The Nelson A. Rockefeller Center at Dartmouth College
The Center for Public Policy and the Social Sciences

Policy Research Shop

Approaches to Homelessness Prevention

For Burlington, Vermont

Presented to the Burlington Housing Authority

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1. EXECUTIVE SUMMARY

This policy brief is a project for the Burlington Housing Authority (BHA) conducted by the Rockefeller Center's Policy Research Shop. The goal is to provide information about three distinct Homelessness Prevention and Rapid Re-Housing Initiatives for the BHA. Drawing on three case studies, the brief analyzes examples of best practices in homelessness prevention (Hennepin County's Family Homelessness Prevention and Assistance Program), housing first initiatives (New York City's Pathways to Housing), and permanent supportive housing (international non-profit organization Common Ground). The report concludes with a series of options based on successful case studies to the Burlington Housing Authority both on homelessness prevention programs and data collection.

There are a variety of different ways to tackle the issue of homelessness. All three case studies focus on preventing people from becoming homeless and getting already homeless individuals off the streets. Empirical evidence from all three studies show that these programs have had success in alleviating homelessness over the long-term in various cities across the country, as well as reducing costs when compared to short-term emergency housing solutions. The report also assesses the applicability of each of these case studies to Burlington. All three studies underline the importance of data collection to accurately track the progress and effectiveness of any program that might be implemented.

2. HOMELESSNESS AT LARGE

2.1 Homelessness in the United States

According to an estimate done by the Department of Housing and Urban Development (HUD), on a single night in January 2008, there were 643,067 sheltered and unsheltered homeless persons nationwide. Between the period of October 1, 2007 and September 30, 2008, 1.6 million people utilized a warming center, a homeless shelter, or a transitional housing program. This statistic, which HUD suggests is a lower-than-actual estimate of the American homeless profile, claims that roughly 1 in every 200 people in the United States during a 12-month period sought housing assistance through these methods.[1]

The United States Conference of Mayors, the National Alliance to End Homelessness, and the National Coalition for the Homeless, among many other organizations seeking to reduce homelessness, locate the main causes of homelessness in poverty and lack of affordable housing.[2] The federal definition of affordable housing is housing that costs no more than 30 percent of an individual's income. However, for 12 million Americans, more than 50 percent of their salaries go towards renting or housing costs, resulting in sacrifices in other essential areas like food and nutrition, healthcare, and financial savings.[3]

Recently, due to an increase in unemployment, foreclosures, and decline in public assistance, non-profit and municipal organizations working with homeless populations have reported an increase in individuals seeking housing and related social services.[4] Other factors, such as lack of affordable healthcare, domestic violence, mental illness, and addiction disorders also contribute to homelessness in America.[5] The direction of causation for these issues is not clear nor is it the same for all homeless individuals, as one of these issues may lead to housing instability and homelessness, and homelessness can also lead to the creation of one of these issues and an increasing need for social services. However, in circumstances where individuals or families are facing challenges such as physical or psychiatric problems, there is likely an augmented risk for these groups to lose their homes.

The long-term societal costs of homelessness include costs related to hospitalization, medical treatment, prisons, and emergency shelter. Aside from these tangible costs, homelessness may also have intangible costs to society, such as negative effects on children. The homeless population includes an estimated 50,000 long-term homeless youth population, whose physical, behavioral, and academic development are stunted by their housing instability.[6]

As of 2008, the Annual Homeless Assessment Report to Congress showed that of the American homeless population, 33.3 percent are people in families and 66.7 percent are individuals, though the population of homeless families is increasing due to recent increases in unemployment and foreclosure.[7]

2.2 Homelessness in Vermont

The population of the state of Vermont is 621,760 people. Among this population there are almost 3,000 homeless persons, which translates to about one homeless person for every 200 citizens.[8] Vermont's proportion of homeless people mirrors the national rate of homelessness in the United States. However, compared to the country as a whole, homelessness in Vermont is disproportionately present among individuals thirty-four and younger, when compared to homeless individuals aged thirty-five and older.

In 2009, Burlington was home to 32.7 percent of Vermont's total homeless population.[9] Homelessness in Burlington has risen steadily over the past three years. In 2008 there were 416 homeless individuals. The number of homeless individuals grew to 805 in 2009 and today there are 916 homeless individuals in Burlington.[10] Currently, The Vermont Human Services Agency (VHSA) uses shelters, motels, security deposits, and back rent programs to serve those who are homeless or about to become homeless.[11] These options are short-term, reactive and generally target the economic causes of homelessness.[12] The BHA has recently launched a plan that aims to remedy current practices that have made no progress in reducing the number of homeless individuals and families in Burlington.[13]

It is important for homelessness-reducing efforts to record data accurately on the homeless population in a standardized format. Systematically tracking efforts on homeless prevention the outcomes of initiatives makes the case for these programs even stronger.[14]

In 2009, the BHA proposed that the organization adopt a new strategy to institutionalize and spend sufficient resources on programs that are proactive and lead to long-term, stable and affordable housing solutions.[15] In 2008, the BHA noted that their waiting list for housing grew from an average of 1,000 individuals and families in prior years, to a high of over 2,000 individuals and families seeking housing assistance. The vacancy rate in the Burlington area is below 1 percent and rent inflation increases 4.5 percent annually. The BHA reports that extremely low-income households represent 77 percent of the waiting list. Within this population, 53 percent of the households are families with a disabled individual. The BHA concluded that they have a need for more programs that combine affordable housing with support services. Moreover, they have identified additional rental assistance resources as the city's greatest housing need, based on fiscal year 2010.[16]

3. HOMELESSNESS CASE STUDIES

3.1 Introduction to the Case Studies

There are multiple methods to address homelessness, only a few of which are examined in this report. The two most common methods are emergency housing, which is the classic homeless shelter system, and transitional housing, which relies on motels.[17] Other methods take approaches that emphasize homelessness prevention. The homelessness prevention and rapid re-housing method assists individuals experiencing homelessness through the provision of rent assistance. "Treatment first" strategies provide homeless individuals with certain social needs with housing on the condition they first seek treatment for mental or physical health conditions, while "housing first" initiatives provide permanent housing with social services given on an as-needed and secondary basis. Supportive housing prioritizes housing for at-risk individuals. Lastly, non-profit organizations often specialize in providing services to certain segments of the homeless population (chronic homeless, families, veterans, or other groups).

The following case studies provide examples of three of the methods of addressing homelessness. The first case study looks at the Family Homelessness Prevention and Assistance Program (FHPAP) in Hennepin County, Minnesota, which implements a homelessness prevention and rapid re-housing model that focuses on maintaining housing via cash assistance. The Pathways to Housing program in New York City, New York implements a housing first model, which places homeless individuals with psychiatric disabilities or drug and alcohol dependency issues in stable, long-term housing and offers optional treatment services. The Common Ground case study in New York City, New

York implements a supportive housing model, which places homeless individuals and families in affordable housing along with service programs to address their social issues. Each case study takes a different approach, but all three have documented success in reducing homelessness as well as decreasing costs when compared to the emergency and traditional housing methods that were in place beforehand.

3.2 Case Study #1: Family Homelessness Prevention and Assistance Program; Hennepin County, MN

The Minnesota Family Homelessness Prevention and Assistance Program (FHPAP) was created in 1993 by the Minnesota State Legislature in order to address homelessness by using state funding derived from TANF block grant funds to: 1) help families in danger of becoming homeless to stay in their homes, 2) re-house homeless families, and 3) minimize the length of time that homeless families utilize emergency housing. FHPAP has been adapted around the state of Minnesota to specific counties and community nonprofit organizations in order to prevent homelessness from occurring and re-occurring to families in danger of losing housing.[18]

FHPAP's primary prevention strategy involves cash assistance to at-risk families that can be used to cover arrears in rent, mortgage, or utility bills in order to avoid eviction. The goal of this approach is to target currently housed families facing imminent housing loss due to mainly economic reasons. Families are also provided with mediation services in the Hennepin County Housing Court which seek to preserve tenancy through negotiations with landlords.[19]

FHPAP's secondary prevention program follows HUD's "rapid re-housing" model, called "Rapid Exit," focusing on stable housing to prevent re-entry in to homelessness.[20] This is a variant of the Housing First strategy, which provides apartment housing to homeless people before requiring them to address personal barriers to permanent housing. Comprehensive services are offered by local agency partners to provide support for chronically homeless individuals to complement stable housing security.

3.2.1 FHPAP: Evidence of Program Effectiveness

The FHPAP in Hennepin County has demonstrated successes in preventing families and individuals from becoming homeless, re-housing homeless families, and minimizing the amount of time that homeless families are reliant on emergency housing.[21] FHPAP's primary program in Hennepin County provided grants to local landlords to guarantee coverage of unpaid rent and any eviction costs for up to the first six months of tenancy. Using this method, 95 percent of FHPAP families stayed in housing and avoided shelters

during the program's first year.[22] Between 2000 and 2003, Hennepin County saw a 47 percent decrease in time of family shelter stays, as well as a 42 percent decrease in the number of families sheltered and a 70 percent decrease in the number of total shelter beds purchased by the state per year.[23]

Today, FHPAP provides approximately $650 per family in one-time funds to families at risk of imminent homelessness and succeeds in keeping 98 percent of families housed for the first year following intervention. In contrast, sheltering a family of three for just 30 days costs over $2,700 in Hennepin County.[24] Additionally, the program's housing courts' mediation services have resulted in fully 69 percent of cases settling without eviction. Data from New York City has shown that more than 20 percent of these families would have otherwise become homeless.[25] As of June 2010, FHPAP's secondary prevention program, the "Rapid Exit" model has 409 households enrolled, including 173 children and 17 adolescents.[26]

Successes documented from FHPAP include the composition and flexibility of local advisory committees. Advisory committees are perceived by local residents as well as state representatives to be effective in solving problems and opening dialogue around homelessness in the community. These advisory groups are typically comprised of a broad spectrum of community members, including advocates for the homeless, homeless or formerly homeless people, housing developers, representatives of the local public housing authority and employers. The diversity of local advisory boards and community involvement allow for the development of strong relationships with landlords to prevent homelessness and re-house families. Some programs dedicate staff to respond to landlord concerns and work with landlords and tenants to address issues that may threaten housing stability. If necessary, local programs may assist in paying for damages by tenants placed into housing that exceed the security deposit.

FHPAP's programs have been so successful that they were targeted for $6.5 million of federal stimulus money in order to serve 3,000 additional households over the next three years and follow through with the County's 2006 10-Year Plan to End Homelessness.[27]

A contributing factor to Hennepin County's success in preventing homelessness was FHPAP's requirement for systematic data collection and outcomes analysis. FHPAP utilizes a simple and inexpensive model for evaluating its prevention services through the national Homeless Management Information System (HMIS) database. The analysis showed that FHPAP was not targeting primary prevention resources towards the most vulnerable families, and that younger, poorer families were being left behind. After looking at the data they collected, the FHPAP decided to alter its screening tool to prioritize families with monthly incomes below 15 percent of the area's median income,

families with a history of homelessness, and families with a head of household under the age of 30 years old.[28]

3.2.2 Application to Burlington: FHPAP

The implementation of a homelessness prevention and housing retention program similar to FHPAP in Burlington might result in shorter lengths of stays in shelters for homeless individuals, prevention of first-time entry into homelessness, and elimination of repeated incidents of homelessness.

Similarly, by following a similar approach to FHPAP, Burlington could also enhance its data collection process to ensure that current homeless services are reaching populations most in need of assistance. As seen in Hennepin County, full and proper use of HMIS data was vitally important not only in keeping track of individuals receiving services, but also in identifying those most in need of service and adjusting the program accordingly. Because HMIS is a nation-wide program for collection of homelessness information, using the program to integrate the demographics into one database streamlines the data collection process. A thorough and systematic collection of data through the HMIS is crucial for analyzing the effectiveness of any homelessness prevention or housing retention program.

3.3 Case Study #2: Pathways to Housing, New York City, NY

In January of 2010, Pathways to Housing started a location in Burlington with a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). While it is still too soon to measure its effectiveness in Vermont, Pathways to Housing has been successfully implemented in various other locations across the United States. Assessing the Pathways to Housing model is useful in comparing the effectiveness of Housing First strategies to other homelessness reduction approaches. This section offers information directly relevant to the Burlington Housing Authority as it implements its own Pathways to Housing program.

Pathways to Housing was an organization established in 1992, starting one of the first "housing first" models to address homelessness among people with psychiatric disabilities.[29] "Housing First" models seek to mitigate the problems of homelessness by providing housing to the individual before all other health and social services. Housing first places individuals in long-term, permanent housing as a first step, even before medical and psychiatric issues have been addressed. Pathways to Housing similarly does not refuse clients with histories of violence or incarceration. Pathways to Housing targets individuals who are unable to meet landlord requirements for leases, or who are not ready to conserve resources necessary to make monthly rent payments to attend a money management program.

Pathways to Housing provides housing in apartments through a "scattered site" model. No more than 20 percent of an apartment building at a time is used for Pathways to Housing clients, meaning that housing is provided in apartments scattered throughout a community.[30] This is done to "foster a sense of home and self-determination" and to "speed the reintegration of Pathways' clients into the community."[31] In addition, this "scattered site" model's anonymity removes the problems associated with "low-income housing" (such as lower home values) for neighboring tenants and surrounding residential communities.

After first providing individuals with stable housing, Pathways to Housing then offers tenants an array of services through interdisciplinary Assertive Community Treatment (ACT) teams that include social workers, psychiatrists, vocational trainers, and substance abuse counselors. Pathways to Housing also employs nurse practitioners to address health problems and a housing specialist to coordinate housing needs. Pathways to Housing additionally offers harm reduction support groups at its various branch offices. Tenants who abuse drugs or alcohol are counseled by clinical services staff based on their "readiness for change." Those with serious substance abuse problems are urged to accept referrals to a residential treatment center. Their apartments held for them or another one found when they are discharged. Pathways clients whose substance use causes disruption in the community will face the "usual consequences of a tenant in a similar situation" with the exception that "Pathways to Housing staff will assist them in moving to another apartment if evicted."[32]

3.3.1 Pathways to Housing: Evidence of Program Effectiveness

Pathways to Housing has shown that housing first models retain a greater percentage of clients when compared to emergency, transitional, and treatment first programs. Because of its nature in assisting individuals with medical, psychiatric, and drug dependency conditions, Pathways' success is often measured in comparison to treatment first models' retention rates, as well as its comparative residents' drug and alcohol consumption and services utilization. In a randomized study done by the Substance Abuse and Mental Health Services Administration (SAMHSA), the New York Housing Study (NYHS: 1996-2000) found that housing first models retain 87 percent of residents as compared to treatment first models which retain 46 percent, despite the fact that Pathways to Housing accepts those who are not considered "housing ready" (sober, detoxified, seeking treatment) into its programs.[33]

Pathways to Housing clients' reported heavy drug use did not change during this four-year period, remaining stagnant at 22 percent as opposed to a 4 percent drop in treatment first options (Fig. 1).[34] However, residents of the Pathways to Housing model reported lower rates of heavy alcohol use; although residents' alcohol use fluctuated over a 48 month period for the Pathways residents, overall, the percentage of regular, heavy alcohol

consumption dropped 6 percent (from 15 percent to 9 percent) over the four year period (treatment first model remained stagnant at 15 percent) (Figure 2). This is a remarkable finding because though Pathways to Housing participants had services available to them, they were not required to use them, whereas control participants in treatment first models were required to use certain services (i.e., detox, 12-step groups, day treatment) to maintain their housing.[35] The findings showed no significant difference in substance use despite lower treatment service utilization (Figures 3 and 4) and no program-specific restraints on substance use in the housing first approach, suggesting that clinical and programmatic significance favored the Pathways model.[36]
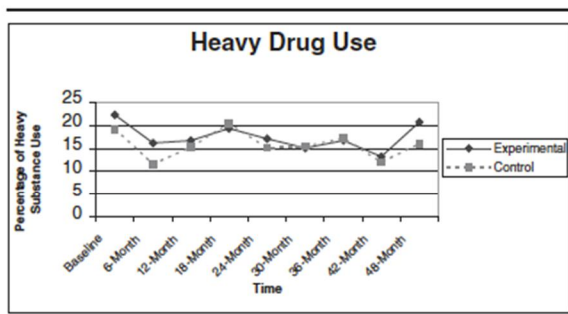

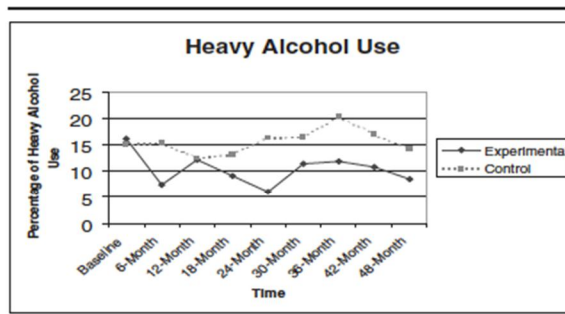Figure 1: Heavy Drug Use, Baseline to 48 Months

Figure 2: Heavy Alcohol Use, Baseline to 48 Months

According to the Pathways to Housing 2007 Annual Report, the municipal costs per person per night of housing an individual with the Pathways Housing First model is $57. This cost ranks lower than the costs of the average American shelter ($73 per person per night), jail ($164 per person per night), emergency room ($519 per person per night), and psychiatric hospital ($1,185). Pathways clients contribute to this cost by paying a fixed rate of 30 percent of their income, which may come from a job, Social Security check, or other source of federal or personal income.[37]

The Pathways to Housing project has been so successful in New York City, that it has been replicated in 40 cities across the United States, and also Canada, Japan, the Netherlands, Spain, Portugal.[38]

3.3.2 Application to Burlington: Pathways to Housing

Although its initial project in New York City targeted an urban homeless population, the Pathways to Housing model has been adjusted to fit a more rural setting. Since its inception in 2010, Pathways Vermont has been able to place "dozens of chronically homeless men and women into permanent housing with the support of our multidisciplinary Assertive Community Treatment Team (ACT)."[39]

Because Pathways Vermont is at an early stage, details about cost, housing locations, participant demographics, number of tenants, project adjustments for geographic, demographic, climate differences, and other salient statistics are not currently available.

Over the next few years, it is vitally important that the BHA both uses HMIS data from HUD as well as any additional necessary information to get an adequate gauge on how successful the Pathways program is alleviating homelessness in the area. Ideally, this data would be analyzed on a yearly basis to measure how successful the program has been, and compared to other cities using the Pathways Program.

Some challenges that Pathways Vermont has identified are "limited public transit options" and harsh winters which make in-person interactions between the ACT team and residents difficult.[40] Despite these challenges, Pathways to Vermont opened up a second location in Montpelier in July of 2010. The creation of more Pathways "hubs" as a result of the growth and expansion of the program can help alleviate these challenges.

3.4 Case Study #3: Common Ground: New York City, NY

Common Ground is a New York-based nonprofit started in 1990 to reduce homelessness in New York City. Common Ground uses supportive housing and other research-based practices to end homelessness.[41] Supportive housing places individuals in affordable housing and then provides the services and support people need to rebuild their lives and maintain stable housing.

Eligibility for Common Ground programs varies and is determined on a case-by-case basis. Each applicant must participate in the Common Ground intake process to determine if they are eligible for the services. Common Ground considers history of financial obligations, employment history, legal history and acceptance of building diversity when determining whether to offer an applicant housing.[42] It then addresses homelessness in three steps: affordable housing, outreach, and prevention. Common Ground runs population-specific programs to address the specific needs of homeless individuals.

Common Ground has created three key programs to address different sectors of homelessness: Street to Home (physically or mentally at-risk individuals), Brownsville Partnership (homeless in need of educational and legal services), and Homelink (families). This case study will examine each of these strategies and the effectiveness of their implementation in New York City.

In 2003, Common Ground implemented its Street To Home strategy in the Times Square area of New York City. Street To Home is an innovative approach to outreach because it identifies and prioritizes the most vulnerable individuals on the street, assesses and negotiates housing options with those individuals, then houses and retains individuals in their homes.[43] The process for Street to Home is to first establish an accurate registry of

street homeless by identifying individuals who are permanently living on the street. Priority for housing is based on those who are the most vulnerable, calculated by means of a vulnerability index, which quantitatively measures the impact of disease and other risk factors.[44] In 2008, the Street to Home program expanded into its own national campaign called 100,000 Homes.

In 2005, Common Ground formed the Brownsville Partnership. The Brownsville Partnership aims to prevent homelessness by supplying residents with education, health, employment and legal resources. Additionally, the program helps residents to enroll in afterschool and recreational activities and to gain employment skills. The partnership brings together service providers, government agencies, landlords, businesses, and community residents to alleviate the effects of poverty and reduce the rate of homelessness in the Brownsville community in East Brooklyn.[45] The partnership encourages citizens to act together to achieve common benefits, supports families in maintaining their housing and caring for children, improve the physical environment through safety and beautification projects, and connects residents with employment and educational opportunities.[46]

Another initiative for residents of the Brownsville residential community is Common Ground's Homelink Program. This program began in March 2005. Homelink provides housing support services, which identify families at risk for homelessness. Homelink works with families to connect them with the services they need and also to provide counseling for families experiencing family tensions that can lead to homelessness.[47] Additionally, in some cases Homelink provides financial support to help families facing eviction. Homelink also offers "Single Stop Services" through the Robin Hood Foundation Single-Stop program.[48] This program uses a "benefit calculator" to connect families with food stamps and income services. The Single Stop program also offers legal assistance to help families with immigration and credit issues that may hinder housing retention.[49]

3.4.1 Common Ground: Evidence of Program Effectiveness

This case study shows that the supportive housing model is effective in both increasing housing retention and homelessness reduction as well as significantly reducing costs per capita when compared to emergency and transitional housing. Both the Common Ground Scatter Site and the Street to Home strategy boast an 87 percent homelessness reduction and housing retention rate.[50] In 2010, "Street To Home" served 2,069 clients and placed 498 adults in transitional and permanent housing.[51] According to the Common Ground 2007 Annual Report, the municipal costs per person per night of housing in one of their

supportive housing units is $40.[52] This figure is currently estimated at $36 per person per unit. This cost is lower than the costs of the average New York City shelter ($54 per person per night), jail ($165 per person per night), hospital room ($1,185 per person per night), mental hospital ($467 per person per night) and stay at a New York State Prison facility ($74 per person per night).[53]

Common Ground reports that the Brownsville Partnership has worked with over 500 families. The Brownsville Partnership tracks its success through community wide statistics that report on social aspects of the community such as incarceration rates, school completion, income and rates of homelessness.

Although Common Ground began its programs in New York City, the organization has expanded to ten cities, including seven cities in the United States and three cities abroad. Additionally, Common Ground operates as an international organization. Their national programs include the 100,000 Homes Campaign. The 100,000 Homes Campaign is based on Common Ground's Street To Home initiative. To date, the campaign has been adopted In 75 communities across the nation and has served 7,625 homeless individuals.[54]

3.4.2 Application to Burlington: Common Ground

Using the Common Ground Supportive housing model, Burlington could look to further build and structure their current partnerships to more effectively address homelessness in Burlington. The Common Ground approach includes several forms of supportive housing that could serve as guides for Burlington-specific programs that meet the BHA goal of holistic prevention and rapid and sustainable re-housing programs.[55]

The BHA proposal also mentions partnerships the BHA has with local services. The BHA proposed a "Silo-Busting Team,"[56] which resembles services provided in the Common Ground "Street To Home" program. The BHA proposal advocates collaboration among key stakeholders in the city and it incorporates the use of case manager to work with homeless individuals in addressing the root causes of homelessness. The BHA may look to join the 100,000 Homes Campaign to access the "Street To Home" technique. Joining the campaign will help Burlington track the population they serve using the campaign's online database, which includes demographic information, and access to the "Vulnerability Index." The Vulnerability Index is a comprehensive survey tool utilized by the 100,000 Homes Campaign to target homeless individuals who are at the highest risk of death or serious injury. If Burlington signs on to the campaign, they could have access to experts on data collection who will help create an index that is tailored to the needs of Burlington. Burlington could use the "Vulnerability Index" to address their concerns and prioritize their services to target the most vulnerable in their population. Additionally, joining the national campaign would

provide access to best practice resources from other cities. The campaign is currently not operating in Vermont but has a location in Bangor, Maine, which has somewhat similar characteristics and might serve as a model for Burlington.

4. CONCLUSION: RECOMMENDATIONS FOR BURLINGTON, VT

Burlington may adopt any one of the models described in this report or create its own program drawing on some combination of the ideas presented in the case studies above. If the BHA would like to keep the homelessness prevention initiative on a local level, it can adopt the homelessness prevention and housing retention strategies implemented in Hennepin County FHPAP, or continue the expansion of the Pathways to Housing model, with a heightened focus on data collection. If the BHA wants to join an existing national program with various supportive services, both in data collection and a network of successful practices, it may join the 100,000 Homes Campaign.

Although instituting Homelessness Prevention and Rapid Re-Housing, Housing First, and Supportive Housing strategies in Burlington involve start-up costs for staff, data collection, and implementation, the long-term municipal and societal benefits of these programs may outweigh these start-up costs. Chronic homelessness and the problems associated with long-term housing instability (such as physical or psychiatric mental health issues, crime, drug and alcohol dependency) result in larger costs for jails and hospitals than prevention and housing first solutions would require. Over time, if homelessness can be prevented before it happens or treated through housing stability once it occurs, the cost of Homelessness Prevention and Rapid Re-Housing, Housing First, and Supportive Housing strategies may pay for themselves by reducing crime and medical costs for the Burlington and Chittenden County region.

In addition to using the case studies as examples for new and innovative homelessness prevention programs for Burlington, the BHA can also adopt the various data collection methods that these case studies have outlined. The HMIS data is required by federal law to be collected and is compiled by HUD on an annual basis. As vividly demonstrated in the FHPAP case study, thorough data collection can be vitally important for the implementation of any homelessness alleviation program to target the population that can benefit the most from it. Constant data collection on an annual basis can also be used to adjust programs once they are implemented to better suit the needs of the homeless population at the time. Using HMIS data may be beneficial because the data is standardized and already available from previous years, which gives the BHA a benchmark to see if their programs are having a significant impact on homelessness.

5. APPENDICES

5.1 Table: Appendix 1. State of Vermont Demographic Characteristics of Sheltered Homeless Population by Housing Type, 2008

Exhibit 3-3: Demographic Characteristics of Sheltered Homeless Persons by Household Type, 2008			
Characteristic	Percentage of All Sheltered Homeless Population	Percentage of Individuals	Percentage of Persons in Families
Gender of Adults			
Male	64.0%	72.5%	19.2%
Female	36.0%	27.5%	80.8%
Ethnicity			
Non-Hispanic/non-Latino	80.5%	83.0%	74.6%
Hispanic/Latino	19.5%	17.0%	25.4%
Race			
White, Non-Hispanic	37.9%	44.6%	24.4%
White, Hispanic	11.6%	11.0%	13.1%
Black or African-American	41.7%	37.0%	50.9%
Other Single Race	3.4%	2.8%	4.8%
Multiple Races	5.4%	4.7%	6.8%
Age [a]			
Under age 18	20.4%	2.0%	60.3%
18 to 30	22.5%	22.5%	21.5%
31 to 50	40.3%	51.5%	16.7%
51to 61	14.0%	20.0%	1.3%
62 and older	2.8%	4.0%	0.2%
Household Size [b]			
1 person	66.7%	97.8%	0.0%
2 people	9.3%	1.9%	25.0%
3 people	9.5%	0.2%	29.6%
4 people	7.0%	0.1%	21.8%
5 or more people	7.5%	0.0%	23.7%
Special Populations			
Veteran (adults only) [c]	11.6%	13.4%	2.0%
Disabled (adults only) [c]	42.8%	47.1%	18.4%

[a] Age is calculated based on a person's first time in shelter during the one-year reporting period.
[b] If a person is part of multiple households or the household size changed during the reporting period, the household size reflects the size of the first household in which the person presented during the one-year reporting time period.
[c] Veteran and disability status are recorded only for adults in HMIS. The percentage calculations shown indicate the percent of homeless adults with this characteristic. Numerous records were missing information on disability status (22.0 percent) and veteran status (7.5 percent) in 2008. The percentage calculations include only persons whose disability and veteran status was known.

Source: Homeless Management Information System data, 2008

Source: United States. "2008 Annual Homeless Assessment Report to Congress." Washington DC: July 2009. p. 7-28. Web.

5.2 Table: Appendix 2. Hennepin County Housing Barrier Screen

ASSESSING HOUSING BARRIER LEVELS When screening (Rapid Exit) families for referrals for housing assistance, the following are guidelines for assessing a family's housing barriers and categorizing the barriers into three levels:

Level 1: No barriers. Family has a good rental history, no UDs (unlawful detainer/eviction), no criminal history, and no active chemical dependency or abuse issues. Families would be given an information packet and a sample rental application form. No FHPAP/RE referrals will be made. Family may return to RE Coordinator for help with application fees.

Level 2a: Has some of the following barriers:
- No rental history
- New to the area
- Large family
- One easily explained UD
- History of battery but abuser not in the area
- Non-English speaking

- No high school diploma
- Physical disabilities that affect housing
- One parent/child household
- Needs financial help with moving, furniture, misc. services
- Head of household under 18 years of age

Does NOT have the following barriers: Criminal record, active CD/alcohol issues, more than one UD.
Families would be given the information packet, a sample rental application, and referral to a FHPAP/RE or short-term provider.

Level 2b: Family has some of the following barriers:
- Poor rental history (up to three UDs or evictions)
- Recent minor drug or criminal history
- Mild behavior problems-adult
- Mild behavior problems—child(ren)
- Male teenager in the home

- Recent domestic abuse with the abuser in the area
- Just released from jail
- Not currently abusing drugs
- May also have some of the barriers from Level 2a
- Open child protection case

Does NOT have any Level 3 barriers. Families would be given the information packet, a sample rental application and be referred for longer term case management services to a FHPAP/RE or other provider who provides such services. Transitional housing services may also serve 2bs.

Level 3: Has some of the following barriers:
- Actively using drugs
- Adult with severe behavior problems
- 4 or more UDs
- Children with severe behavior problems

- Recent serious criminal history
- Current sexual abuse in the family unit
- Current battering with the abuser in the family unit
- Has recent record of property damage to rental housing

Families may be referred to Project Connect or a similar service. The difficulties in obtaining housing will be explained to families along with alternatives. They may be referred to non-FHPAP housing search options and FHPAP/RE providers, including transitional housing.

SERVICE REFERRALS TO FHPAP RAPID EXIT & TRANSITIONAL HOUSING PROVIDERS Referrals for each barrier level are summarized above. Since FHPAP/RE services are directed to Level 2 and lower Level 3 families, referrals of Level 1 and high barrier Level 3 will not be made to FHPAP/RE providers. Referrals to other services such as Project Connect (transitional housing) can be made for Level 3.

FHPAP RAPID EXIT ELIGIBLE FAMILIES As of 7/1/95, FHPAP rapid exit providers are to serve Level 2 and lower Level 3 families referred by the FHPAP Rapid Exit Coordinator (REC). This will assure that FHPAP providers serve the target group and that the appropriate families reach services soon after shelter entry.

AVAILABILITY OF RAPID EXIT & TRANSITIONAL HOUSING SERVICES Rapid exit providers are to communicate with the FHPAP REC what their current capacity is and how many referrals they are ready to accept. This communication is essential to facilitating services for families.

REC SCREENING GOAL The target goal is for families to be screened and referred within 5 days of their first voucher into shelter.

APPLICABILITY OF POLICY These guidelines will be used not only by the FHPAP Screener/REC but by all FHPAP service providers, including SHP and ESG, who are assessing housing barrier levels for a family under the FHPAP Umbrella Program.

Source: U.S. Department of Housing and Urban Development Office of Policy and Research: Strategies for Preventing Homelessness. 2005

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