Addressing Homelessness in Vermont

AHS Housing Initiative

Department of Disabilities, Aging and Independent Living (DAIL)

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Age Strong VT
10-year vision for an age-friendly state

From the Older Vermonters Act of 2020:

"Vermont communities should be designed, zoned, and built to support the health, safety, and independence of older Vermonters, with affordable, accessible, appropriate, safe, and service-enriched housing, transportation, and community support options that allow them to age in a variety of settings along the continuum of care and that foster engagement in community life."

From the Age Strong VT Plan:

"Increase the availability of safe emergency housing for older Vermonters."

www.healthvermont.gov/agestrongvt / agestrongvt@vermont.gov

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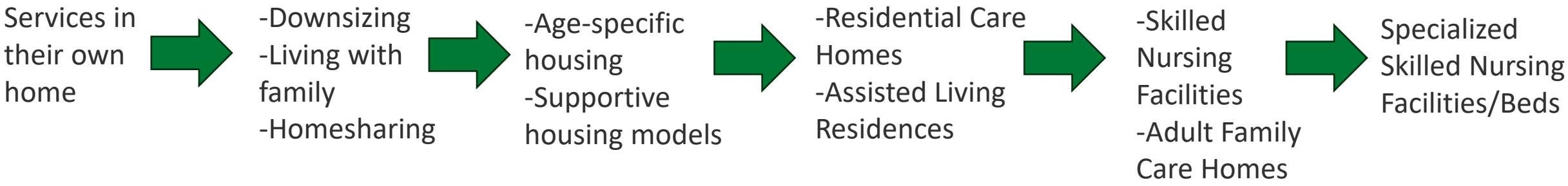
Housing & Supports Continuum for Older Vermonters



Emergency Housing: Hotels, Shelters, Proposed Specialized Shelters, Medical Respite Pilot Sites

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Current Data

- Since July 2024, DAIL has tracked data on Vermonters in our Adult Services Division (ASD) programs who are also in GA emergency housing.
- As of 1/19/2026 there were 27 individuals who are served by ASD programs, who were accessing the GA Emergency Housing Program.
- There have been 66 unique individuals served by ASD housed in GA Emergency Housing hotels so far in SFY26. Of those, 35 have been housed since the cold weather exception started.
- Approximately 239 Vermonters categorized as Medically Vulnerable were housed in GA Emergency Housing hotels under Executive Order (EO 03-25).

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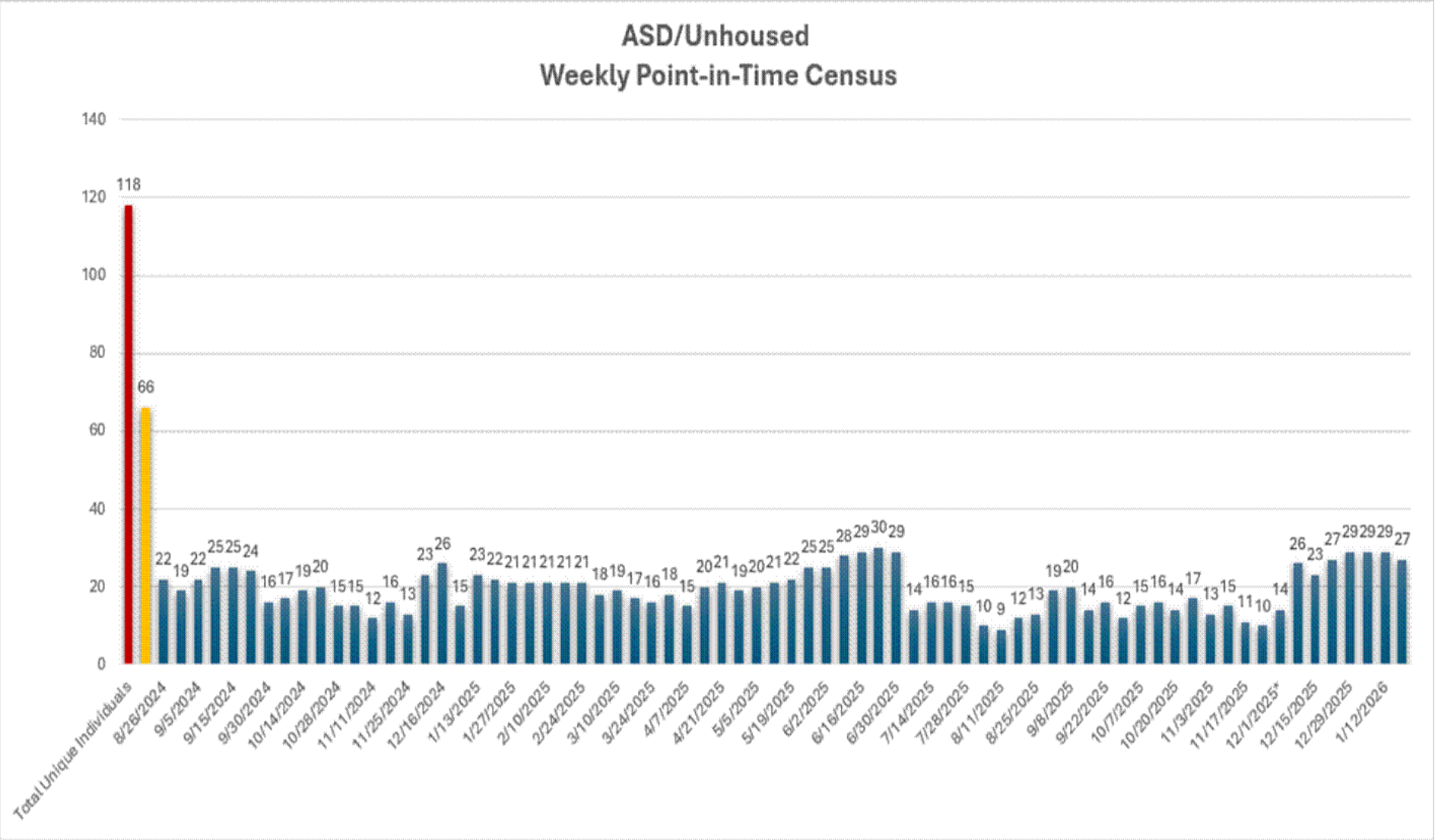

118 served in ASD programs and also in GA since DAIL began tracking in July 2024.

68 served total so far in SFY26.

27 of the 68 currently being served as of 1/19/2026.

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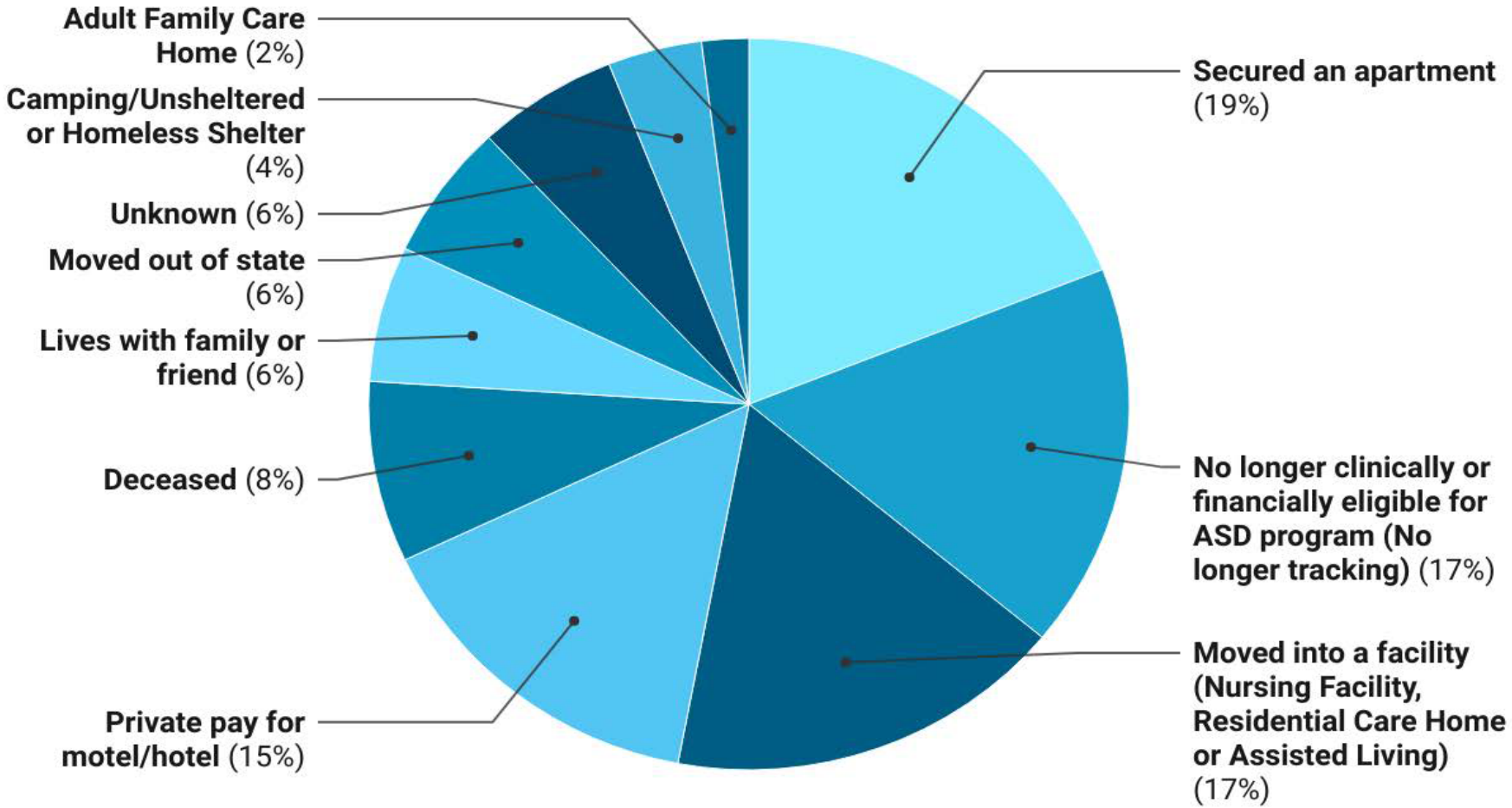
ASD Unhoused Cohort Outcomes - SFY 2025

Outcomes for those that left the GA Housing Cohort in SFY 2025.



n=48

Source: DAIL - Adult Services Division • Created with Datawrapper

In July 2025, DAIL/ASD conducted an analysis of outcomes of people on ASD programs who transitioned off GA.

In SFY25 48 individuals served by ASD programs transitioned off GA.

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ASD Unhoused Cohort Outcomes SFY25

ASD Unhoused Cohort Outcomes		
Secured an apartment	9	19%
No longer clinically or financially eligible for ASD program (No longer tracking)	8	17%
Moved into a facility (Nursing Facility, Residential Care Home or Assisted Living)	8	17%
Private pay for motel/hotel	7	15%
Deceased	4	8%
Lives with family or friend	3	6%
Moved out of state	3	6%
Unknown	3	6%
Camping/Unsheltered or Homeless Shelter	2	4%
Adult Family Care Home	1	2%
Total	48	100%

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Current DAIL/ASD Efforts to Support Unhoused Participants

- DAIL Adult Services Division (ASD) staff communicate weekly with Area Agency on Aging (AAA) case managers to inform them of individuals on CFC and in GA-funded hotels, offer support as needed, and to ensure agencies prioritize case management efforts.
- In 2025, DAIL held 2 half-day retreats with AAAs, including CEOs, case managers and options counselors, to focus on helping the unhoused, brainstorming short-term and long-term strategies and solutions. The next retreat is in April.
- ASD developed a simplified, expedited variance process to allow for additional hours of case management to serve individuals who are unhoused, as well as expediting enrollment for those eligible for 'Waiver While Waiting.'
- The ASD Complex Care nurses are available to assist if AAAs are having difficulty finding a long-term care placement for an individual. Team meetings are common.
- DAIL/ASD works with facilities to offer special rates to support those with complex care needs, especially mental health and behavioral needs.

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Current Efforts at Area Agencies on Aging (AAA)

- AAAs are well trained in the fundamentals of options counseling and case management. They are building case management capacity to serve more people who have complex needs, especially mental health, substance use, and homelessness.
- Case managers meet with people in their home – this could be a shelter, hotel, campground, etc.
- AAAs may lead or participate in team-based care meetings with other involved providers.
- AAAs may participate in Local Interagency Team meetings, Continuum of Care meetings and Situation Tables where they exist.
- Case management for people who are unhoused is often more intensive. Close partnerships, collaborations and time are key to successful transitions.

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Case Management Training Offerings

Trainings now available for AAA case managers on the SOV Learning Management System:

- Acquired Brain Injuries
- Alzheimer's Disease and Related Dementia Overview
- Emotional and Behavioral Supports
- How to Better Support Individuals with SUD
- How to Better Support Justice Involved Individuals

Team Based Care Training Vermont Team Based Care | Agency of Human Services

Homelessness/Coordinated Entry Training Online Training Modules - Housing & Homelessness Alliance of Vermont

Example of responsive training: In the retreat, AAAs asked for training regarding the mental health system and how to help people access services, which DMH offered in January 2026.

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Increase Access Across Long Term Care Continuum

Home and Community Based Services (ASD & DS)

- Work to expand Adult Family Care & Shared Living options, especially in underserved regions
- Work to expand enrolled home care providers in CFC to increase access to care
- Support models like SASH, HomeShare VT, and those recommended in the Road Home report.
- Support family caregivers to prevent burnout

Residential Care Homes / Assisted Living Facilities

- Vermont has 81 homes that accept Medicaid.
- DAIL supports home to admit residents from homelessness
    - Incentivize with special rates as appropriate
    - Address barriers such as smoking & pets
    - Options counseling, visiting homes

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Current Nursing Home Data

Facilities	Beds	Occupied Beds	Occupancy Rate	Unoccupied Beds	Availability Rate
32	2814	2479	88%	227	8%

Data reported by SNFs as of 1/20/26.*
Data often changes week to week.

- Having a small number of unoccupied beds is common. Only 9 facilities have more than 10 unoccupied beds. Only 4 facilities have more than 20 beds.
- Some unoccupied beds are not available at any given time for a variety of reasons – held for short-term rehab or private pay, male or female room beds, for incoming admissions, for a resident who is hospitalized, etc.

*This data does not include Green Mountain Nursing Home, which is scheduled to close by April 2026 and does not include 3 facilities that do not accept Medicaid.

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Increase Access in Nursing Homes

Skilled Nursing Facilities (SNF)

- Work on stabilization and sustainability (S&S) plans to build SNF capacity to serve more Vermonters with the highest care needs, including those who have been homeless. This multi-year, multi-faceted planning includes a focus on:
  - Capacity building and infrastructure
  - Workforce recruitment and retention
  - Financial stability and viability
  - Quality of care
  - Access for complex care
- Review current barriers to use of unoccupied SNF beds:
  - Even if they are staffed, some SNFs have limited capacity to serve those with complex needs, especially needs such as severe mental illness, active substance use disorder, challenging behaviors such as combativeness, or acute medical needs. This may be due to lack of needed staffing, specialized training and supervision, or necessary equipment/space.
  - Additional barriers identified in working with unhoused Vermonters includes not wanting to separate from partners or pets, wanting to smoke, etc.
  - DAIL is working to better understand all barriers to admission and considering a diversity of strategies to support SNFs to admit individuals with complex needs, including those who have been homeless.

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Promising Practices & Innovations

- **Partnership:** Rutland Regional Medical Center partnered with Southwestern VT Council on Aging to better serve older adults who were unhoused and presenting in the Emergency Room. With increased communication and intentional team meetings, they saw a 50% reduction in ER usage over a year.

- **Innovation:** From hotel to home-sharing – two individuals in a hotel this year became friends, and one became the informal caregiver for the other. With support from their AAA case manager, they found an apartment together, supporting each other to heal and grow. DAIL seeks to grow opportunities like this.

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Specialized Care Shelter Capacity

Medically vulnerable Vermonters are a special population identified by AHS.

Hotels and traditional shelters are often not appropriate settings for them.

- Create specialized shelter capacity for medically vulnerable Vermonters (north & south) in SFY27 with embedded services, such as personal care assistance, skilled nursing, and case management provided by community partners.
- DAIL and DCF will work collaboratively to develop policies and procedures around referral and screening processes.
- This does not replace the need for continuing to support the needs of Vermonters in all shelters and expanding capacity in the long-term care system. This adds a short-term option for those with the most complex health needs.

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Thank you!

Questions?

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