



Memo: Considerations Regarding the Proposed Merger of Vermont's Continuums of Care

This memo is intended to provide context and considerations related to the proposal to merge Vermont's Continuums of Care into a single statewide continuum, as outlined in recent draft legislation.

First, it is important to note that the idea of merging Vermont's Continuums of Care is not new. Over the past several years, this concept has been raised in multiple forums involving state agencies, local coalitions, and providers. Historically, these discussions have not resulted in momentum toward a merger, largely due to a lack of appetite among local coalitions and providers for this structural shift.

That hesitation has generally stemmed from concerns about preserving meaningful local governance, responsiveness to regional housing markets, and the ability to tailor strategies to distinct patterns of homelessness across the state. Regions experience homelessness differently in terms of unsheltered populations, housing availability, service capacity, and municipal engagement. The existing CoC structure has allowed for place-based approaches that reflect these differences.

In this context, it is worth noting that Chittenden County serves approximately one-third of Vermont's population experiencing homelessness. The scale, complexity, and acuity of need in Chittenden County are distinct, as are the operational demands placed on providers, municipalities, and service systems in the region. Any shift to a single statewide Continuum of Care raises questions about how a merged governance structure would maintain the level of responsiveness, flexibility, and decision-making capacity necessary to effectively address needs at this scale.

It may also be helpful to note that, while the draft legislation expresses an intent to move toward a single statewide Continuum of Care, the process for doing so would necessarily involve collaboration among the existing CoCs and coordination with HUD. Because Continuums of Care are federally recognized, coalition-based entities, any structural change would require action and agreement by the participating coalitions themselves. As such, implementation would likely be most effective if approached as a collaborative, stakeholder-driven effort aligned with federal processes and timelines.

Considerations Related to Coordinated Entry

The bill includes multiple references to the use of Coordinated Entry, including requirements that providers utilize coordinated entry assessments and referral processes. Given recent committee



discussion, it may be helpful to clarify both the intent and the limitations of Coordinated Entry as a system.

Coordinated Entry is a HUD-defined system designed explicitly for households who are experiencing homelessness or are at risk of homelessness. Its primary purpose is to prioritize and refer households to specific **housing resources** based on acuity and need. These resources include, but are not limited to, Rapid Rehousing, Permanent Supportive Housing, and Family Supportive Housing. One of the key benefits of Coordinated Entry is its ability to ensure that scarce housing resources are matched as equitably and effectively as possible.

In addition, Coordinated Entry generates data that Continuums of Care use to support system-level and project-level planning, evaluate performance, and inform resource allocation decisions. In this way, Coordinated Entry is a critical planning and accountability tool within the homelessness response system.

However, it is equally important to be clear about what Coordinated Entry does **not** do. Coordinated Entry **does not create housing or services**. It does not expand shelter capacity, increase housing supply, or generate additional case management, housing navigation, or supportive services. The effectiveness of Coordinated Entry is inherently dependent on the availability of resources to which households can be referred.

Without adequate funding to support a robust and comprehensive homelessness response system, it is not possible for Coordinated Entry to function as intended. At present, there are well-documented capacity gaps across the system, including:

- Limited housing navigation and case management capacity;
- Insufficient permanent affordable housing and permanent supportive housing availability; and
- Constraints on outreach and assessment capacity for organizations working with unsheltered populations, including the ability to complete standardized assessments consistently.

In this context, expectations of Coordinated Entry must remain aligned with system capacity. Coordinated Entry is most effective when there is sufficient housing and service availability to respond to identified needs. Absent that capacity, the system can prioritize need, but it cannot resolve it.

Closing Considerations

A statewide merger may offer potential benefits, including administrative alignment and a more unified strategy in federal funding applications. At the same time, it raises important questions that warrant careful consideration:



- How regional voices and influence would be meaningfully preserved within a statewide governance structure;
- How funding prioritization would account for differences in scale, acuity, housing availability, and length-of-stay realities across regions;
- How performance metrics would be calibrated to avoid disadvantaging programs serving higher-need or higher-volume populations; and
- How local coalitions would continue to engage municipalities and community partners in timely and effective problem-solving.

Continuums of Care function not only as administrative entities, but as collaborative ecosystems built over time through relationships, trust, and shared accountability. Structural changes of this magnitude should be approached deliberately; with clear articulation of the challenges, they are intended to address and evidence that consolidation would lead to improved outcomes for households experiencing homelessness.

It is also important to note that continuity, alignment, and collaboration across Vermont's homelessness response system do not inherently require a formal merger of Continuums of Care. The existing CoCs currently collaborate and can continue to do so in meaningful and productive ways, particularly around shared advocacy priorities, system improvement efforts, and alignment with state-administered programs.

There are opportunities to further strengthen this collaboration without restructuring governance, including continued coordination on legislative advocacy, shared learning and technical assistance, and intentional efforts to align assessment processes and data collection. Ensuring that information gathered through coordinated entry and assessment tools is consistent across regions would allow for more accurate, "apples-to-apples" comparisons, support statewide planning, and improve the ability to evaluate system performance over time.

These forms of alignment can enhance transparency and continuity while preserving the benefits of regional responsiveness and locally informed decision-making. As such, it may be worth considering whether many of the goals associated with a merger could be achieved through deeper coordination and shared standards, without the potential risks and disruptions associated with formal consolidation.

This memo is shared in the spirit of supporting thoughtful discussion and ensuring that any system-level changes build upon, rather than unintentionally disrupt, the strengths of Vermont's current homelessness response infrastructure.