4%	14%	26%	167
Supportive housing models for child welfare-involved families	11%	31%	5%	6%	14%	<u>32%</u>	167
Rapid rehousing	16%	<u>34%</u>	5%	13%	9%	23%	171
Critical time intervention/time limited supportive services	10%	29%	6%	5%	12%	<u>38%</u>	164
Intensive case management/ wrap-around services for vulnerable public housing residents	19%	<u>34%</u>	7%	6%	9%	25%	170

answered question 189

skipped question 149

Comments:

46 respondents provided additional comments to this question. The availability of **quality affordable housing** was clearly cited by 12 respondents. Many comments suggested that the resources available (from housing to services) fall short of demand in several communities. One respondent indicated that the shortage of housing “leads to landlords less likely to consider hard to house individuals,” and other respondents noted they struggle with engaging and working with landlords in the private housing market. Another respondent noted “Given the

housing shortage, we struggle with how to keep people safe and hopeful while they wait to be housed.” Three respondents suggested that there is not **adequate access to information on housing and services** for individuals outside of housing and homeless services (medical professionals, families of persons experiencing homelessness) to find resources for those in need.

Several respondents noted issues with **coordination among agencies in their communities and programs across the state**. Three respondents indicated the **implementation of Housing First** varies among agencies in their community, “I would say we as the housing provider are far from seamless when it comes to integration with the service providers, and I think often may not be on the same page when it comes to things like Housing First & harm reduction.” Another respondent noted that, ““There are small pockets of innovative supportive housing models throughout the state. I would love to see a system-wide implementation.” Two respondents noted that their communities are working on coordinated entry implementation with moderate success, while several noted that there is a lack of coordination of services, “more coordination needs to occur so that folks get connected to the resource that could assist them the most in the shortest amount of time.” Three respondents indicated they are using vulnerability indices to identify person experiencing chronic homelessness and target resources, and three respondents described how this negatively impacts those “who do not rank 'high enough' to secure services.”

Three respondents noted that there are issues with **time limited services** in their communities, one respondent suggested there are “Too many programs are time-limited and leave people failing after they fall off the cliff of losing supports.” Four respondents suggested that institutions (including state mental health facilities, medical facilities, and DOC) **discharge to homelessness** or are forced to keep people institutionalized since they have nowhere to go, “While there are efforts for things like supportive re-entry from incarceration- the DOC often has folks who are due to be released but for whom no housing placement can be found so they remain incarcerated.”

Four respondents indicated that there is a need for **housing and services for aging populations** in their community—both those currently experiencing homelessness, and those individuals aging in supportive housing. Another respondent indicated the need for housing for individuals with mobility disabilities.

Four respondents noted the **capacity of housing and service providers**, specifically case managers to meet the needs of those they serve. Two respondents cited **high turnover** of staff and one offered ““We also lack enough housing coordinators/case managers to handle the demand; those we do have are awesome and overworked!” Three respondents suggested there is a **lack of participation in HMIS**, one respondent suggested, “Participation in HMIS, and data sharing, are currently too limited - funders should insist on real-time participation and data sharing.”

Lastly, three respondents offered successful models for supportive housing. Two offered **Support And Services at Home (SASH)**, “SASH is working incredibly well in senior housing and should be considered as a model for family housing,” and one offered, “The role of **Springfield Supported Housing** is invaluable to the homeless population of the area. Their role, integrated with the Springfield Medical Care System and other available services for the area are working well for the homeless population and should be a State role model of services.”

Q6: What strategies have been most effective for addressing homelessness in your community? What is the best innovation in practice or policy that exists in your community? (n=127)

Twenty five respondents cited **coordination among agencies in their communities, and coordination at the CoC level** as a best practice in their community. Respondents cited sharing information about the people they serve, ensuring they are working together and avoiding duplication, and supporting one another is extremely valuable and effective. Respondents offered:

“We have a weekly Shelter Review Team Meeting to discuss homeless families, VRS applicants, challenging cases, and use of HOP funds. There are about 10 different agencies represented and everyone has a stake in what happens. We are able to brainstorm, share information and resources, and deal with the emotional toll of this work in an environment that's supportive and builds a sense of community in our group.”

“The local CoC has been helpful in getting all the community members at the table. The collaborative work has meant we are all heading in the same direction; because this is "small town" we often share the folks we serve.”

Eleven respondents suggested the **Housing Review Team** as a best practice. “The Housing Review Team meeting ... comprised of concerned professionals involved in systems/providers of services which may or may not be related to assisting in housing support and/or finding housing for individuals/families. This has been helpful in trying to problem-solve around difficult to house or chronically homeless families.” One respondent suggested HRT members have access to flexible funding streams while another stated, “HRT is very helpful in identifying folks who are working with multiple community partners.”

Eight respondents offered **planning or implementation of Coordinated Entry/Access** as slow moving but having potential for changing the practices and efficiency of the system, as well as outcomes for persons experiencing homelessness. Five respondents suggested their communities are successfully implementing **prioritization tools and practices** (by name wait list, VISPDAT).

Twenty one respondents suggested **Permanent Supportive Housing** “with adequate social and health services provided to persons in need with appropriate support” has been effective at addressing homelessness in their community.” “Permanent supportive housing for individuals who are chronically homeless is far and away the most effective way to keep people housed. It is a targeted approach to the problem, and uses the fewest amount of resources in the least complex way for the individuals and the institutions that provide services to them.” Four respondents noted the **Family Supportive Housing Model**. The wraparound services provided by PSH was noted by several respondents. Ten respondents cited **Housing First** creating strong results in their community.

Thirteen respondents offered **Rapid Rehousing** as a successful strategy in their community, allowing them to “Place(s) people in stable housing and then addresses other underlying issues.” Respondents mentioned VSHA Rapid Re-Housing and HOP funding for Rapid Rehousing. Seven respondents offered access to **Transitional Housing** (long and short term) with supportive services attached has been effective in their community. Two respondents mentioned ReachUp. Five respondents indicated access to **low-barrier shelter** as an important strategy in their community. One respondent offered, “Emergency shelters to provide immediate, short-term relief from homelessness are a critical component that is being rejected now by funding sources to the detriment

of the homeless.” Three respondents mentioned Harbor Place. Six respondents noted that **increasing access to affordable housing via development** has been an important strategy in their community. Respondents mentioned available **housing subsidies** eighteen times including the Vermont Rental Subsidy, Shelter Plus Care, and Section 8.

Q7: What partnerships (between organizations or across systems) have been the most effective at addressing homelessness in your community? (n=130)

Twenty eight respondents suggested that **cross system partnership and collaborations** have been the most effective at addressing homelessness in their community. Respondents mentioned partnerships between site, service, and subsidies—coupling housing and services to meet people’s immediate and ongoing needs.

“Mental health, community action, state agencies and local faith communities have long been partners in this endeavor and continue to improve communications and share problem solving strategies. Housing is an issue that absorbs an incredible amount of time, personnel and energy even in agencies/groups whose primary mission is NOT housing. But all these partners have a mission to support people in the community to live with a modicum of safety and dignity - and housing is basic to all aspects of health and functioning.”

“Partnerships between organizations with different focuses have been highly effective. For example, having a shelter providing housing and support around housing, while CHCB provides services around health and mental health with support from Howard Center, and Turning Point supporting the individual with substance abuse treatment.”

“All organizations, systems, and those experiencing homelessness have to be engaged at every level. It's been exciting to see the Chittenden County Homeless Alliance forge new, effective strategies and work together, starting by listening to those experiencing homelessness and what they need. It truly takes a community to work together and engage deeply for us to bring change to the issue of homelessness. We've gone away from the idea that any one agency can solve this!”

Twelve respondents cited **CoC collaborations** as integral to their success, while twelve respondents suggested weekly service provider meetings, local interagency teams, Housing Review Team and the Housing Solutions Team. Six respondents offered that partnerships with health-care organizations including FQHCs are imperative. Five respondents stated that partnerships with CAP agencies are important.

Ten respondents suggested **partnerships between housing organizations** or entities (private landlords and Housing Authorities) with service providers as crucial, with MOUs that spell out the relationship to ensure successful tenancy and collaboration. Nine respondents mentioned partnerships with the **Champlain Housing Trust**, one respondent offered “CHT knows housing, social services agencies know the people”. Four respondents specifically cited the Burlington Housing Authority as a successful partner. Four respondents suggested partnerships with the VSHA.

Five respondents suggested partnerships with the **Department of Corrections/Capstone** for offenders transitioning to community. Respondents also called out other State agencies including DMH, DCF, AHS, and OEO. Four respondents mentioned **the faith community/COTS** as important. Some respondent offered specific sets of partners that have been particularly successful:

- “Springfield Supported Housing, Springfield Medical Care System, Turning Point, Criminal Justice Programs, Warming Shelters, area churches, the community at large.”

- “Agency of Human Services, Economic Services, Mental Health (NKHS), DCF, local hospital (NVRH), housing authority (Rural Edge), DV organization (Umbrella), youth services (NEKYS), NEKCA and faith community. “
- “Blue Print Community Health Team and Vermont Agency of Human Services LIT/LVHHC.”
- “OEO, ASH housing director, field services director, CoC, community health team, Vermont Psychiatric Survivors, Rutland Mental Health, faith community, Parent Child Center, Domestic Violence shelter, Vermont Chronic Care Initiative, CE work group, Rutland Housing Authority, Housing Trust”
- “The partnership between Champlain Housing Trust, UVM Medical Center, United Way of Northwest Vermont and the referring agencies to Harbor Place”
- “Partnership between Twin Pines Housing Trust and The Upper Valley Haven.”
- “Reaching out to Middlebury College, area churches and organizational boards and volunteers to step up awareness of homelessness.”

Q8: What partnerships (between organizations or across systems) are needed? (n=120)

Note: A large number of respondents offered responses that detailed services or resources that are needed rather than partnerships. The following is a summary of responses that included mention of needed partnerships.

Fourteen respondents mentioned needed **partnerships between housing and service providers** to increase the supply of housing available and to have better outcomes for those housed. Seven respondents suggested needed partnerships between service providers to increase collaboration and transparency. Several people mentioned these connections would stop duplication or ineffective services.

“I’d like to see us separate the "crisis response system" of homeless shelter/service providers from the need for long-term retention. We need housing navigators that help to re-house families/individuals quickly, as part of a coordinated crisis response system, and a regionally approach to working with landlords. AND we need to connect people to the "right size" of housing retentions support services, which might mean that we need more resources - but it means that we could also do a better job leveraging existing service providers. There is a huge opportunity to better connect employment services with housing services. Big parallels between progressive employment/employment first/employment retention and Housing First/housing retention. We have to stop thinking that housing retention belongs to a certain group.”

Seven respondents suggested a stronger **connection with funders and developers** to increase available resources. Five respondents offered they think partnerships need to be strengthened with the business community to raise awareness and resources.

Five respondents offered they think more **partnerships with the medical community/medical providers** would be beneficial, ““The traditional medical community appears to be missing at the table where these problems are discussed and solutions formulated. Efforts to engage medical personnel are chronically unsuccessful. This appears to be a significant "missing link" in the community conversation.”

Five respondents suggested strengthened **partnerships with DCF** while there were a few mentions of increasing partnerships with schools, education and training programs, employment services, police, and corrections. Two respondents suggested their community could benefit from better connections with the faith community.

Five respondents stated that there are issues with turf/secrecy/**data sharing**. These respondents felt improved data sharing partnerships would be beneficial, “A partnership that allows the sharing of data and easy collation of longitudinal data for every individual receiving services is crucial to ensure success and prevent individuals from "falling through the cracks.”

Q9: What are the most significant unmet needs for the people you work with? (Please select up to 5)? (n=160)

Answer Options	Response Percent	Response Count
Affordable housing and/or rental assistance	85.0%	136
Transportation	58.8%	94
Mental health and psychiatric services	46.9%	75
Housing-based services and case management	40.6%	65
Substance abuse treatment, counseling and supports	38.8%	62
Employment supports, job training, and workforce development	32.5%	52
Year-round emergency housing	30.6%	49
Basic needs/quality of life resources (food pantries, clothing, furniture, etc.)	17.5%	28
Other (please specify)	17%	27
Access to benefits, income supports	16.9%	27
Emergency housing during cold weather	14.4%	23
Family services, parenting, child welfare services	13.1%	21
Senior/elderly services	10.6%	17
Education	8.1%	13
Street outreach	5.6%	9
Health insurance/coverage	4.4%	7
Medical and primary care	4.4%	7
Criminal justice supervision	3.1%	5
Criminal justice services	2.5%	4
		<i>answered question 160</i>
		<i>skipped question 178</i>

85% (n=136) of respondents indicated that affordable housing and/or rental assistance is an unmet need for the people they work with. 58% (n=94) of respondents selected transportation as an unmet need for the people they work with.

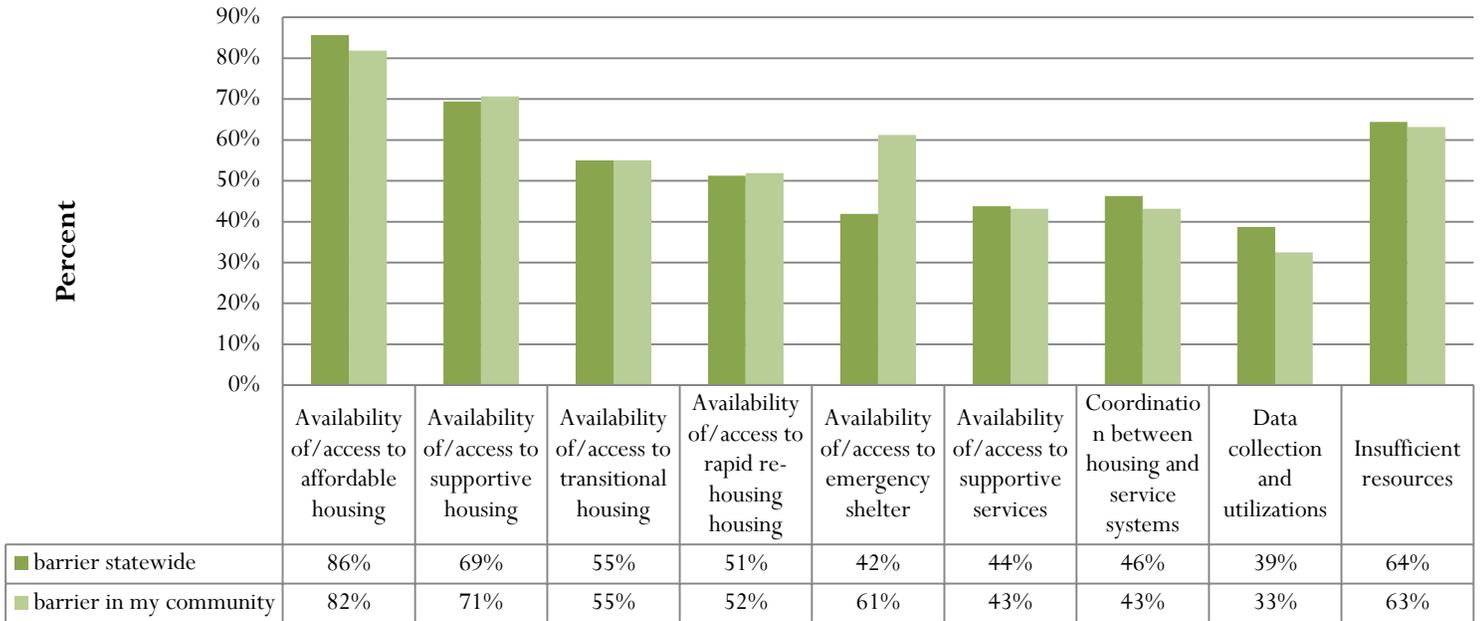
Roughly 40% of respondents stated mental health and psychiatric services (46.9% n=75), housing-based services and case management (40.6% n=65), and substance abuse treatment, counseling and supports (38.8% n=62), were unmet needs in their community.

Under 10% of respondents suggested that education services, street outreach, health insurance/coverage, medical and primary care, criminal justice supervision, and criminal justice services are unmet needs in their community.

17% of respondents selected other. Many respondents suggested increased income (access to benefits, income supports) or job training (employment supports, job training, and workforce development). Two respondents mentioned access to dental care. Other unmet needs mentioned included: coordinated services, peer supports, access to shelter, housing options for sex offenders, affordable childcare, and natural supports outside of service providers.

Q10: Next, think about system-level barriers to addressing homelessness, several are suggested below. Indicate which barriers your community is facing, and which you think are barriers across the state. Please use the other option to list additional barriers. (n=160)

Next, think about system-level barriers to addressing homelessness, several are suggested below. Indicate which barriers your community is facing, and which you think are barriers across the state.



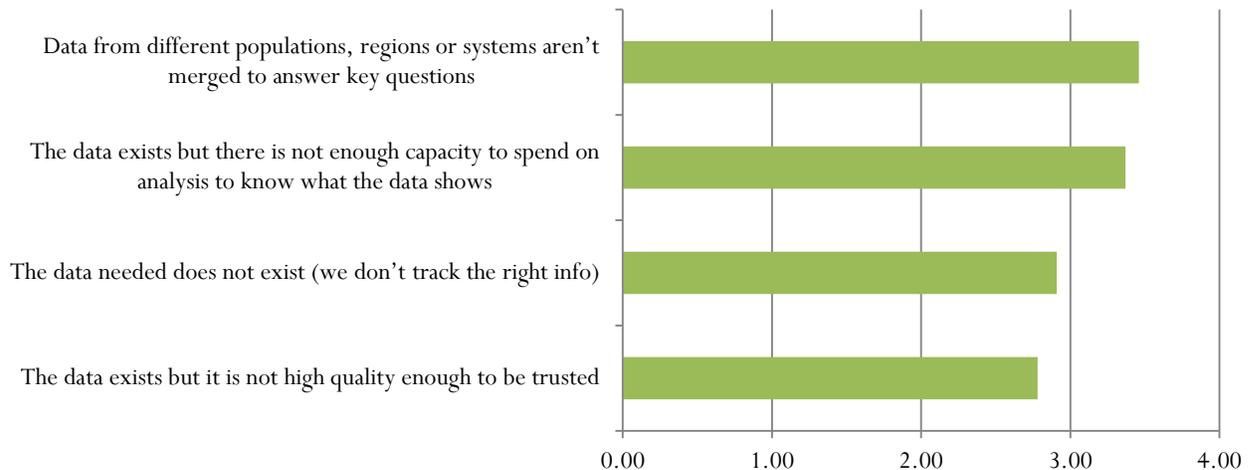
Answer Options	Barrier in my community	Barrier statewide	Response Count
Availability of/access to affordable housing	82%	86%	159
Availability of/access to supportive housing	71%	69%	138
Availability of/access to transitional housing	55%	55%	118
Availability of/access to rapid re-housing housing	52%	51%	108
Availability of/access to emergency shelter	61%	42%	118
Availability of/access to supportive services	43%	44%	95
Coordination between housing and service systems	43%	46%	97
Data collection and utilizations	33%	39%	78
Insufficient resources	63%	64%	128
Other (please specify)			19
		<i>answered question</i>	160
		<i>skipped question</i>	178

159 out of 160 respondents identified availability of/access to affordable housing as a system level barrier in either their community (82%) or statewide (86%). 138 Respondents indicated availability of/access to supportive housing as a barriers in either their community (69%) or statewide (71%). The least identified barrier was data collection and utilization, 33% of respondents stating it is a barrier in their community and 39% statewide. Other barriers mentioned included living wages, transportation, and limited funding (insufficient resources).

Q11: Please indicate the degree to which each of the following data collection and utilization issues are a problem in your community. (1= “not a problem” and 5 = “major problem”) (n=131)

Answer Options	1	2	3	4	5	Rating Average	Response Count
The data exists but it is not high quality enough to be trusted	7	26	18	20	2	2.78	73
The data needed does not exist (we don’t track the right info)	16	11	27	10	13	2.91	77
The data exists but there is not enough capacity to spend on analysis to know what the data shows	13	13	26	30	24	3.37	106
Data from different populations, regions or systems aren’t merged to answer key questions	7	9	21	20	19	3.46	76
<i>answered question 131</i>							
<i>skipped question 207</i>							

Please indicate the degree to which each of the following data collection and utilization issues are a problem in your community. (1= “not a problem” and 5 = “major problem”)



Of 131 respondents, the data collection and utilization issue that was identified by most respondents as a problem was ‘data from different populations, regions or systems aren’t merged to answer key questions (rating average 3.46). Respondents indicated ‘the data exists but it is not high quality enough to be trusted’ as the lowest problem (rating average 2.78).

Q12: Of the barriers you identified, which are the greatest? How do these barriers affect your work? (n=105)

Forty five respondents indicated that **availability of affordable housing or subsidies** which increase affordability is the greatest barrier to their work and ending homelessness. Several specifically cited affordable housing for families and funding to develop more affordable housing. “Quality of the housing stock is another barrier. People are homeless longer when you can't find housing that fits within the subsidy guidelines or household budget.” “We also need different models - group situations, single apartments, single rooms. Tiny houses!” Eight respondents suggested that the largest barrier is that individuals and families do not have **access to adequate income**, job opportunities, or livable wages.

Seven respondents commented that **access to emergency shelter or warming centers** are the biggest barrier, “Lack of emergency shelter is the biggest barrier. Without a safe "landing zone" no one has the capacity to access all the supports needed to insure that long-term housing can work. People in survival mode cannot spend energy on long-term planning.” Another respondent added, “Lack of low barrier shelter for folks that are currently homeless. When interacting with folks in the community, there is nowhere to refer people for shelter because all shelters are either full or they have restrictions which prevent folks from being able to access their services.”

Seven respondents offered that **access to supportive housing** is the largest barrier. “When folks are ready to move on from emergency shelter, they cannot. This creates a backup with the emergency services system, pushing people out into the streets that are in need of shelter space.” Four respondents offered that **availability of transitional housing** as a barrier, “If there was a place for shelter guests to transition into, this would make both the vetting and the matching of formerly homeless people much easier. It is very, very difficult to find a match for someone currently without housing as our home providers often choose another candidate over one that is homeless.”

Ten respondents mentioned **transportation** options in their community is the largest barrier. Six respondents offered that availability of services, specifically wrap around services is a barrier. “Availability of all services seems like the greatest challenge. Everyone is working hard and at capacity. I think this often causes us to not look at the big picture or think about how we can strategically move the problem forward. I think agencies are so often caught up in securing funding that we don't ask those receiving our services what they actually need to be successful, and we don't ask the right questions that would hopefully put us all out of work if we bring an end to homelessness”

Four cited **access to mental health treatment**, while two mentioned access to substance use treatment. There was also a mention of domestic violence services and inconsistency of services across agencies. Seventeen respondents cited the largest barrier as a data issue: **inadequate data, inaccurate data, time spent entering data, or data sharing**: “Knowing the true population of Homeless in our community, and what services will best address the problems that are causing their homelessness. We need to work smarter, not harder. Proper data collection and analysis will help pin point the need. We are waving a flag in the dark, thus touching very few.”

“The data exists but there is not enough capacity to spend on analysis to know what the data shows.” “The biggest problem with data I encounter is the increasing demand to spend time putting information into the HMIS system, while the resources to make this happen are not increasing.”

Q13: Are there any other gaps or bottlenecks in the system that should be addressed?
(n=73)

Ten respondents indicated that **availability of affordable housing and rental assistance** needs to be addressed. “Many private landlords want to help but have been "burnt" by service providers and/or tenants playing the system. There are not resources to "master lease" affordable housing apts. Many affordable housing apartments have restrictions that prevent master leases greatly reducing available units.” Five respondents specifically cited the need for **housing options for families**. Three offered the availability and **wait time of Section 8**.

Eight respondents indicated that there is a **gap in emergency shelter**. Four specifically noted the **GA program**. “Emergency housing through the GA program has become increasingly more strict over the last few years to the point where someone can become literally homeless after a writ of possession and not be able to get emergency housing, even if the shelters are full. I feel it is wrong to be punitive with people and deny them housing, especially when there are children involved. I feel the point system used by GA to determine someone eligible for emergency housing has become so narrow almost nobody can qualify. I often feel bad even referring people to GA as a possibility because I know they will likely not get approved.” One respondent called out the availability of domestic violence shelter, “Expecting domestic violence victims to reside in a homeless shelter when the DV shelter is at capacity. Presents a huge safety risk.”

Eight respondents offered issues of **organizations working together, communicating, and taking too long to get people into housing**. “There should never be empty beds for long at all but there are because not everyone knows every resource. Need air traffic control.” “Housing providers are not in communication with each other and the service providers they work with. We're in a housing crisis, yet beds go unfilled due to a lack of communication. All forms of housing, rooms and beds in the county should be listed on a single form that is updated regularly. As soon as a space becomes available, it should be posted and filled.”

Seven respondents indicated that there is **insufficient service funding or it is too restrictive**. “Funding is restrictive, and organizations are competing for the same funds. Let’s find out what the need is, funnel the funds to address the true problems. Then we can work on the issues that causing households to become homeless (prevention).” Three respondents indicated insufficient funding for intensive case management and services which results in persons being underserved. Five respondents indicated that there is a **gap for those who do not meet specific program criteria** or means tests. “Families and individuals need to already be in crisis to be eligible for many services, so there is little prevention that is possible when someone is already in crisis mode”

Three respondents suggested an overemphasis on data collection. “While data is important, the diverting of resources away from direct service in order to fund new trends in "data collection" every 2 years is wasteful. The bottle-neck is that too little attention is paid to the actual work of alleviating homelessness while too much is being paid on analyzing our efforts.” “Over the years the increased request for data to be entered into various data systems has not been funded and staff who should be working with participants are spending an overabundance of time entering data only to have it come out poorly on the reporting end of the equation. Also, the data specialists, the state funders and the people on the ground serving families don't speak the same language... resulting in poor data quality.” Three respondents mentioned that there is a gap in input from consumers/end users/ people with lived experience.

Q14-18: Think about what areas you, your organization, or your community could use additional training or technical assistance in order to effectively address homelessness? Please use other for any areas that you do not see listed. (select all that apply)

Q14: Housing Development (select all that apply) (n=120)

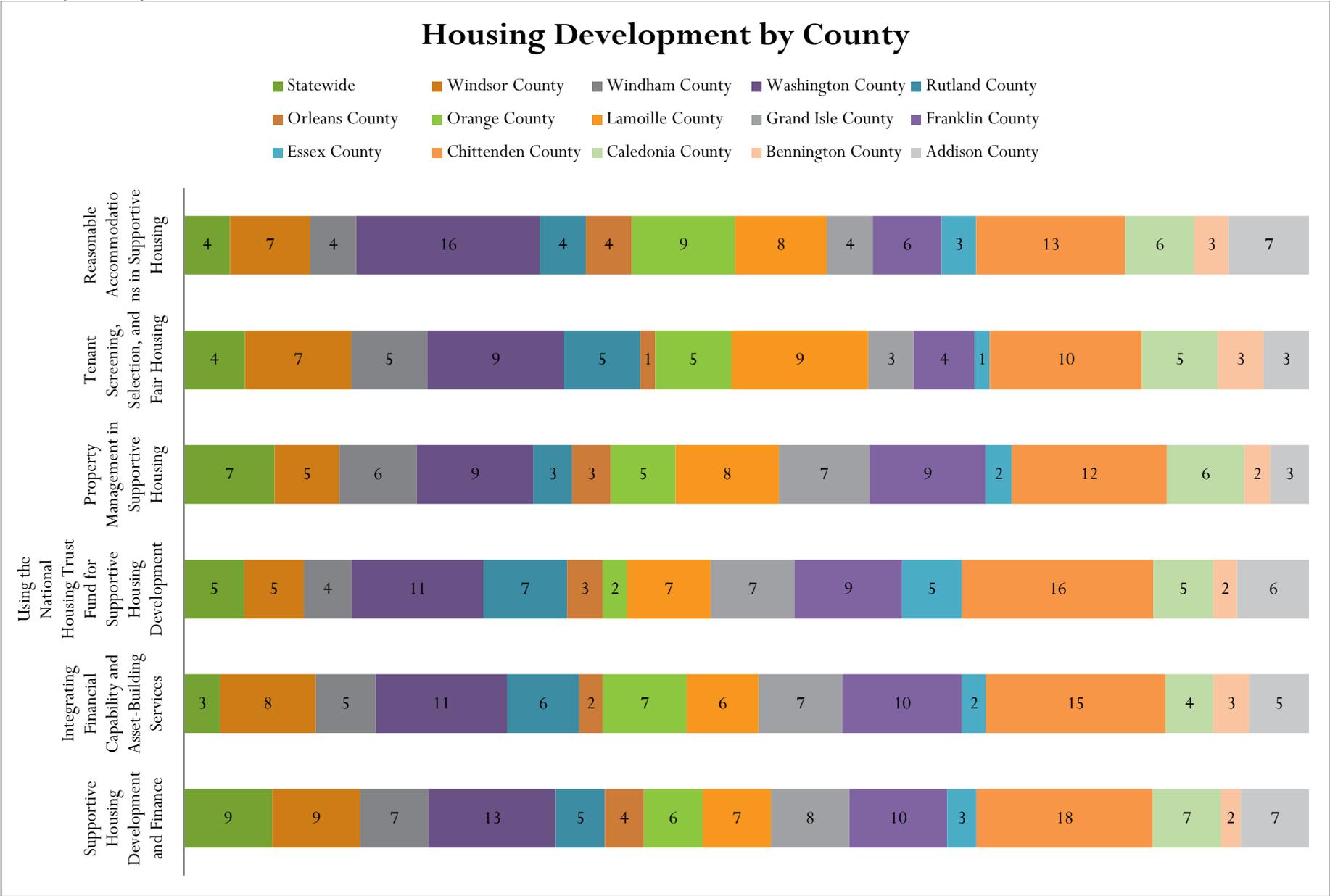
Answer Options	Response Percent	Response Count
<u>Supportive Housing Development and Finance</u>	60.8%	73
Integrating Financial Capability and Asset-Building Services	44.2%	53
Using the National Housing Trust Fund for Supportive Housing Development	50.0%	60
Property Management in Supportive Housing	36.7%	44
Tenant Screening, Selection, and Fair Housing	33.3%	40
Reasonable Accommodations in Supportive Housing	40.0%	48
Other (please specify)	11.7%	14

answered question 120
skipped question 218

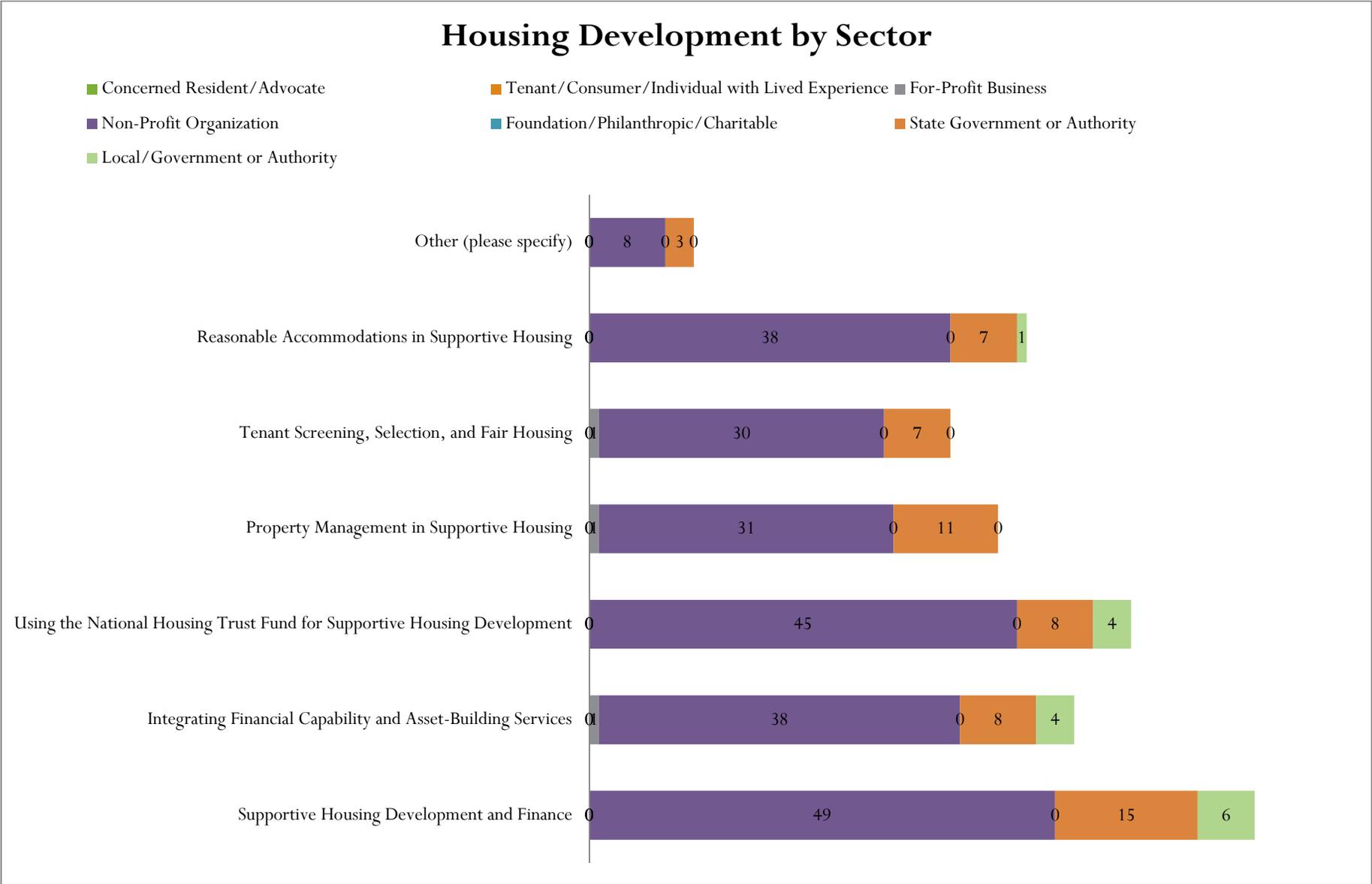
Other:

- TA around creating tax credit (for instance) for home mod
- Capital reserves for long-term project success
- use of project based Shelter Plus Care for project development
- Finding funding for RR and for expanding housing programs & shelter

Q 14: By County



Q14: By Sector



Q15: Housing Strategies and Services (select all that apply) (n=132)

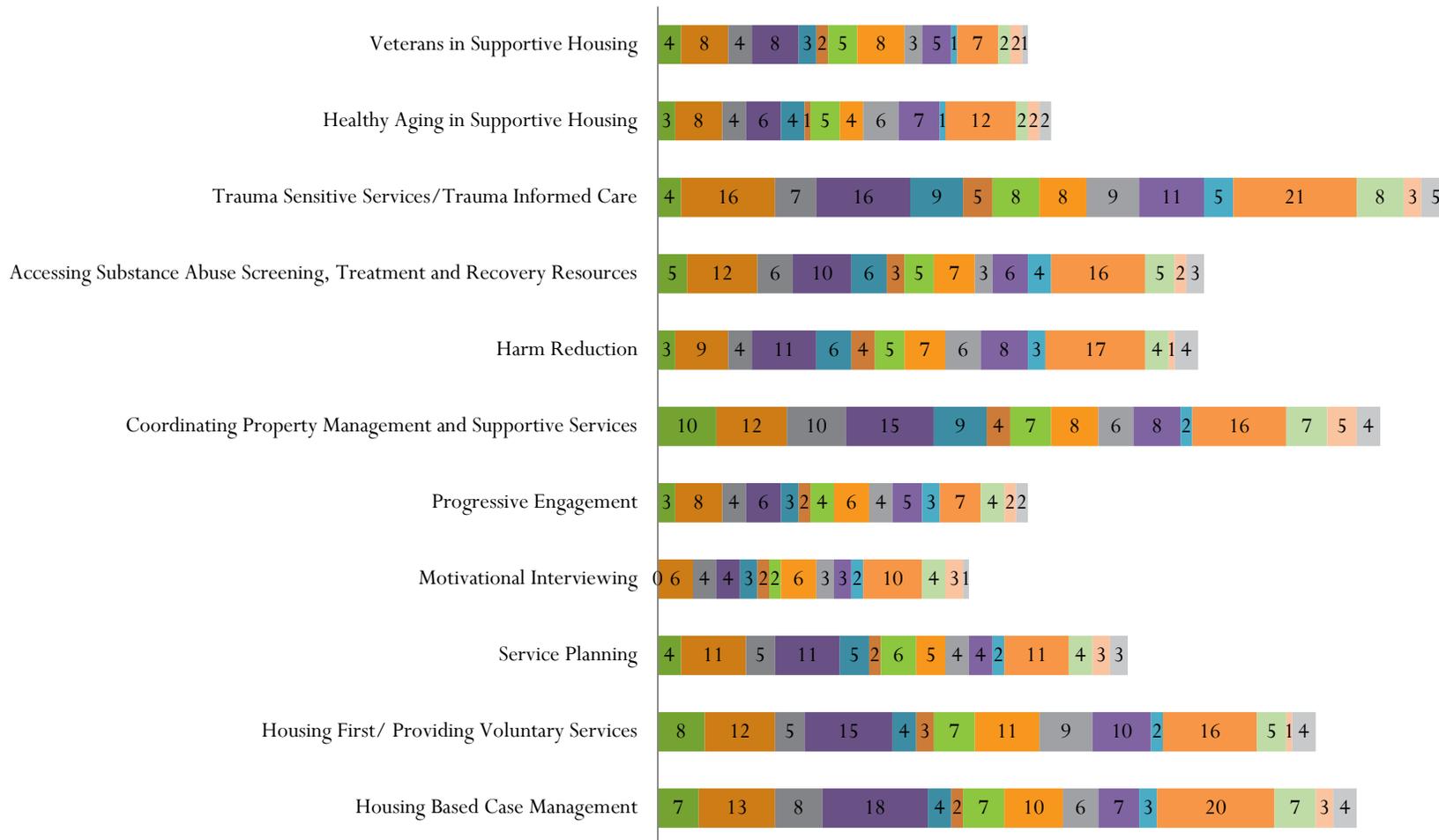
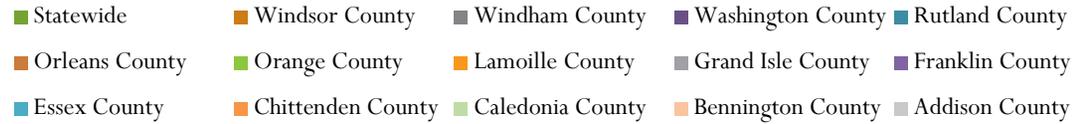
Answer Options	Response Percent	Response Count
Housing Based Case Management	56.8%	75
Housing First/ Providing Voluntary Services	43.9%	58
Service Planning	32.6%	43
Motivational Interviewing	25.0%	33
Progressive Engagement	33.3%	44
Coordinating Property Management and Supportive Services	50.8%	67
Harm Reduction	43.2%	57
Accessing Substance Abuse Screening, Treatment and Recovery Resources	43.9%	58
<u>Trauma Sensitive Services/Trauma Informed Care</u>	<u>58.3%</u>	<u>77</u>
Healthy Aging in Supportive Housing	29.5%	39
Veterans in Supportive Housing	25.0%	33
Other (please specify)		4
		<i>answered question 132</i>
		<i>skipped question 206</i>

Other:

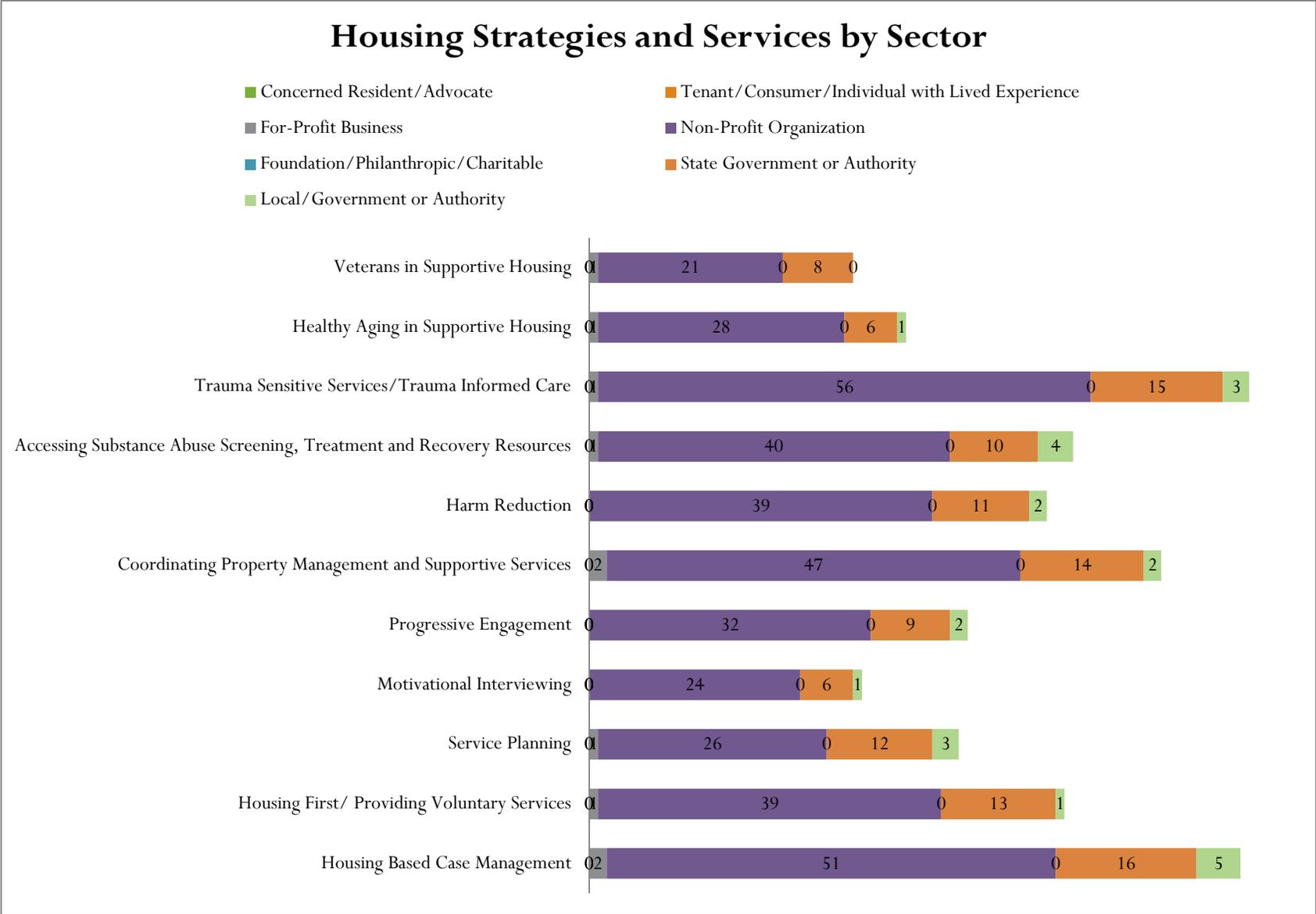
- Domestic and Family violence
- The survivors we work with are all suffering from trauma - and we have not found most systems very sensitive to the incredible and intricate toll trauma takes!
- Young disabled supportive housing

Q15: By County

Housing Strategies and Services by County



Q 15: By Sector



Q16: Housing Placement and Stability (select all that apply) (n=129)

Answer Options	Response Percent	Response Count
Conflict Coaching and Mediation	57.4%	74
Creating Tenant Groups	28.7%	37
Fostering Tenant Leadership	40.3%	52
<u>Eviction Prevention</u>	<u>73.6%</u>	<u>95</u>
Housing Appeals and Reasonable Accommodations	35.7%	46
Property Management and Service Coordination	31.8%	41
Managing Tenant and Landlord Relationships	46.5%	60
Enhancing Landlord Networks/Landlord Recruitment	45.7%	59
Housing Search and Placement	47.3%	61
Master Leasing	30.2%	39
Other (please specify)	3.1%	4
		<i>answered question 129</i>
		<i>skipped question 209</i>

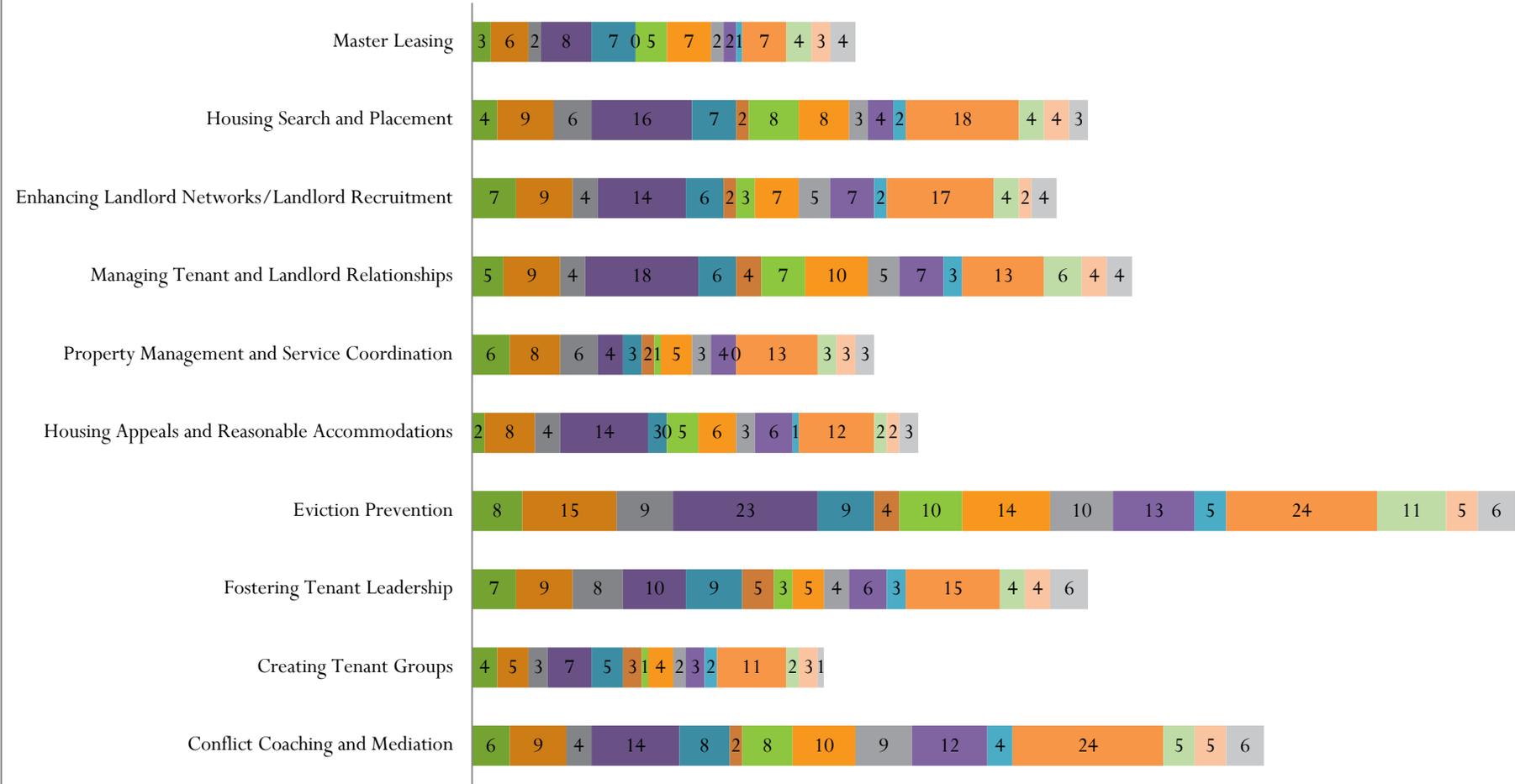
Other:

- Landlords are pretty sensitive to volatile situations of dv - but haven't a clue for dealing with survivors whose trauma experiences affect every aspect of their lives
- Interactions with schools to make the services/supports available be something that schools have an awareness of and can share with families

Q16: By County

Housing Placement and Stability by County

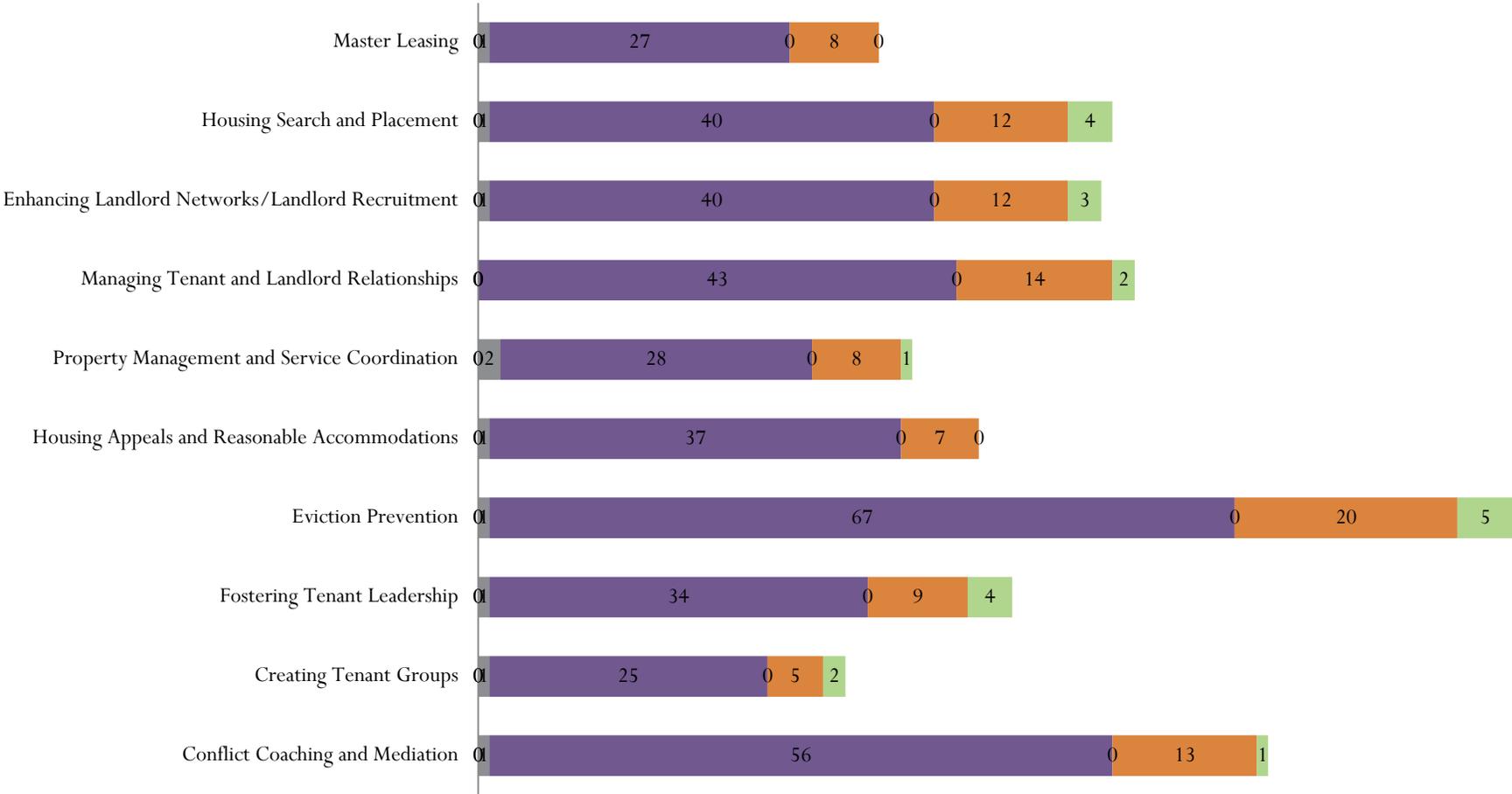
- Statewide
- Windsor County
- Windham County
- Washington County
- Rutland County
- Orleans County
- Orange County
- Lamoille County
- Grand Isle County
- Franklin County
- Essex County
- Chittenden County
- Caledonia County
- Bennington County
- Addison County



Q16: By Sector

Housing Placement and Stability by Sector

- Concerned Resident/Advocate
- Non-Profit Organization
- Local/Government or Authority
- Tenant/Consumer/Individual with Lived Experience
- Foundation/Philanthropic/Charitable
- For-Profit Business
- State Government or Authority



Q17: Systems Coordination (select all that apply) (n=125)

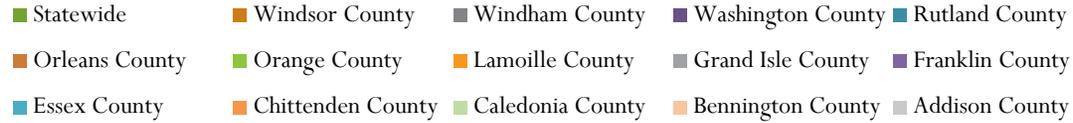
Answer Options	Response Percent	Response Count
Coordinated Entry and Assessment	56.8%	71
Cross-system Care Coordination	49.6%	62
Health and Housing Partnerships	51.2%	64
Accessing Employment and Training Resources	41.6%	52
Mapping Community Resources	46.4%	58
Data Matching 101: A Primer for Using Data to Target Supportive Housing	41.6%	52
<u>Using Data to Identify Gaps in Resources and Plan Strategically</u>	<u>59.2%</u>	<u>74</u>
Other (please specify)	2.4%	3
		<i>answered question 125</i>
		<i>skipped question 213</i>

Other:

- There are many grants and pots of money, but they are not coordinated or enough to sustain any good system for managing the homeless
- Making the transition from Transitional Housing to Rapid Rehousing

Q17: By County

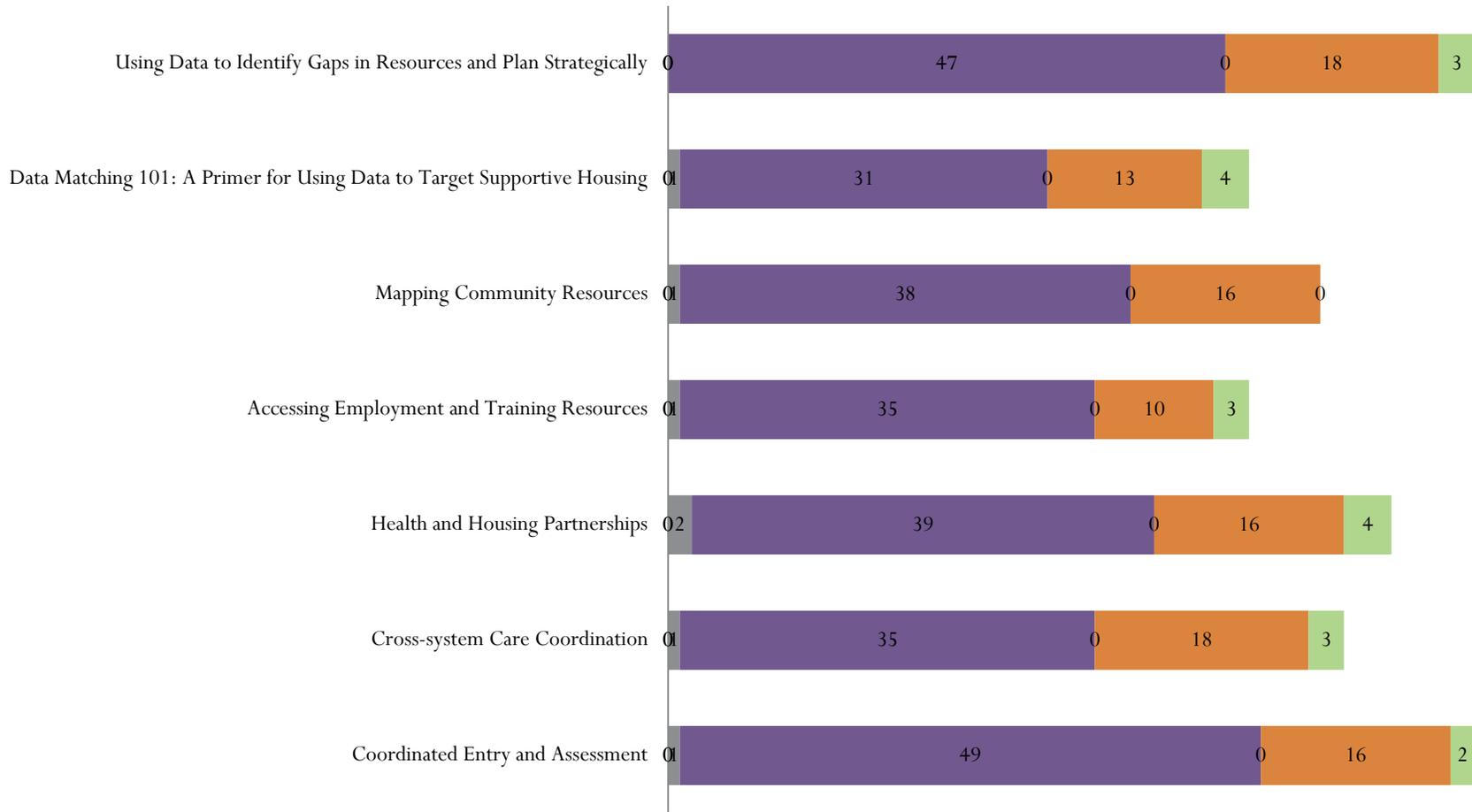
Systems Coordination by County



Q17: By Sector

Systems Coordination by Sector

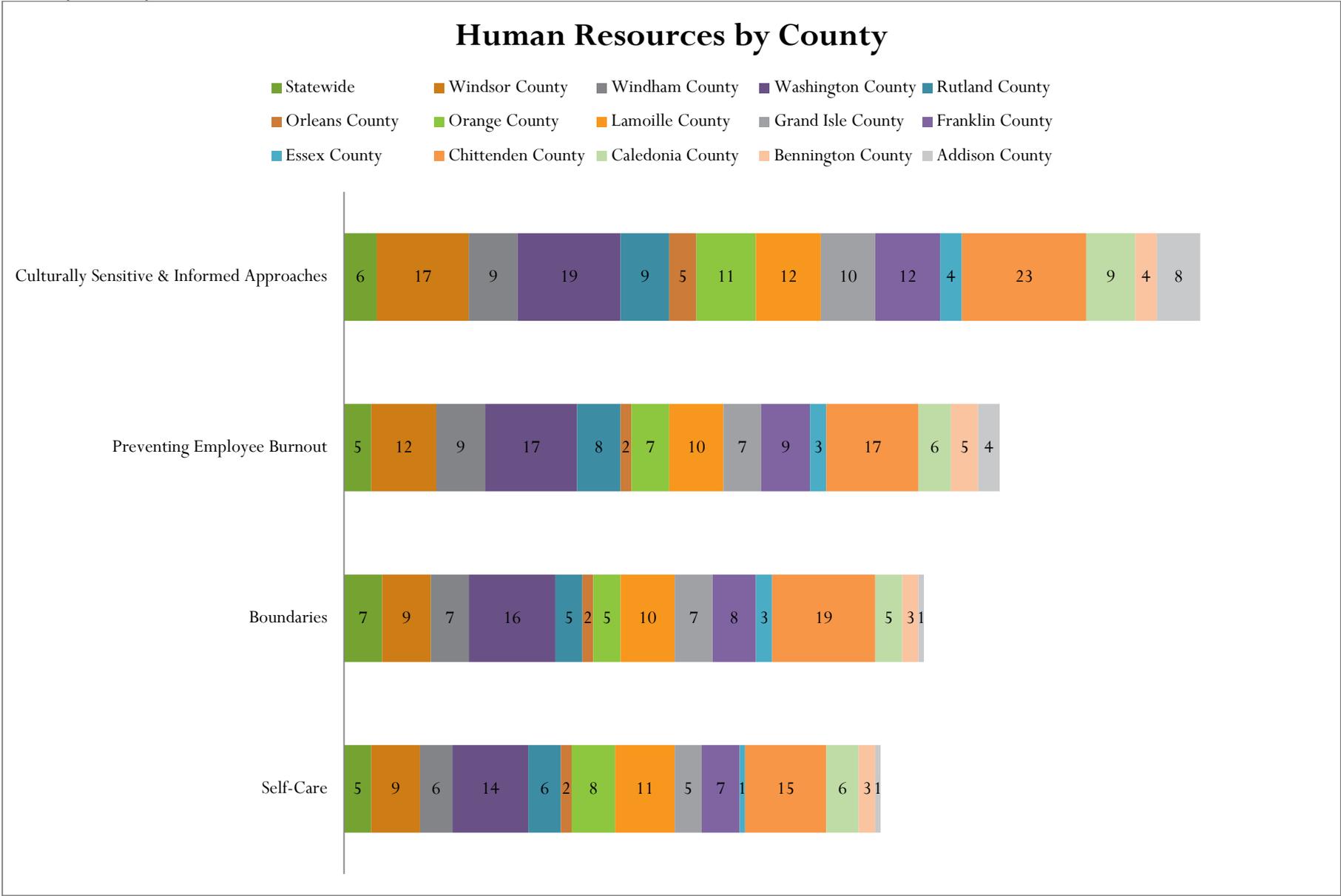
- Concerned Resident/Advocate
- Non-Profit Organization
- Local/Government or Authority
- Tenant/Consumer/Individual with Lived Experience
- Foundation/Philanthropic/Charitable
- For-Profit Business
- State Government or Authority



Q18: Human Resources (select all that apply) (n=112)

Answer Options	Response Percent	Response Count
Self-Care	52.7%	59
Boundaries	58.0%	65
Preventing Employee Burnout	66.1%	74
<u>Culturally Sensitive & Informed Approaches</u>	<u>72.3%</u>	<u>81</u>
Other (please specify)	3.6%	4
		<i>answered question 112</i>
		<i>skipped question 226</i>

Q18: By County



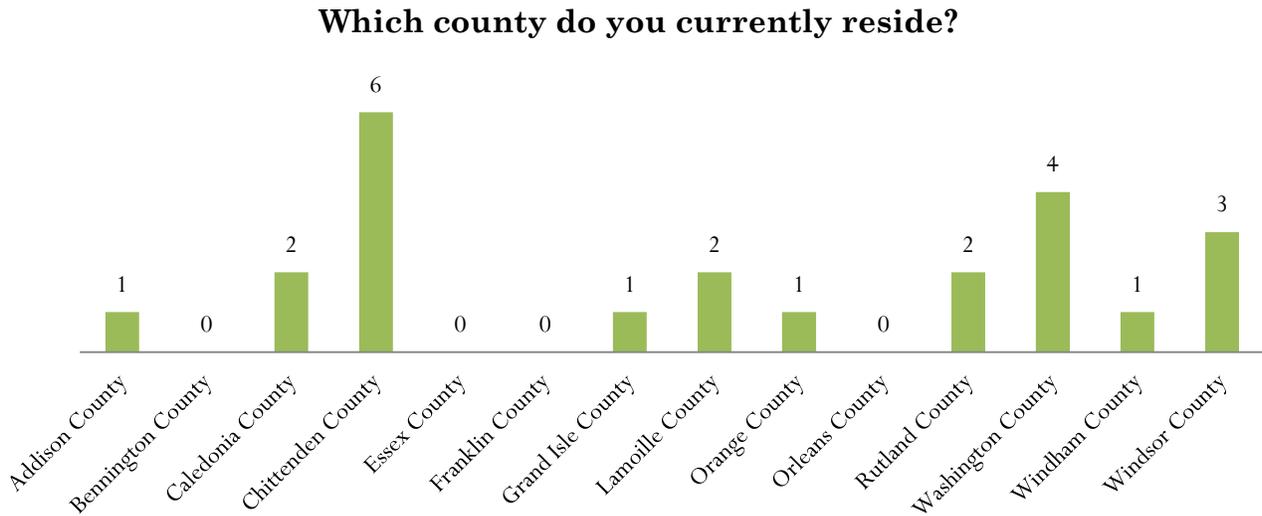
Q18: By Sector



Top Training Need Identified in Each Question by County

Answer Options	Addison	Bennington	Caledonia	Chittenden	Essex	Franklin	Grand Isle	Lamoille	Orange	Orleans	Rutland	Washington	Windham	Windsor	Statewide
Supportive Housing Development and Finance	X		X	X		X	X			X			X	X	X
Integrating Financial Capability and Asset-Building Services		X				X									
Using the National Housing Trust Fund for Supportive Housing Development					X						X				
Tenant Screening, Selection, and Fair Housing		X						X							
Reasonable Accommodations in Supportive Housing	X	X							X	X		X			
Housing Based Case Management												X			
Housing First/ Providing Voluntary Services							X	X							
Coordinating Property Management and Supportive Services		X									X		X		X
Trauma Sensitive Services/Trauma Informed Care	X		X	X	X	X	X		X	X	X			X	
Conflict Coaching and Mediation	X	X		X											
Fostering Tenant Leadership	X									X	X				
Eviction Prevention	X	X	X	X	X	X	X	X	X		X	X	X	X	X
Coordinated Entry and Assessment	X			X	X			X							
Cross-system Care Coordination			X												
Health and Housing Partnerships		X									X			X	
Mapping Community Resources		X						X	X			X			
Using Data to Identify Gaps in Resources and Plan Strategically	X				X	X	X			X			X		X
Boundaries															X
Preventing Employee Burnout		X													
Culturally Sensitive & Informed Approaches	X		X	X	X	X	X	X	X	X	X	X	X	X	

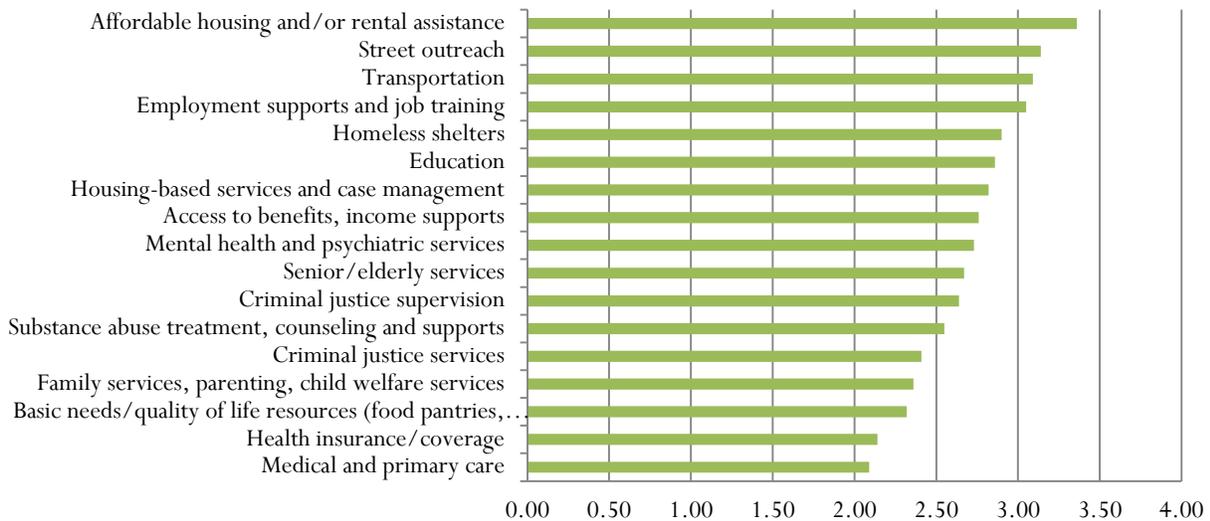
*Q19: Which county do you currently reside? (n=23)



*Note: Respondents that answered question 1 with ‘Concerned Resident/Advocate’ or ‘Tenant/Consumer/Individual with Lived Experience’ are directed to question 19-24. All other answers are directed to questions 2-18.

*Q20: The following services are available and accessible/affordable in my community: (n=22)

The following services are available and accessible/affordable in my community:



(1=Strongly Agree 2=Agree 3=Neutral/Undecided/Unsure 4=Disagree 5=Strongly Disagree)

Respondents indicated the following services are least available/accessible/affordable in their community:

- Affordable housing and/or rental assistance

- Street outreach
- Transportation
- Employment supports and job training
- Homeless shelters

Respondents indicated the following services are most available/accessible/affordable in their community:

- Medical and primary care
- Health insurance/coverage
- Basic needs/quality of life resources (food pantries, clothing, furniture, etc.)
- Family services, parenting, child welfare services
- Criminal justice services

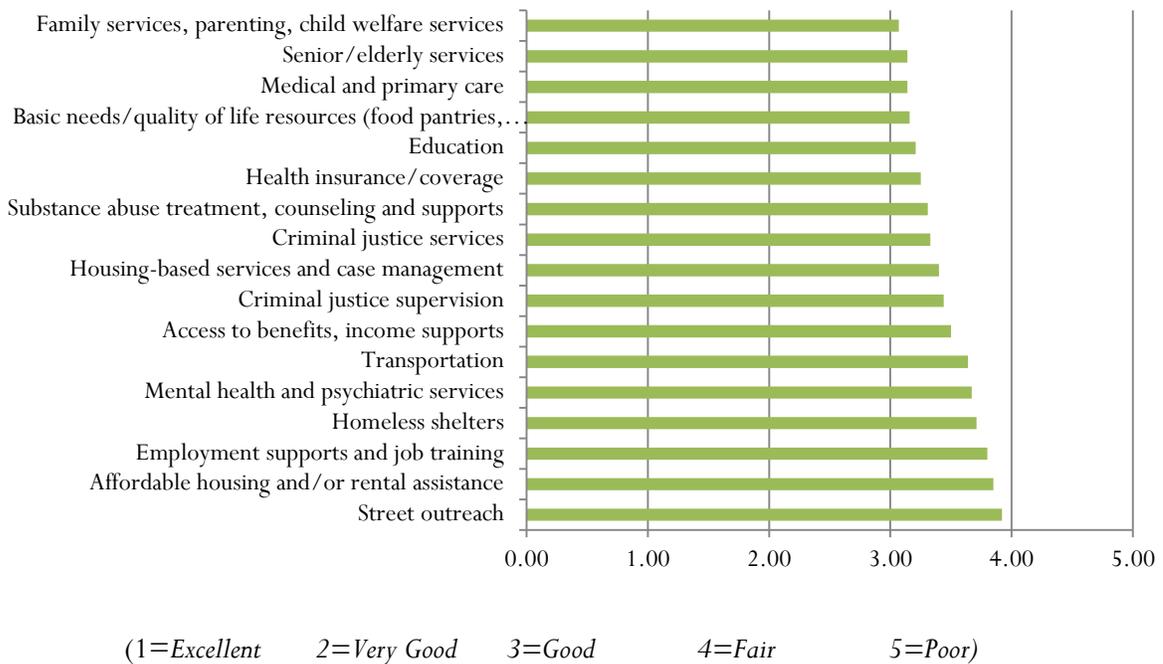
Comments:

- “need full time jobs, good wages”
- “There is an appalling lack of training, sensitivity, and appropriate supervision for property managers among the various local housing authorities, in providing supportive services for persons with mental health challenges!”
- “Services may be available, but are not equitable.”
- “While there is a smattering of each of these services available throughout Chittenden County, ALL are typically under resourced, do not have the capacity to meet the needs of my community or are too expensive and therefore inaccessible to those that need them.”
- "There is no or very little long-term affordable housing for single people, seniors and families. There are more options for services for families with children, the rest of the population has less options for decent affordable housing. Choice voucher section 8 does not cover hi rents either. Tax credit housing is not offered to section 8 recipients, therefore folks w little income, that does not go up, such as disability & social security are excluded from tax credit housing. This may be discrimination! Fair and affordable, safe housing should be available to all people.”
- “Here in Rutland, housing that's affordable is in very short supply, especially supportive housing for people with mental health/substance abuse issues. One of the issues is our mayor's opposition to any more being developed, even community land trust housing, but especially SRO supportive housing.”
- "Accessible and affordable are relative terms e.g. in my community there is now public transportation - - but it is very limited/inadequate. it would be inaccurate to simply agree and I am not neutral, undecided or unknowing. I don't want to downplay the resources that are there, but my impression is that access is limited or delayed and there's major unmet need when I checked ""agree"" it's where I don't have that impression, but ""unsure"" would be more accurate."
- “Need Landlord Insurance Fund for Tenants, where security deposit, first and last month rent is provided and tenant repays the upfront support through a pay back of their earned income tax refund.”

**Note: Respondents that answered question 1 with ‘Concerned Resident/Advocate’ or ‘Tenant/Consumer/Individual with Lived Experience’ are directed to question 19-24. All other answers are directed to questions 2-18.*

*Q21: Please rate the quality of services available locally. (n=22)

Please rate the quality of services available locally.



Respondents indicated the following services available in their community as higher quality:

- Family services, parenting, child welfare services
- Senior/elderly services
- Medical and primary care
- Basic needs/quality of life resources (food pantries, clothing, furniture, etc.)
- Education

Respondents indicated the following services available in their community as lower quality:

- Street Outreach
- Affordable housing and/or rental assistance
- Employment supports and job training
- Homeless shelters
- Mental health and psychiatric services

Comments:

- “Health Insurance/Coverage rated poor due to insufficient dental coverage to meet needs, Mental Health/Psychiatric services- limited psychiatric practitioners accepting new patients.”
- “Again, there is a strong disparity between case management/advocates and property management.”
- “Again, in general I think those providing services are doing their best however long wait lists exist for many of these services and/or caseloads exceed best practices so the quality of the service can feel diminished.”

- “I don't know of any street outreach, and the number of shelter beds available - especially for veterans - are simply not enough.”
- “Availability and affordability of more adequate housing.”
- “The state designated mental health and social services agency has gotten too big. Workers are underpaid and undervalued. Programs aren't well integrated or linked up. Not enough quality care for chronic mental health cases. Over reliance on outdated and inaccurate information and psychiatric medication instead of good services, addressing trauma and poverty. We should do more for the homeless. Street outreach should be well funded and expanded. Keep funding Housing First model. Food pantries and free community meals work well and are readily available. Transportation to those places would help.”

**Note: Respondents that answered question 1 with ‘Concerned Resident/Advocate’ or ‘Tenant/Consumer/Individual with Lived Experience’ are directed to question 19-24. All other answers are directed to questions 2-18.*

***Q22: Are there any other gaps in housing or services in your community that should be addressed? (n=19)**

- “Employment create jobs that will allow people to pay rents that are too high”
- “housing subsidies, community dental care/coverage, psychiatric services”
- "Transportation to all normal, non-medical activities remains a major obstacle. There is much confusion and there are inconsistencies among CMS, SSI/SSDI, housing, ADA, etc. regarding eligibility for services!"
- “Only when the individual does not actively seek the support they need.”
- “Housing in Chittenden county is very expensive. Outside of Burlington, I am not aware of any homeless shelters. Shelters for families are desperately needed.”
- “High quality child care”
- “Absolutely. Family friendly emergency housing options with transitional opportunities and wrap around service options to care for the full range of family needs. I would also say that in general housing is not affordable. Even if you manage to find yourself a homeowner (and I would suggest that sometimes mortgage payments are less than rent!) taxes and utility fees are very high in Vermont and can quickly overburden a family budget. The costs associated with home ownership and/or rentals also needs addressing with a graduated benefit scale to avoid the "cliff".”
- "Housing that is affordable and not dense would be a perfect solution. Shelters are not a solution. COTS does a disservice to the community as they build offices but not improve the way station or any of the despicable conditions of the shelters. Shelters are not a solution but an elitist tactic to high paying jobs for the upper management and a feeling of doing good for those who have no idea what elitist barriers surround the poor and homeless."
- “I know how to access services and do so as needed. I am more concerned about those that don't.”
- “There is such a severe shortage of housing that it's hard to say what other services might be needed.”
- “Not enough affordable housing and very limited public transportation.”

- “There needs to be early childhood intervention, including the permanent removal of infants from parents who cannot responsibly care for them because of drug addiction and/or incarceration. Without decisive action the cycle of dependency on these services will remain unbroken and will expand with every succeeding generation.”
- “SRO supportive housing is a great need, a crying shame!”
- “Substance abuse, mental health/residential services for the mentally ill, advanced education accessible without crushing loans so people can be employed beyond subsistence pay.”
- "Re: affordable housing, besides overall inadequacy the availability of small single unit (for a one person household)/low-income housing seems conspicuously inadequate. not sure on this but my impression is that most subsidized low-income housing is in the more populous/developed towns and within city or village limits"
- “Rural area with no low-income homes.”
- “Shelter to supported housing with rent guarantee for landlord for a period of time with strong case management is needed.”
- “Affordable housing within existing transportation systems.”
- “Waiting lists for rent controlled apartments are long. Rent is too high. People cannot get ahead and can't make enough money to live here or to live well here. There are great programs here but long waiting. Lists. People have to be entrenched in the system to get the help they need :- (“

**Note: Respondents that answered question 1 with ‘Concerned Resident/Advocate’ or ‘Tenant/Consumer/Individual with Lived Experience’ are directed to question 19-24. All other answers are directed to questions 2-18.*

***Q23: Would you be interested in participating in an in-person discussion about your experience and responses? (n=21)**

Answer Options	Response Percent	Response Count
Yes	38.1%	8
No	61.9%	13

***Q24: Please provide information where we may contact you. (n=7)**

Seven respondents provided contact information where they may be contacted.

**Note: Respondents that answered question 1 with ‘Concerned Resident/Advocate’ or ‘Tenant/Consumer/Individual with Lived Experience’ are directed to question 19-24. All other answers are directed to questions 2-18.*

Appendix E: Financial Modeling Presentation

**Vermont Roadmap to
End Homelessness**

*Housing Projections & Financial
Modeling*

November 23, 2016

The Source for
Housing Solutions



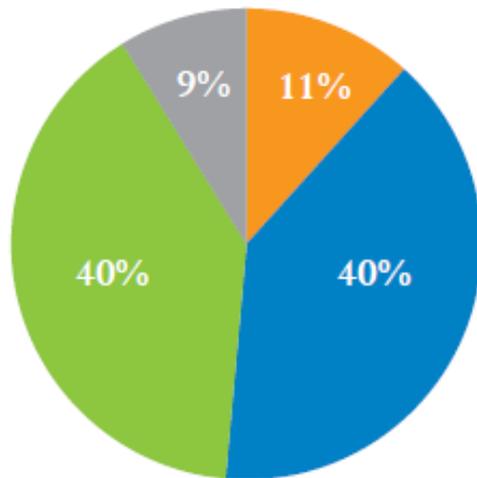
What are Housing Projections?

Estimation of the number of permanent housing interventions needed that:

- Is based on local data;
- Includes Permanent Supportive Housing, Affordable Housing at 30% and Below Area Median Income (AMI), Rapid Rehousing, and Prevention;
- Informs Financial Modeling.

3,148

New Permanent Housing Interventions Needed to End Homelessness in Five Years¹



	Individual Households	Family Households	Total
Permanent Supportive Housing	304	64	368
Affordable Housing ≤ 30% AMI	1006	246	1251
Rapid Rehousing	1006	246	1251
Prevention	224	54	278
Total	2539	609	3148

¹Estimates based on data provided by the Vermont Office of Economic Opportunity and Vermont's Point in Time (PIT) Count of homeless persons conducted in January of 2016. Assumptions on next slide.



Housing Need Assumptions

Based on CSH's national work

- 15% of non-chronic homeless individual and family households will self-resolve without ever entering the homeless system
- 10% of non-chronic homeless individual and family households will be successfully diverted from the homeless system
- 90% of all chronically homeless individual and family households require Permanent Supportive Housing
- 10% of all non-chronic homeless individual and family households will need Permanent Supportive Housing
- All other homeless households will be provided with Rapid Rehousing support or access to a newly developed Affordable Housing unit
 - Projection includes 50% of the assistance provided to all other homeless households as Rapid Rehousing and 50% as newly developed affordable housing. Local expertise regarding availability of market rate housing for homeless households may alter this as recommendations are implemented
- Turnover rate for Permanent Supportive Housing are assumed at .25 for individuals and .16 for families. This rate is calculated based on information from VT's Housing Inventory Chart and VT's Annual Performance Report
- Turnover rate for Rapid Rehousing and Prevention are assumed at 1.00



What is Financial Modeling?

Guidance to create a pipeline of Permanent Housing interventions that:

- Provides a snapshot on how much funding is needed;
- Incorporates a great amount of flexibility in how that pipeline is achieved;
- Gives a concrete base from which to *start* the implementation of a comprehensive supportive housing development and rapid rehousing strategy.

\$416,738,000

Total Investment Needed to End Homelessness in Five Years

	# of Units	Capital Costs ¹	Operations/Leasing/ Rental Assistance Costs (Years 1-6)	Services Cost (Years 1-6)	Total Cost
Permanent Supportive Housing	368	\$42,292,000	\$16,089,000 ²	\$8,394,000 ³	\$66,775,000
Affordable Housing ≤ 30% AMI	1251	\$288,810,000	\$46,450,000 ⁴	\$4,449,000 ⁵	\$339,709,000
Rapid Rehousing	1251	--	\$6,207,000	\$3,231,000	\$9,438,000
Prevention	278	--	\$591,000	\$225,000	\$816,000
Total	3,148	\$331,102,000⁶	\$69,337,000⁷	\$16,299,000	\$416,738,000

¹ Capital Costs Includes the costs to construct housing: Real estate/land acquisition, hard construction costs, soft costs (e.g., legal fees, permits, environmental, developer fees, etc.) for new construction as well as moderate rehabilitation. These are one-time costs.

² Includes new supportive housing operating funding needed each year and previously committed funding compounded yearly.

³ Includes new supportive housing service funding needed each year and previously committed funding compounded yearly.

⁴ Includes new affordable housing operating funding needed each year and previously committed funding compounded yearly.

⁵ Includes new affordable housing service funding needed each year and previously committed funding compounded yearly.

⁶ Some portion of one time capital costs could be generated by private investment through the State's existing Low Income Housing Tax Credit program.

⁷ Some portion of projected operating costs would be offset by federal Section 8 funding, if available.



New Permanent Supportive Housing Costs

\$48,412,000

\$44,331,000 184 Units Developed <i>152 studio/1BR and 32 2/3BR</i>				\$3,372,000 184 Units Leased <i>152 studio/1BR and 32 2/3BR</i>		
Unit Type	Capital Cost ¹ <i>one time per unit</i>	Operations Cost ² <i>per unit per year</i>	Services Cost ³ <i>per HH per year</i>	Unit Type	Operations Cost ² <i>per unit per year</i>	Services Cost ³ <i>per HH per year</i>
Studio / 1 BR	\$221,937	\$8,883	\$5,650	Studio / 1 BR	\$11,556	\$5,650
2/3BR	\$267,421	\$10,920	\$5,950	2/3BR	\$17,688	\$5,950

¹Capital Costs Includes the costs to construct housing: Real estate/land acquisition, hard construction costs, soft costs (e.g., legal fees, permits, environmental, developer fees, etc.) for new construction as well as moderate rehabilitation. These are one-time costs.

²Includes costs to operate housing. These include maintenance, utilities (non-tenant), property management (leasing activities), security, insurance, replacement reserves, etc. These are ongoing costs.

³Includes costs to provide supportive services. These estimates are derived from averaging a mix of service models including Intensive Case Management (ICM) and Assertive Community Treatment (ACT); these models include services such as clinical services & case management support. These are ongoing costs.



New Affordable Housing Costs

\$303,653,000

1251 Units 1,006 studio / 1B and 246 2/3BR			
Unit Type	Capital Cost ¹ <i>one time per unit</i>	Operations Cost ² <i>per unit per year</i>	Services Cost ³ <i>per HH per year</i>
Studio / 1 BR	\$221,937	\$8,883	\$2,427
2/3BR	\$267,421	\$10,920	\$3,223

¹Capital Costs Includes the costs to construct housing: Real estate/land acquisition, hard construction costs, soft costs (e.g., legal fees, permits, environmental, developer fees, etc.) for new construction as well as moderate rehabilitation. These are one-time costs.

²Includes costs to operate housing. These include maintenance, utilities (non-tenant), property management (leasing activities), security, insurance, replacement reserves, etc. These are ongoing costs.

³Includes costs to provide resident service coordination. These are ongoing costs.

New Rapid Rehousing Costs

\$9,438,000

1251 Units <i>1,006 individuals and 246 families</i>		
Unit Type	Rent Assistance (formula) ¹ <i>per HH</i>	Services Cost ² <i>per HH</i>
Studio / 1 BR	\$4,494	\$2,427
2 / 3BR	\$6,879	\$3,223

¹Includes costs of rental assistance. Based on actual costs provided by VT supportive service and affordable housing provider organizations, industry averages, and fair market rents for Burlington, VT.

²Includes costs to help households move as quickly as possible into permanent housing.

New Prevention Costs

\$816,000

278 Units <i>224 individuals and 54 families</i>		
Unit Type	Rental Assistance <i>per HH</i>	Services Cost ² <i>per HH</i>
Studio/1 BR	\$1,926	\$800
2/3BR	\$2,948	\$850

¹Includes costs of rental deposits, rent assistance / arrears, utility deposits, housing search assistance, and moving expenses in order to preserve a household's current housing or secure alternative housing. Based on actual costs provided by VT supportive service and affordable housing provider organizations, industry averages, and fair market rents for Burlington, VT.

²Includes costs to assist individuals or families to preserve current housing or secure alternate housing.

