

Vermont Plan to Prevent and End Homelessness

2017 Annual Report and Action Plan

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Executive Order 03-12 calls for the Vermont Council on Homelessness to report to the Governor on July 1 of each year on: *(1) recommendations to the Administration regarding resource, policy, and regulatory changes necessary to accomplish the goals of the Five-Year Plan to Prevent and End Homelessness, and (2) progress made under the plan.*

I. Introduction / Executive Summary

Vermont's plan to Prevent and End Homelessness was developed by the Vermont Council on Homelessness in 2012 and subsequently endorsed by Governor Shumlin in January of 2013. The full document, spanning calendar years 2013 through 2017, is available [here](#).

This Annual Report to the Governor and one-year Action Plan covers key strategies from the five-year plan; action items to support those strategies; a summary of progress to date; a discussion of challenges; and information on the prevalence of homelessness in Vermont. The report draws on data gathered by Vermont's two Homeless Continuum of Care groups during the annual Point in Time count of homelessness in the United States.

Strategies and Action Items

Vermont's five-year strategic plan is built around three key strategies:

- 1. Increase the number of units affordable to people with extremely low-incomes (less than 30% of area median income), especially those who are homeless.*
- 2. Align and coordinate homelessness prevention, housing retention and rapid re-housing activities under a clear and common objective, regardless of funding source, with the goal of flexibly meeting the needs of the person instead of the program. This will include standard definitions, reporting and performance measurement.*
- 3. Expand the capacity of programs to provide individualized supportive services once households move into permanent housing.*

The Council on Homelessness has recommended that the State of Vermont and partners maintain focus on these overarching strategies and has refined action items each year to increase impact. Additional detail on strategies, recommended action items, progress to date and challenges encountered is found in [section II](#) of this report.

Extent of Homelessness in Vermont

Vermont's most recent Point in Time count, conducted in January of 2017, identified 1,225 Vermonters without housing. This represents an 11% increase over the previous year and an overall 16% reduction since the five-year plan was enacted. Additional data and trends illustrating the extent of homelessness in Vermont are found in [section III](#) of this report.

II. Strategies, Action Items, Progress and Challenges

The Council on Homelessness recommends continued focus on the three overarching strategies developed for the five-year plan. These strategies and the action items beneath them are now strategically linked with Vermont's five-year Consolidated Plan with HUD, reflected in the housing policy of member agencies, and implemented through investments and programming developed since the plan's inception.

Strategy 1: Increase the number of units affordable to people with extremely low-incomes (less than 30% of area median income), especially those who are homeless.

Action items to support this strategy:

- i. Develop the foundation of a housing production strategy which would include regular discussions between housing providers and supportive service agencies to discuss how best to implement this strategy, including determining for whom the housing would be created, where, and how to fund development and ongoing operations.
- ii. Set goals for a multi-year housing strategy to increase housing for people who are homeless.
- iii. Engage non-profit housing providers around screening processes. Ask housing partners to provide data on vacancies.
- iv. Explore options for additional unit or funding percentage set-aside targets for households with extremely low incomes or experiencing homeless.
- v. Develop incentives for landlords to rent to households with significant barriers to housing. Look to materials from Access to Housing meeting and six-month county action plans.
- vi. Engage private sector landlords in the production and affordability strategy, including strategies for improving units that may be sub-standard.
- vii. Encourage the setting of local targets for housing production and rehabilitation tied to the Housing Needs Assessment and incorporating county-level Point-in-Time data. (These goals could be embedded in the five-year HUD Consolidated Plan and include determinations of relative local need for types of housing, such as transitional, permanently affordable, housing affordable to persons with incomes below 30% of AMI, and supportive housing.)
- viii. Explore additional subsidy mechanisms, such as Medicaid, to increase affordability.

Strategy 1 - Progress and Challenges:

In recent years, unpredictability and volatility of federal resources for housing subsidy have unwound some gains at making apartments affordable, but new sources of trust fund and bond revenue present opportunities to reduce homelessness if they can be appropriately targeted. New developer incentives and goals are already increasing access to housing. In addition to these large-scale initiatives, government can work more with the private sector to bring more apartments rapidly on line through small loans or grants to landlords to make improvements to vacant units and to homeowners to create accessory dwelling units. Promising models for this exist in some Vermont communities and should be replicated.

- Sequestration and recent continuing resolutions in Washington have impacted the federal section 8 program, forcing Vermont's housing authorities to slow or freeze issuance of new vouchers. This change rippled out to state-funded "bridge" subsidy programs such as the Vermont Rental Subsidy which is 100% targeted to formerly homeless households. To avoid re-traumatizing these families, AHS recently extended the duration of benefit for this program but also slowed issuance of new VRS vouchers to manage to the \$1 million annual appropriation. As access to rental subsidy decreases, homelessness invariably increases.
- In 2016, after many years of advocacy, the National Housing Trust Fund was funded at \$174 million. In 2017, it was increased to \$219 million. At these levels, Vermont receives \$3 million annually. The National Low Income Housing Coalition suggests states use the fund to end homelessness in their communities by targeting assistance to persons below 30% of area median income.
- In 2017, Governor Scott successfully launched a major housing revenue bond estimated to generate \$34 million for the construction of affordable housing over three years. At least one quarter of this will be targeted to households earning less than 50% of area median income and at least one quarter will house people with incomes between 80 and 120% of area median.
- In state fiscal year 2017, Vermont's Agency of Human Services targeted roughly \$4 million towards rental subsidy for homeless and vulnerable populations through programs such as the Department of Mental Health's *Subsidy and Care* program and *Housing Contingency Fund*, and the Department for Children and Families' *Vermont Rental Subsidy Program*. This assistance helps house and stabilize over 500 households per year.
- In 2017, the Vermont Council on Homeless convened special panels on Master Leasing and Housing Mitigation Funds and will be developing guidance on how and when these can best be used as tools for landlord engagement.

- In 2016, Governor Shumlin signed an executive order setting a goal for developers receiving public funds for affordable housing to make 15% of their portfolio available to Vermonters experiencing homelessness. The first round of reporting (December 2016) indicated many housing organizations have hit this goal and others are well on their way.
- In 2016, the Corporation for Supportive Housing analyzed Vermont's homeless system of care, supportive services and housing stock. Their report, presented to the Legislature in January 2017, included a six-year investment plan to create the affordable housing, Rapid Re-housing and Supportive Housing they estimate is needed to end homelessness in Vermont.
- In 2016, the Agency of Human Services' Health Department launched a state "bridge" subsidy which provides rental subsidy for persons with HIV/AIDS until they can secure a federal HOPWA (Housing for Persons with AIDS) voucher. In the 2017 Point in Time count, Chittenden County found 0 persons who were homeless with HIV/AIDS.
- In 2015, Vermont established housing production goals targeted to address homelessness in the five-year Consolidated Plan submitted to HUD.
- In 2014, the Joint Committee on Tax Credits approved changes to Vermont's Qualified Action Plan (QAP) strengthening the incentive for developers of tax credit affordable housing who set-aside 10% of apartment units for people who are homeless or at-risk of homelessness. Incentives were further strengthened in 2016 and 2017. These changes will have a positive and long-lasting impact on the ability of vulnerable Vermonters to access high quality affordable housing. Most housing developers seeking these credits now include units set-aside for people coming from homelessness.
- In 2014, the Vermont Housing and Conservation Board and Vermont Agency of Human Services convened housing and homeless service providers from across Vermont to showcase local collaborations and effective practices for increasing access to affordable housing and stabilize tenants at risk.
- VASH vouchers from the Veterans Administration (held harmless during sequestration) have been a welcome tool for reducing chronic homelessness among veterans.

Strategy 2: Align and coordinate homelessness prevention, housing retention and rapid re-housing activities under a clear and common objective - regardless of funding source - with the goal of flexibly meeting the needs of the person instead of the program. This will include standard definitions, reporting and performance measurement.

Action items to support this strategy:

- i. Create standard program definitions for activities such as: case management; financial sustainability; housing support or retention specialist; length of service follow-up after housing is secured; and “stable housing.”
- ii. Try to determine and encourage maximum caseloads so that the defined role of case management can be implemented effectively.
- iii. Draft uniform reporting standards that measure outcomes for these programs.
- iv. Report the drafted standards to community partners for discussion.
- v. Consider implementing the following:
 - a. Increasing state-funded rental assistance;
 - b. Expanding and enhancing financial capacity-building services and asset-building;
 - c. A supportive housing program for families with children.

Strategy 2 - Progress and Challenges:

Much progress has been made on these action items, though work remains to fully realize the strategy in terms of alignment and coordination across *all* programs and flexibly meeting the needs of *all* people seeking assistance. There exists an inherent tension between flexibility and uniformity and this strategy aspires to both.

- **Definitions:** The Agency of Human Services has developed standard expectations for activities such as "case management," "housing case management," and "housing retention," through the AHS Policy on Housing Stability. AHS and the Council on Homelessness have adopted standard definitions of "homelessness" and "at-risk of homelessness." AHS has worked across departments and with its housing and service partners to use such definitions consistently within programs.
- **Realistic Case Loads:** The Family Supportive Housing Program (FSH), launched in July 2013, establishes case load ranges of between 12-15 households per service coordinator when working with formerly-homeless families with multiple or complex needs. This program establishes a minimum frequency of visits with a case manager but provides flexibility on when and where to accommodate families. Case load ratios for Family Services have also been a factor in determining where to target expansion of this program. Case load expectations should be expanded to other programs where possible.

- **Rental Assistance:** State-funded rental assistance programs have received strong support from the Council, the Legislature and the Administration in recent years. In 2014, the Council recommended that the Governor double the size of the Vermont Rental Subsidy Program. The Council was pleased to see the Governor and Legislature support this request in state fiscal year '15. Vermont's AHS currently allocates roughly \$4 million to rental assistance for homeless and vulnerable populations through various departments, housing and stabilizing over 500 households per year. This improves lives and keeps Vermonters from needing costlier emergency services or institutional care.
- **Financial Capacity:** Asset-building strategies are integrated into the Family Supportive Housing program and should be expanded into other programs and districts. The FSH financial empowerment curriculum builds off pilots in the Champlain Valley and Windsor County. Other supportive, transitional and affordable housing programs have added financial capacity or credit repair programming. HUD's Family Self-Sufficiency Initiative is another example of financial capacity programming embedded in a housing program.
- **Supportive housing for families:** The Family Supportive Housing demonstration launched in July 2013 in Brattleboro, Burlington and Rutland, and has since expanded to seven districts. The initiative links local service and housing partners to provide intensive case management, service coordination and affordable housing for homeless families who have experienced multiple episodes of homelessness. Successful supportive housing programs should be expanded to additional districts as funding allows and data supports.
- **Coordination and Consolidation of Similar Assistance Programs:** In recent funding cycles, AHS has coordinated across departments to increase uniformity. In SFY '14, Community Housing Grants (CHG) used the same definitions and measures as the Emergency Solutions Grant (ESG). In fiscal year 2015, the Department of Mental Health merged their Housing Contingency Fund and Housing Recovery Fund into the CRT Housing Support Fund. In SFY '16, Community Housing Grants funding was fully merged with Emergency Solutions Grants funding to create the Housing and Opportunity Grants program.
- **Standard AHS Housing Outcomes:** AHS has defined seven broad housing strategies for greater consistency across programs and coordinated with departments to develop standard measures for each, beginning with transitional housing. In SFY '15 Transitional housing measures were consistent across DOC, VDH and DCF.
- **Coordinated Intake and Assessment:** By the start of state fiscal year 2018, Vermont will have Coordinated Entry and Assessment operating in all local Continuum of Care. This will support system coordination and improve outcomes for clients seeking housing assistance. The Continuum of Care have developed common standards for Supportive Housing and by January 2018 should have similar standards for Rapid Re-Housing.

Strategy 3: *Expand the capacity of programs to provide individualized supportive services once households move into permanent housing.*

Action items to support this strategy:

- i. Work with local service providers to document barriers to providing services for one year.
- ii. Ask housing recipients about their needs after services end during a lease term.
- iii. Talk with housing providers about what their needs are after supportive services end during a lease term.
- iv. Work with the departments of AHS to estimate the resources needed to provide the appropriate financial and supportive services for at least a year when homeless households move into permanent housing.
- v. Report on findings of the above activities to the Council and community partners.

Strategy 3 - Progress and Challenges:

The Council has generally endorsed Supportive Housing as an effective solution for people who have experienced chronic homelessness. (Chronic homelessness means that an individual or family is homeless and resides in a place not meant for human habitation, a safe haven, or in an emergency shelter, and has been homeless for at least a year or on at least four separate occasions in the last three years.)

Many formerly-homeless Vermonters now receive individualized supportive services through new or expanded programs which are generally population-specific or region-specific. Some counties still lack adequate capacity to provide supportive housing. Providers are more sophisticated about ensuring this type of longer-term, service-rich programming is targeted to households for whom it is most appropriate. Coordinated Entry and Assessment is being used in some regions to prioritize households for Supportive Housing. Guidance from the U.S. Interagency Council on Homelessness, Department of Housing and Urban Development, Vermont Agency of Human Services, Corporation for Supportive Housing, Technical Assistance Collaborative and others has helped to standardize and refine Supportive Housing.

- The State of Vermont Department of Mental Health (DMH) has embraced the Housing First approach as a tool to assist in ending chronic homelessness.
- The Agency of Human Services and Department for Children and Families (DCF) have developed the Family Supportive Housing program for families.

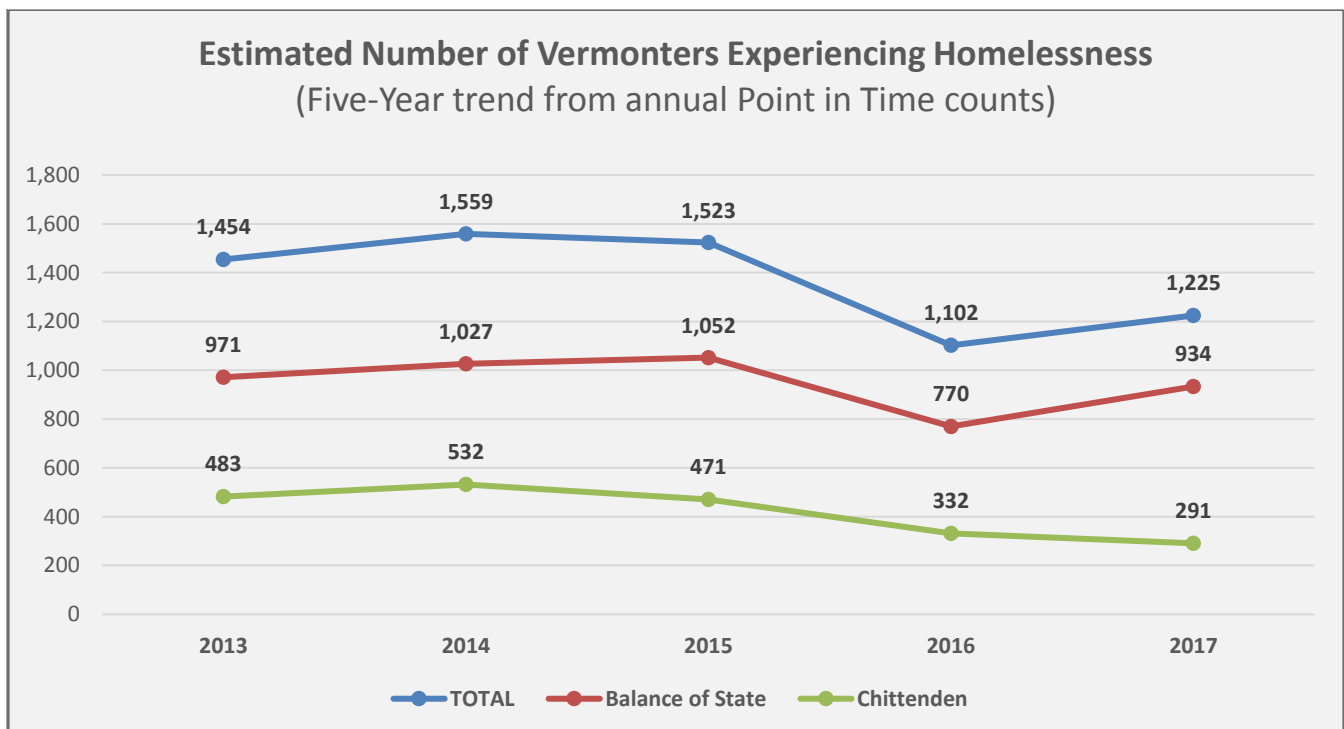
- The Department of Corrections (DOC) has made supportive housing options available to offenders exiting correctional facilities through its Transitional Housing program.
- The Chittenden County Homeless Alliance uses Coordinated Entry and Assessment to identify homeless individuals at greatest risk and prioritize them for Supportive Housing.
- The Chittenden and Balance of State Continuum of Care have expanded Permanent Supportive Housing options through bonus project applications to HUD and expansion of the HUD-funded Shelter+Care program.
- The Veteran’s Administration has expanded Permanent Supportive Housing options through the VASH program. The federal government will need to authorize the re-filling of vacant positions in the V.A. so that a shortage of case management capacity does not undermine the program’s success.
- In 2016, the Corporation for Supportive Housing estimated the need for Supportive Housing units in Vermont and developed detailed cost estimates covering construction, rental subsidy and supportive services. Their conclusions were included in the “Roadmap to End Homelessness” and presented to the Council, the Vermont Legislature and the Administration.
- In 2015, Vermont expanded its Family Supportive Housing program to reach seven of 12 AHS districts by drawing down federal Medicaid funding for Case Management.
- The 2014 statewide Access to Housing meeting provided information relating to housing and service barriers, the needs of tenants and housing providers, and solutions.
- In 2014, Pathways Vermont was awarded conditional Specialized Service Agency provider status by DMH, enabling them to bill Medicaid for services which support clients experiencing homelessness and mental illness.
- In 2013, the Council on Homelessness developed a survey to address action items i through iii. Results were gathered from service providers, clients and housing partners.
- Ongoing collaboration through the Family Supportive Housing program’s Community of Practice, provides a feedback loop from service and housing providers which helped identify how the program and duration of services needed to adapt. This includes clarity on when people can successfully “graduate” from services, and how services beyond 24 months can be funded when needed.

III. Indicators of progress (Point in Time count)

Each winter, states and cities across America conduct a one-day count of persons experiencing homelessness. Vermont’s most recent Point in Time count, conducted January 2017, estimates that **1,225 Vermonters are homeless. This represents an 11% increase over the previous year and an overall 16% reduction since the five-year plan was enacted.**

Some Council members have expressed that Point in Time counts can underrepresent the full extent of homelessness. This can be because people staying with family or friends may not meet the HUD definition of homelessness or because not all persons who are homeless seek services. Measuring the incidence of homelessness is a challenge in any region and data from the Point in Time count is analyzed alongside data from other sources. Because Vermont's small size can magnify minor fluctuations, the Council continues to monitor long-term trends from the Point in Time count. For these reasons, point in time data are considered best estimates.

Annual data are gathered by Vermont’s two Continuum of Care groups: The Chittenden County Homeless Alliance (serving Chittenden County); and the Vermont Coalition to End Homelessness (serving the remaining 13 counties referred to here as the “Balance of State”). In 2017, the number of Vermonters counted as homeless increased in some counties and decreased in others. Chittenden County continued a promising reduction in homelessness for the third straight year. Across the Balance of State, homelessness increased this year by 21% following a significant decrease the year before. Since 2013, homelessness in Chittenden County has declined by a significant 40% and in the Balance of State by a far more modest 4%.



Summary 2017 Data - By Region

- 24% of persons counted were in Chittenden County. The next two largest concentrations of homelessness were in Washington and Rutland counties (12% and 15% respectively). Together, these three counties account for half of all homeless persons in Vermont.
- The most significant **1-year progress** in reducing homelessness was in:
 - Franklin (-17%); Chittenden (-12%); and Orange (-5%)
- The most significant **5-year progress** in reducing homelessness has been in:
 - Caledonia (-51%); Chittenden (-40%); and Windsor (-31%)

Summary 2017 Data - By Population

- CHILDREN: **306** children were counted. Approximately 25% of Vermont's homeless population is under 18.
- MENTAL ILLNESS: **340** Persons (28%) reported having a serious mental illness
- DOMESTIC VIOLENCE: **267** (22%) reported a history of domestic violence.
- SUBSTANCE ABUSE: **228** Persons (19%) reported addiction to drugs, including alcohol.
- VETERANS: **94** persons identified as Veterans. This represents a 15% reduction from the previous year and a 27% overall reduction since 2013.

Summary 2017 Data - By Program Type

- **533** persons (44%) were in an **emergency shelter**.
- **310** persons (25%) were in a **hotel or motel** paid for by AHS or charitable organization.
- **245** persons (20%) were in a **Transitional Housing** program for the homeless.
- **134** persons (11%) were **unsheltered**, meaning they were sleeping in a vehicle, in the woods or on the streets. (This represents a 14% reduction from 2016 and a 27% overall reduction since 2013.)
- **3** persons were in a **Safe Haven** program for the homeless.