Memo: Low-Barrier Shelter Time Limits & Prioritization in H.938 Implementation Considerations

To:	Vermont Agency of Human Services, Office of Economic Opportunity Legislative Partners
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Subject:	Aligning statutory intent with operational realities for low-barrier shelter (Level 2B)

H.938 establishes low-barrier shelter as a core component of Vermont's Homelessness Response Continuum and specifies that stays in these settings shall be time-limited, with transitions to higher levels of care or permanent housing "as soon as feasible."

We strongly support the intent to create a more coordinated, responsive system. However, as currently structured, there are meaningful disconnects between these requirements, particularly time limits and prioritization expectations and the realities of shelter operations, housing availability, and the acuity of the population being served.

Key Considerations

1. Time Limits Without Housing Capacity Create System Churn

Low-barrier shelters serve individuals with high acuity and long histories of homelessness. Without sufficient permanent housing or step-down options, time limits may result in:

- Discharges to unsheltered homelessness
- Cycling between programs
- Reduced overall system stability
- Disproportionate impact on people with disabilities
- Further set-backs and chronic instability for most vulnerable populations

2. "As Soon as Feasible" is Dependent on System Capacity

The feasibility of transitions is directly tied to:

- Availability of permanent housing (PSH, RRH, rental assistance, affordable units)
- Access to behavioral health, substance use treatment, and medical supports
- Case management capacity
- Alternative shelter capacity

In practice, length of stay is determined by these constraints not by policy expectations alone.

3. Population Needs Do Not Align with Short-Term Stays

Low-barrier models are intentionally designed for individuals who:

- Require extended engagement to build trust
- Have experienced harm and trauma from systems intended to support them (foster care, criminal justice, mental health, etc.)
- May not be successful in highly structured environments
- Need time to stabilize before pursuing housing

Shortening stays without increasing supports risks undermining the model's effectiveness.

4. Operational and Ethical Tension for Providers

Providers will be asked to simultaneously:

- Maintain low-barrier access
- Serve higher-acuity populations
- Re-build trust and connection
- Enforce time limits through involuntary discharge due to no-fault of the client

Without aligned resources, this creates tension between:

- Program integrity
- Guest stability
- Staff burn-out (leading to retention issues and low morale)
- System expectations

5. Prioritization Requirements Create Operational Misalignment

The framework's emphasis on prioritization does not translate to shelter operations, nor does it align with best practice for trauma-informed care.

Low-barrier shelters function as immediate access points for individuals experiencing homelessness, consistent with HUD definitions. Shelter operations prioritize real-time safety and access, not delayed entry based on assessments or prioritization.

Embedding prioritization at the shelter level creates several challenges:

- **Conflict with Low-Barrier Principles**
  Requiring assessments or prioritization thresholds introduces barriers that these models are designed to remove.
- **Delays in Access to Shelter**
  Assessment processes take time. Individuals in crisis may not be able to complete assessments before needing immediate shelter.
- **Misalignment with HUD Definitions of Homelessness**
  Shelters typically prioritize anyone meeting HUD's definition of homelessness, with emphasis on priority for people who are unsheltered, rather than ranking individuals by vulnerability. **Prioritization is appropriate for permanent housing resources, not emergency shelter access.**
- **Increased Operational Burden**
  Shelter staff would be required to act as system gatekeepers, adding administrative complexity without corresponding resources. This also has the unintended consequence of lower utilization (empty beds) due to delays based on pre-assessment

- **Risk of Excluding High-Need Individuals**
  Individuals with the highest needs are often the least connected to formal systems. Prioritization at entry risks excluding those most in need of immediate shelter.

Local Context (Chittenden County)

At programs such as Elmwood Community Shelter:

- Average length of stay exceeds 300 days
- The population served includes individuals with significant and persistent barriers to housing
- Housing exits require sustained engagement and system coordination

Coordinated Entry data indicates the average length of time (LOT) from entry to the system (inflow) to exit to permanent housing for all households is between 280-340 days. The LOT homeless continues to increase exclusively due to lack of permanent affordable housing options (units, subsidy, services) for people exiting homelessness.

This is not unique to one program, but reflective of broader system realities across the region.

Recommendations for Implementation

To better align statute with successful outcomes, we recommend:

Refine Time Limit Language

- Define time limits as flexible targets, not fixed caps to align with human-centered program design
- Allow for extensions when appropriate housing placements are unavailable
- Explicitly recognize lack of housing inventory and access to rental assistance as a valid reasons for extended stays

Clarify Distinction Between Shelter and Housing Systems

- Ensure emergency shelter access remains immediate and low-barrier, based on HUD definitions of homelessness, prioritizing people who are unsheltered
- Clarify that prioritization processes apply to permanent housing resources, not shelter entry

Incorporate System Capacity into Decision-Making

- Link expectations for transitions to actual availability of housing and services
- Acknowledge that “as soon as feasible” is inherently dependent on system constraints

Invest in Downstream Housing and Supports

- Expand PSH, medical respite, and service-enriched housing options
- Increase access to bridge rental assistance programs
- Increase access to behavioral health, residential treatment, and case management resources

Clarify the Role of Low-Barrier Shelter

- Recognize that for some individuals, low-barrier settings function as longer-term stabilization environments, not short-term placements
- Acknowledge low-barrier shelter models promote vital connection to healthy supports, repair trust and address chronic instability, and improve public health and safety of the entire community
- Serve as a trauma-informed, person-centered best practice for most-vulnerable populations

Conclusion

We share the goal of creating a system that promotes movement toward permanent housing. However, time limits and prioritization requirements alone will not achieve this outcome and have the potential to exacerbate the chronic instability we wish to resolve.

Without corresponding investments in housing and services and without preserving the core function of low-barrier shelters as immediate access points these requirements risk creating churn rather than meaningful transitions.

We welcome continued partnership to ensure implementation reflects both policy intent and operational reality.