AHS Care Coordination Transitional Housing Program Resource Teams

Project Overview

WHO

- AHS Team of 3: HireAbility, Vt Chronic Care Initiative, Economic Services
- Partner with Local Housing Support Staff
- Transitional Housing Program participants ~100 per team
- Care Coordination Model
- State Leadership Team

WHEN

- Teams starting in every community in October and November and will continue through the end of the Program

Team Assignments

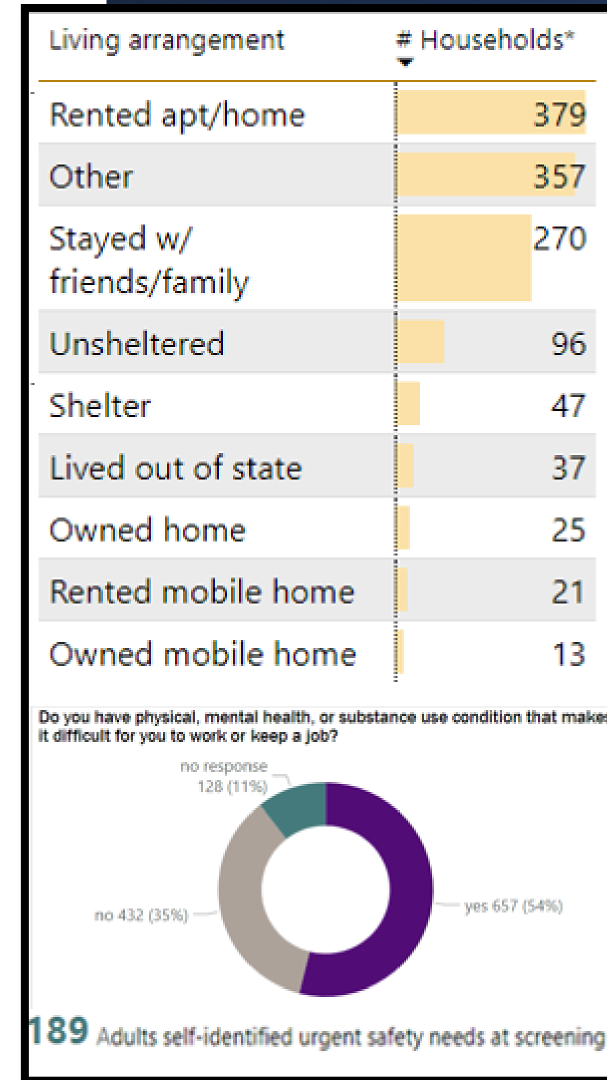
AHS DISTRICT	# of Teams
St Albans	1
Burlington	2
Burlington & Middlebury	1
Hartford & Springfield	1
St Johnsbury, Newport & Morrisville	1
Brattleboro	2
Barre	2
Rutland	3
Rutland & Bennington	1
Bennington	1

Here is the overall status of the Transitional Housing program which is a subset of the total population experience homelessness.

- There are a total of over 1200 HH of which ~20% include children.
- The majority of households (HH) agreed to participate in this Agency wide complex care management effort which has resulted in our ability to gain more data/insights into this population and provide them the services they need which they were not previously receiving.

There is no one root cause or one solution to the issue; however, we did want to provide you with some insight of the current situation of those in the program.

- The majority of households responding previously did have housing that they no longer have.
- About 54% of those highlight health – physical, mental, or substance use as a barrier to getting work.
- A little under 16% expressed urgent safety needs.
- Despite the avg monthly income being ~$700, very few HH were receiving state benefits beyond food assistance and enrollment in Medicaid. This underscores the benefit of the Agency complex care program piloted here.



Back to report

WHAT DO YOU NEED (THAT YOU DON'T ALREADY HAVE) TO SUCCEED WITH YOUR HOUSING

Help needed	# Households*	% of HH screened
Rental assistance or subsidy	809	80%
Someone to help me find and work with a landlord	627	62%
Someone to help me navigate and apply for all the different funds and resources	622	61%
Someone to coach and support my goals	551	54%
Support with my mental health	272	27%
Help with employment, job training or an apprenticeship	252	25%
Someone to help me explore shared housing options	220	22%
Stable income	218	22%
Help expunging my criminal record	208	21%
Help with food (meals on wheels, 3SquaresVt, other)	172	17%
Legal services	142	14%
I have a disability and need in-home services or other health care supports	100	10%
Help repairing relationships with family or friends, or building new healthy relationships	80	8%
Substance use treatment or recovery support	76	8%
Other	52	5%

- Working with those experiencing homelessness requires us to address health, employment, economic, and housing needs.
- Those in the program highlighted the need for assistance across those four domains which are shown here.
- People can have multiple needs listed in this table so the total numbers listed will exceed the number of adults in transitional housing.
- Greatest needs are financial and case management
    - Rental assistance or subsidy. Stable income. Help with employment or job training
    - Help finding and working with a landlord. Help navigating and applying for funds and resources. Someone to coach and support goals.
- Strengths are reported when people have support
    - Self determination
    - Supportive friends/family. Stable income. Someone helping with housing plan. Help advocating for needs. Landlord references.

For those who identify having challenges to getting or keeping an apartment

- Largest barriers are financial and past experiences
  - Not enough income. Uneven or no employment
  - Credit history. Bad or no landlord references. Criminal record. Pets. Eviction history. Smoking

Issue	# Adults*	% of adults who responded yes
Not enough income	455	61%
Credit history	351	47%
Bad or no landlord references	339	46%
Uneven or no employment	210	28%
Criminal record	203	27%
My pet or animals	180	24%
Eviction history	160	22%
Smoking	152	21%
Need an accessible unit	105	14%
Other	102	14%
Number of children/people in the household	80	11%
Discrimination	37	5%
Issues with house guests	20	3%
Housekeeping	15	2%

Coordinated Entry and HMIS

- The Homeless Management Information System (HMIS) is the way that all states and counties across the US collect and report on information about who is experiencing homelessness. By using the HMIS, we can look at population level data instead of program specific data. And that let's us understand things like:
  - How long is someone homeless? (not just in a program)
  - How many people returned to homelessness or were homeless for the first time?

- The HMIS also supports coordinated referrals and case management.

- DCF-Economic Services is currently working on starting to use HMIS which all our Coordinated Entry partners use.

Population Level Data

- Some HMIS data from the past year:*
- Over 4,400 households were homeless during the past year
  - About 2,400 households entered homelessness last year
  - About 2,200 households exited homelessness last year
- Of those who exited
  - About 900 exited to permanent housing (most commonly to rental housing with or without a subsidy)
  - 18% (385) were families with children
  - 70% have a disability
- Of those homeless at the end of the year (about 2,300 households)
  - 16% (375) were families with children
  - 75% have a disability
- At least**
  - 966 had one or more trips to an ER in the past year
  - 780 had ever been in prison, jail, or a correctional facility
  - 678 had an IEP or 504 plan in school
  - 604 had stayed in a psychiatric hospital before
  - 552 had stayed in a substance abuse treatment facility before

- * 10/1/21 – 9/30/22
- *HMIS does not include data on households served by a DV agency
- **excludes Chittenden County