



2016

# THE STATE OF HOMELESSNESS IN VERMONT

Homeless Management Information System (HMIS) Report



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## LETTER FROM THE VERMONT HMIS SYSTEM ADMINISTRATOR

The Institute for Community Alliances is excited to present the State of Vermont with its first-ever Annual Report based on data entered into the Vermont Homeless Management Information System (VTHMIS) during the 2016 calendar year. During 2016, we saw some significant accomplishments:

- **An increase in overall data completeness of data entered into VTHMIS**
  - An average of 77% data completeness in July 2015 to an average of 90% data completeness in July 2016.
- **Increased capacity, both in users and providers entering data into VTHMIS**
  - In 2016, there were 88 new user licenses issued that are still being used today.
  - 56 new projects began entering data into VTHMIS in 2016, including Runaway and Homeless Youth.
- **Increased participation and use of HMIS led to drastic improvements for the submission of the Annual Homeless Assessment Report**
  - Chittenden CoC was successful for the first time and had data accepted for six categories
  - The Balance of State was successful in having data accepted for 100% of the AHAR categories for the first time.
- **VTHMIS data was used to report on the January 2016 Point-in-Time for both continua which resulted in a statewide report a month earlier than any other year**
- **Data sharing started in two communities**
  - Brattleboro in July 2016
  - Franklin/Grand Isle in July 2016

This Annual Report will not make comparisons to previous years' data in VTHMIS, but we anticipate that being part of Annual Reports moving forward. The Annual Report includes data collected and entered into VTHMIS and, therefore, does not include data from victim service providers, the State GA Emergency Shelter Voucher Program, the Vermont Rental Subsidy Program, from persons living doubled-up or in a hotel / motel they paid for themselves, or from people experiencing literal homelessness who had no interactions with homeless service providers utilizing VTHMIS.

The work to end homelessness continues as Coordinated Entry Systems are being established in both the Chittenden and Balance of State Continua of Care, and providers continue the work they do every day to provide services to the most vulnerable individuals and families within Vermont. The Institute for Community Alliances greatly values our involvement in the work to end homelessness in the State of Vermont, and we will continue to support both Continua of Care today and every day as we:

- **Continue to provide new user trainings, refresher trainings, information about updates to the system in a timely manner, and updates from HUD and its federal partners**
- **Work together with the communities in which we serve to ensure that HMIS is tailored to fit their local needs, while remaining in alignment with national objectives**
- **Support coordinated entry and all other efforts working to end homelessness across the State of Vermont**
- **Work with communities and CoC leadership to analyze their data and use it to make data-informed decisions**

Thank you for your continued support as we work to end homelessness in Vermont.



A handwritten signature in black ink that reads "Meghan Morrow".

Meghan Morrow  
Vermont HMIS System Administrator

# HOMELESSNESS IN VERMONT



## Limitations

This report is based on data entered into the Vermont Homeless Management Information System. Thus, all information presented in this report is based only on those providers who enter into HMIS (unless otherwise specified). Individuals and families who are unsheltered, “doubled up,” or served by domestic violence providers without any interaction with HMIS providers are not included in this report.

As of January 2016, only 9% of Chittenden’s year-round emergency shelter beds for singles were included in HMIS, and none of the CoC’s family shelter beds were included. Because of this, we cannot expect this annual report to produce an accurate count of clients experiencing homelessness in the Chittenden CoC. HMIS coverage rates are also low for Chittenden CoC’s transitional housing and permanent housing beds, as well as Balance of State CoC’s permanent housing beds. In order to produce more meaningful annual reports on HMIS data, we should strive to increase bed coverage in future years.

## State Estimates

4,035 clients experiencing homelessness received services and shelter from HMIS agencies in Vermont in 2016.

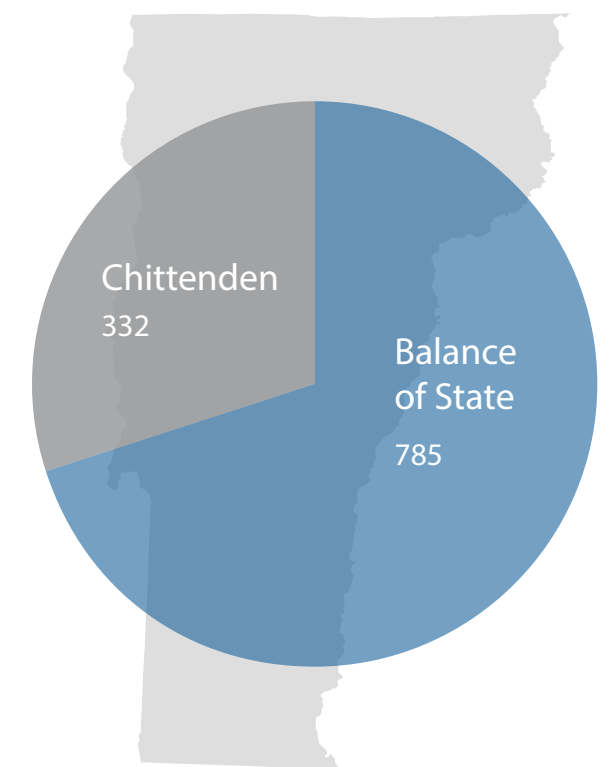
1,779 clients (44%) used emergency shelter or motel vouchers. Some clients received longer-term temporary services and housing in transitional housing (8%) and safe haven (<1%) projects. 35% of clients entered rapid re-housing projects, which aim to return individuals and families to permanent housing as quickly as possible. 3% of clients entered permanent supportive housing during 2016, and 30% received services through homeless outreach. On the night of January 26, 2016, volunteers in Vermont surveyed 1,117 persons experiencing homelessness. 156 (14%) were unsheltered, sleeping in places not meant for human habitation.

## Regional Distribution

Nationally, the distribution of persons experiencing homelessness is overwhelmingly urban. Urban areas have the highest rates of homelessness followed by “mostly urban” areas, while the rates of homelessness within rural communities varies widely.<sup>1</sup>

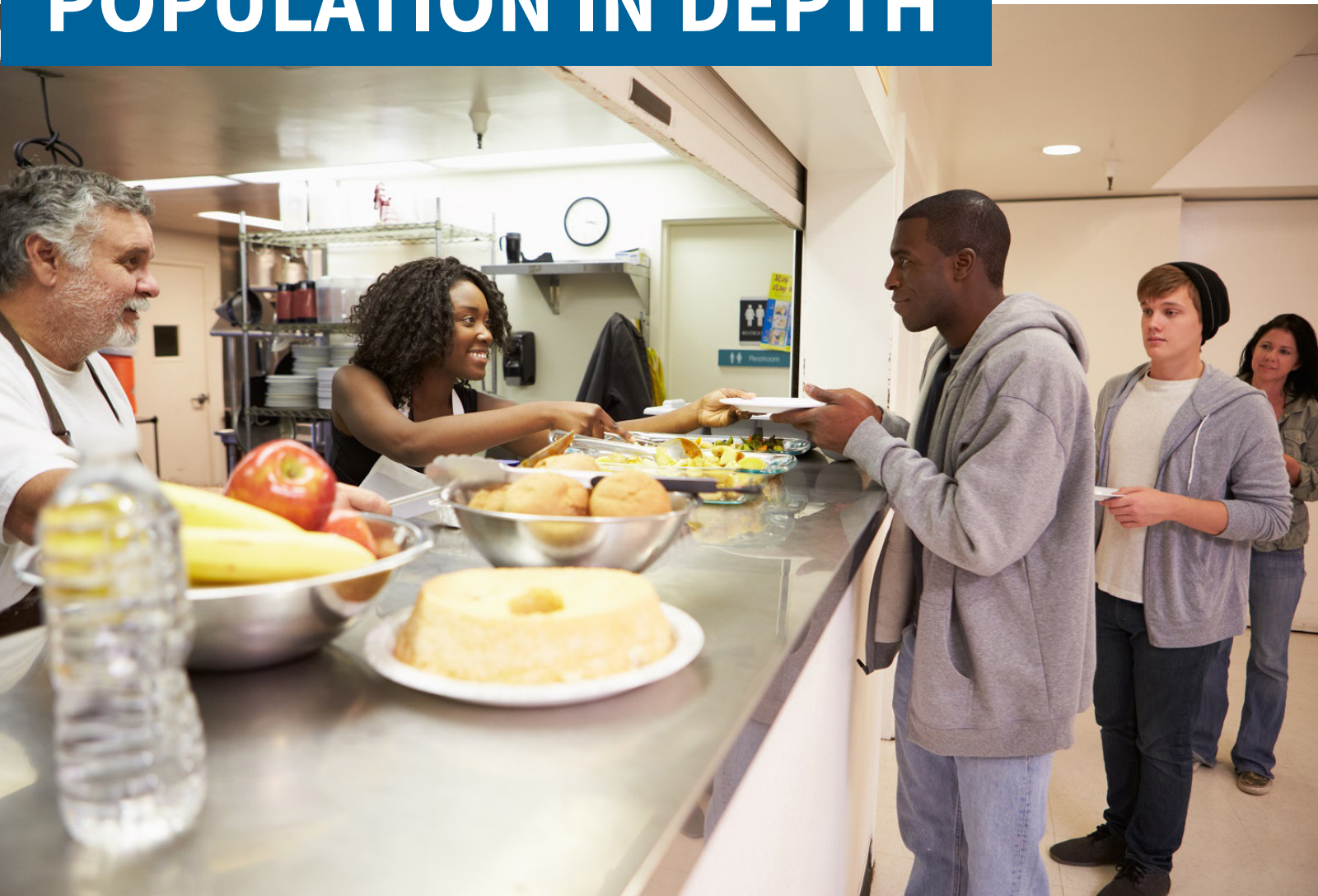
In 2016, 20% of homeless clients were served in Burlington/Chittenden CoC.

Windham South had the highest rate of homelessness in 2016; compared to its population, Windham South had the most people experiencing homelessness. It is possible that some or many of the clients who seek services in Windham South are coming from another county within or outside of Vermont. Additional data collection and analysis would be required to identify client origins.



*On the night of January 26, 2016, volunteers in Vermont surveyed 1,117 persons experiencing homelessness.*

# POPULATION IN DEPTH



## Single Adults Experiencing Homelessness

About 15% of singles experiencing homelessness in 2016 in Vermont have essential data missing in HMIS, so we can only provide estimates of ages, disability status, and gender for clients in this category.

About half of clients served by HMIS projects in 2016 were single adults.

6 out of 10 single adults experiencing homelessness are men. 65% of single adults experiencing homelessness in Vermont have a disabling condition of long duration.

## Families and Children Experiencing Homelessness

42% of persons experiencing homelessness in Vermont who sought services did so as members of a family or household.

78% of these households contain at least one adult and one child. 21% of households are adults only, which may be couples or families with adult children. About half of families are households with one adult and at least one child, likely single parent households.

## Youth and Unaccompanied Children Experiencing Homelessness

Youth ages 18-24 represented 14% of persons served by HMIS homeless service providers in Vermont in 2016.

The majority of youth (67%) are served as singles, not as members of a family.

Transgender youth likely experience homelessness at a higher rate than their peers. An estimated 0.3% of the total US population is transgender, and 0.7% of youth experiencing homelessness in Vermont identify as transgender. According to the Williams Institute, as many as 40% of youth experiencing homelessness identify as LGBT\*.<sup>2,3</sup> (As most homeless service providers in Vermont do not collect information on sexual orientation, this data is not available at the local level.)

LGBT+ individuals may face discrimination and rejection from family members, which can play a role in becoming homeless and struggling to regain housing. Many shelters in Vermont and throughout the United States are sex segregated, and LGBT+ individuals often have difficulty finding shelters that are safe and welcoming.<sup>4</sup>

HUD's Equal Access Rule requires that HUD-funded housing and shelter programs are available to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status. HUD expects that providers place a client in a shelter or facility that corresponds to the gender with which they identify, taking the client's own health and safety concerns into consideration.<sup>5</sup>



97% of children who experience homelessness are members of a family unit.

In 2016, there were 26 unaccompanied or parenting children who received homeless services. This is about .6% of the total homeless population. All of the unaccompanied children are teens (age 13- 17). Children experiencing homelessness as members of a family unit are generally younger – 85% are under 13.

Beginning April 15, 2015, all Runaway and Homeless Youth Program grantees were required to use HMIS. The Runaway and Homeless Youth Program (RHY) supports street outreach, emergency shelters, and longer-term transitional living and maternity group home programs.<sup>6</sup> The addition of these projects to HMIS allows us to gain a better sense of homelessness among unaccompanied teens and children in Vermont.

\*LGBT stands for lesbian, gay, bisexual, transgender. LGBT+ serves to include all other communities associated with the LGBT community.

# Veterans Experiencing Homelessness and Persons Experiencing Chronic Homelessness

6% of adults who sought emergency shelter in Vermont in 2016 are veterans, and 8% of adults experiencing homelessness in Vermont are veterans.

An estimated 7% of clients served by HMIS providers in 2016 were chronically homeless. In December 2015, HUD released the final rule on the definition of chronic homelessness. According to HUD, an individual is experiencing chronic homelessness if they:

- Reside in a place not meant for habitation, a safe haven, or in an emergency shelter
- Have been homeless and residing in such a place for at least 1 year or at least 4 separate occasions in the last 3 years. (The 4 episodes of homelessness must sum to 12 months.)
- Have a diagnosable disability (substance abuse disorder, serious mental illness, developmental disability, PTSD, cognitive impairments, or chronic physical illness or disability).

Families are defined as experiencing chronic homelessness if at least one adult head of household meets the definition of chronic homelessness. Because the method of recording chronic status has changed recently, we do not recommend comparing this rate of chronic homelessness to rates in previous years.



## REFERENCES

1. National Alliance to End Homelessness. "How do we compare urban and rural homelessness?" Frequently Asked Questions. National Alliance to End Homelessness. Web. 7 Aug. 2014.
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3. Durso, L.E., & Gates, G.J. (2012). Serving Our Youth: Findings from a National Survey of Service Providers Working with Lesbian, Gay, Bisexual, and Transgender Youth who are Homeless or At Risk of Becoming Homeless. Los Angeles: The Williams Institute with True Colors Fund and The Palette Fund. Web. 18 May 2016.
4. National Coalition for the Homeless. LGBT Homelessness. National Coalition for the Homeless. Web. 18 May 2016.
5. Notice CPD-15-02. Office of the Assistant Secretary for Community Planning and Development. Appropriate Placement for Transgender Persons in Single-Sex Emergency Shelters and Other Facilities. Department of Housing and Urban Development, 20 February 2015. Web. 18 May 2016.
6. Family and Youth Services Bureau. Runaway & Homeless Youth. U.S. Department of Health & Human Services. Web. 18 May 2016.

## ABOUT ICA

*The State of Homelessness in Vermont* was compiled by the Institute for Community Alliances (ICA) through the Homeless Management Information System (HMIS) reporting tool.

ICA is a non-profit organization headquartered in Des Moines, Iowa that provides HMIS training and support for homeless service agencies around the country. The Vermont office is located in Essex Junction. The Institute for Community Alliances engages in research and produces reports on homelessness and related issues. In cooperation with state and federal agencies, private research firms, and university researchers, ICA works to inform regional and national efforts to end homelessness.

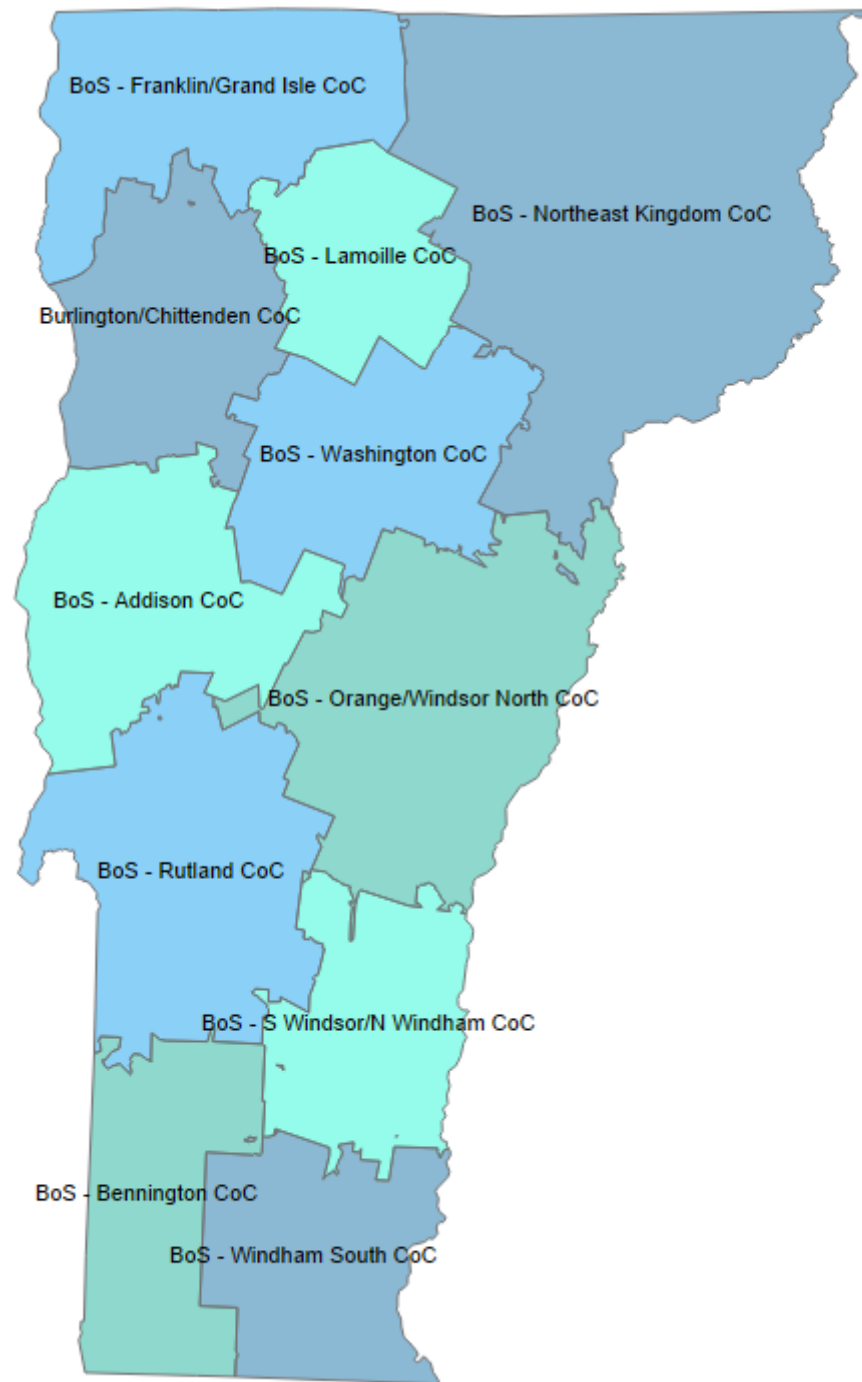
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# Vermont Continuum of Care Map



**Everyone Deserves a Home**

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