

**House Committee on Human Services | February 22, 2024**  
**Homelessness and the Coordinated Entry System in Vermont**

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### **Introduction: The Homeless Prevention Center**

The Homeless Prevention Center is a community-based nonprofit providing housing assistance and essential services to the communities of Rutland County since 1999. HPC works with people at all points along a continuum from homelessness to stable housing. Last year, thanks to hard-working clients, great partners, and a team of inspiring case managers, we re-housed **147** people experiencing homelessness while preventing homelessness for another **128** people at imminent risk. Currently we are providing case management or housing retention support to **108** households. We chair the Continuum of Care for Rutland County and serve as the lead agency for Coordinated Entry.

### **HPC Programs and Services**

- Housing Assessments (Coordinated Entry Lead Agency for Rutland County)
- Homelessness Outreach & Engagement
- Homelessness Prevention and Rapid Re-Housing services
- Financial Assistance and Rental Assistance
- Sponsorship of targeted State and Federal Rental Subsidies
- Youth Housing Navigation
- Housing Search, Case Management and Retention
- Emergency Apartments
- Landlord Liaison
- Permanent Supportive Housing (for single adults and families)

### **Coordinated Entry Overview**

#### **What it is (from the HHAV website):**

*“Coordinated Entry (CE) is a process that ensures people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred and connected to housing assistance based on their strengths and needs. VCEH uses a Local Coordinated Entry Partnership model to help Vermonters experiencing or at risk of homelessness to get connected to the housing help they need as quickly as possible.”* <https://helpingtohousevt.org/whatwedo/coordinatedentry/overview/>

## How it Works (short version)

- Providers across the 13 counties in Vermont's Balance of State Continuum of Care agree to use a common assessment tool with people who meet the federal [HUD Definition of Homelessness](#).
- The assessment records household information; identifies both urgent and ongoing needs; identifies housing preferences, barriers and complex service needs; records demographic information; identifies eligibility for population-specific supports (such as for Veterans, Victims of Domestic Violence, and Youth); and identifies prioritizations (such as Chronic Homelessness, Unsheltered Homelessness).
- After an assessment, the household is added to the county's master list (a web-based relational database) for purposes of prioritizing access to services and housing for which the person is eligible and interested.
- With the client's consent, some of the data recorded during the assessment can be viewed by other partners in the partnership agreement to facilitate access to housing.
- The system relies on a common assessment; a common software for entering, storing and updating information; training of all persons who will have access to the system; client consent; good communication between partners when a participant household needs to access services, benefits or housing from multiple providers, or when a household moves from one geographic area to another.
- Data recorded over the course of a year can sometimes help continua of care analyze patterns of use to assesses system performance and assure parity of access to benefits.\*
- The requirement to operate a Coordinated Entry system derives from the federal Department of Housing and Urban Development. Responsibility for design and implementation is shared between the Department for Children and Families and the local Continuum of Care. Vermont's CE process is periodically refined based on new guidance from HUD, and feedback from consumers and practitioners. Changes are vetted through an advisory committee and ratified by the full Continuum of Care.

If this approach sounds complicated, it's important to remember what accessing homeless services was like in the era before Coordinated Entry and Assessment was implemented.

In the early 2000's, and before that time, people in housing crisis often went provider to provider retelling their story and answering similar questions. In addition to being inefficient and infuriating, this could be re-traumatizing.

Each organization used a different intake or screening process, not just from county to county but within the same community.

Each organization managed their resources closely, and if people qualified, they only got what was offered there ...if there was any left. Accessing something else often required a return to step one at another organization.

People were routinely bounced—referred from organization to organization, often in a frustrating circle. Even though the number of Vermonters experiencing homelessness was thankfully far lower, the same person or household often made a full tour of the organizations in a region looking before their housing needs were met.

People with the highest level of need—experiencing chronic homelessness—often had the hardest time qualifying for the services they needed.

Resources were deployed less strategically. (Not everyone who is homeless needs a higher-intensity Housing First approach. Not everyone experiencing homelessness can be stabilized through Rapid Rehousing alone.)

While the process of Coordinated Entry can be complicated to explain and takes some work to master at the assessment level or data analysis phase, it is an improvement for people seeking access. Instead of asking people in crisis to manage their fractured system of care, it shifts some of the complexity from the consumer to the partnership working together to serve them.

### **Rutland Focus (Recent Summary Data)**

- In the last 30 calendar days (19 business days) Rutland County completed **34** homeless assessments (**21** by HPC, and the rest by assessment partners).
- In this same time period, HPC completed another **12** CE Prevention assessments for people who met the HUD definition of At-Risk of Homelessness.
- Additionally, in this same time period, HPC screened **105** people for eligibility. Some of these screenings will result in a full assessment. Some were screened out. Some were scheduled for an assessment but did not show up to the office during their appointment or were not at the motel when our staff went to meet them for an outreach assessment.
- There are currently **332** homeless households on Rutland County's CE master list.
- Sara, our Coordinated Entry lead for Rutland County, has five CE Assessments scheduled for today and is doing one as we speak.

### **What's Working with Coordinated Entry?**

- Better identification of a participant's specific needs
- More scientific matching of resource to those needs
- Improved prioritization of the most scarce resources
- Streamlined access to programs
- Respectful interview format, which—done well—can take the shape of a conversation.
- A more trauma-informed approach for consumers

- More efficient deployment of case management resources during unprecedented workforce challenge. (Note: CE doesn't solve the workforce crisis, just makes the most of our most important resource.)

### **...What's Not?**

Like most things, Coordinated Entry works when used with fidelity to guidelines and for its intended purpose.

Act 81 required (among other things) that clients have a Coordinated Entry assessment. This was logical in terms of expecting some engagement by participants and ensuring they maximize their chance of accessing housing opportunities, but lost sight of the fact that Coordinated Entry is not a requirement, and that, if it is to be used as an eligibility requirement for G.A., it must be fully implemented by DCF at the beginning of a G.A. emergency motel stay.

The statewide network for Coordinated Entry has capacity to complete screenings and assessments in a timely manner when referrals come through in real time throughout the year, but counties like Rutland, currently sheltering people from many regions, do not have capacity to find and assess hundreds of families when we receive referrals as a batch on a spreadsheet with 494 names. Periodically the state has leaned on CE lead agencies to assess large numbers of people who have been homeless in the G.A. program long-term but may not have been referred. The stress this creates in communities like Rutland by having to suddenly assess such large numbers of people impacts our capacity to assess others who are recently homeless, or provide quality housing navigation services. It also may be burning out a weary workforce.

### **Frustration**

In our world, nothing is better than seeing a family move from the crisis and demoralization of homelessness in a motel, shelter or vehicle to the hope, stability and peace of mind that comes with having a home. I began by telling the committee how many people we have rehoused in the past year. The frustration is that for each family we can help exit homelessness into housing, another family takes their place in that sad motel room.

Our organization needs to keep doing what's working, the programs I listed at the beginning, but we feel compelled to also start looking upstream to how we can prevent more people ending up in that place of despair, prevent people even getting to the place where they are deemed at risk-of homelessness. The New York Times ran a powerful piece this morning which speaks to the needs of people who are doubled-up without a place of their own. How can we better serve them before they end up in the Homeless system?

Other U.S. states and cities have begun this upstream work, and one early lesson is that prevention works when it is targeted. Communities need to understand where people are beginning their episode of homelessness, both geographically, and from what systems of care they lack quality data about where people are entering homelessness. Without this, anecdote takes over and people promote theories that aren't backed up by anything more than bias. Organizations like ours are at a loss to know how and where to target innovative upstream interventions. Leaders lack the data they need to target new investments in affordable housing and shelter capacity. And the Agency of Human Services has no effective way to monitor if it is abiding with the section of its own [policy](#) which includes:

*“To improve permanency outcomes and achieve greater parity and predictability across the state, the above housing-related services and assistance supported by AHS will - to the maximum extent possible - be available in the region of Vermont where the family or individual resides or became homeless and be consistent across the State of Vermont.”*

### **This Committee can help**

And today's ask does not come with a whopping price tag. I would ask this committee to recommend that the Department for Children and Families be required to ask at time of entry into the G.A. emergency shelter program—or at recertification when that is not feasible—where a person's episode of homelessness began. This will be useful in terms of what county in Vermont, as well as what state if outside our 14 counties. To be clear, the answer should in no way be used to deny access to emergency shelter, only to begin to understand how we can improve policies and programs to finally get ahead of Vermont's ongoing homelessness crisis.

Systems that manage homelessness are not enough. Understanding how and where people are becoming homeless is a critical first step to actually going upstream, repair broken systems of care, and prioritize earlier targeted interventions.

Either CE or the current G.A. intake process could quite easily—and with almost no additional investment beyond political will--become a tool not only for sheltering and re-housing people, but identifying why Vermont has the second highest rate of homelessness in the United States.