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GA Pilot: Phase 2 Evaluation Report

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GA Pilot: Phase 2 Evaluation Report

Vermont Research Partnership

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INTRODUCTION

Homelessness in Vermont is being mitigated one case at a time through experimental programs called GA pilots. These programs are made possible through legislation that allows rule flexibility in the dissemination of General Assistance (GA) funding. Preliminary results of the GA pilot programs have shown that chronically homeless families and individuals can benefit from transitional supported housing in order to sustain permanent housing and stabilize their lives. This saves the state money that was formerly spent on costly and temporary hotel stays without any long term change. It also avoids the hidden costs of homelessness.

Yet, these promising results come against a backdrop of an American economic crisis that has been compared to the Great Depression. In that sense the findings represent an opportunity in a time of great risk. The GA pilots make it possible to spend money wisely and move toward long term solutions to chronic homelessness. However, the need for housing is growing as Vermont experiences the consequences of unemployment and the dramatic loss of retirement savings.

This report shares the findings of Phase 2 of the Vermont Research Partnership evaluation of the GA pilot projects. This study focused on five districts: the original three pilots in Morrisville, St. Albans, and Springfield; and two new pilots in Burlington and Rutland. Since the three original pilots were embarked on their second year of operation, both staff and participants were interviewed. At the two new pilots in the start up phase of operation, interviews were conducted with staff only.

METHODOLOGY

The research team conducted interviews with 27 GA pilot staff members across the five sites, including housing case managers, field service directors, economic services directors, eligibility workers, community action directors, shelter directors, advocates for domestic violence victims, and other collaborators. At the new sites, these interviews focused on pilot components, guiding frameworks, measures of success, anticipated costs and benefits, collaboration, and recommendations. At the original sites, the staff interviews emphasized effective practices and strategies, actual outcomes, effects on collaboration, continuing barriers and recommendations, and further anticipated benefits (See Appendix A).

At the three original pilot sites, 13 participants were interviewed, eight females, and five males. Participants were asked about their situations before joining the pilot; their hopes for the future; their initial contact and experience with the pilot; what assistance they received; what had been most helpful to them; and their thoughts about reciprocity as well as the value of such a program (See Appendix B). The 40 interviews were coded and analyzed using qualitative research methods.

FINDINGS

The findings are organized by the following themes:

- 1) Overview of the GA Pilots
- 2) GA Pilot Eligibility and Rule Exceptions
- 3) Mitigating Homelessness Cost Effectively
- 4) The Human Investment in Long Term Housing Solutions: Case Management, Reciprocity, and Collaboration
- 5) Early Outcomes: Staff Observations and Participant Experiences
- 6) Predicted Outcomes, Costs, and Savings; and How to Measure Them
- 7) Barriers and Recommendations
- 8) Advice for Replication of the GA Pilot Model

1) Overview of the GA Pilots:

All five pilot sites are extending GA benefits to those who are chronically homeless or at risk of homelessness. As a result, they are reaching families and individuals who would never have qualified under traditional GA rules. Formerly, GA was only given to people who were homeless due to a cause beyond their control, such as a catastrophe or an eviction through no fault of their own. The GA pilots provide some form of supported housing, which can entail transitional and permanent housing along with case management support. Case management focuses on working as partners with clients to deal with underlying issues that prevent them from being able to sustain housing. This partnership is based on reciprocity, where the participant agrees to do their part to address underlying issues or to contribute a portion of their income toward sustainable housing.

Morrisville District: Morrisville is one of the first three GA pilot sites. It employs a full time Service Coordinator who offers case management support to participants. Her focus is on helping participants locate housing and connect to needed services. The case management model utilizes a collaborative team approach involving staff that work with GA eligibility, vocational rehabilitation, and SSI determination. Their emphasis is to help participants access services to address chronic issues that have hindered them from maintaining housing. Recipients ‘pay back’ to the system when able. Morrisville’s transitional housing plans are currently stalled due to community objections.

Springfield District: Another one of the original GA pilots, Springfield offers housing case management and transitional supported housing. Participants engage in a contractual agreement where they receive three months of case management support. In return, they contribute a portion of their income towards housing costs and uphold behavioral guidelines as responsible tenants. Participants are encouraged to ‘graduate’ onto the permanent supported housing program, which offers placement into permanent housing with ongoing case management for up to two years. Part of their financial contribution during the 90 day pilot is placed in escrow and matched. This portion becomes savings toward permanent housing.

St Albans District: St. Albans is the third of the original three GA pilots. This program offers case management and supported housing. The pilot has grown out of a community ‘continuum of care’ approach, which brings together community organizations into a group called Housing Solutions. St. Albans capitalizes on the resources and strengths in the community. For example, Economic Service and Field Service staff work closely with Community Action and local shelters such as the Samaritan House. They have some transitional housing of their own.

Burlington: This new GA Pilot partners with various community organizations to offer a limited number of Section 8 vouchers to participants, giving priority to families and the most vulnerable victims of domestic violence. These are distributed in two programs: ACCESS and Fast Track. Most participants are referred by other community agencies that agree to provide case management to address issues underlying the vulnerability to homelessness. Emergency Assistance (EA) is applied creatively to provide security deposit assistance and help with back rent and back mortgage. This flexibility buys more time to obtain vouchers, thus allowing the collaborating organizations to reach more people. In addition, the Committee on Temporary Shelter (COTS) is establishing a Housing Resource Center (HRC). Although their funding comes from multiple sources, they will use GA pilot funds to help families apply for back rent, back mortgage, and security deposit assistance.

Rutland: Rutland is in the start up phase of their GA Pilot. The core of their program is transitional housing with case management support to help people reduce barriers to finding and maintaining permanent housing. Employment and self-sufficiency are major goals. The program plans to build a lasting connection with the participant families so that they know they can come back for support and problem solving as issues arise. The housing case manager will be assisted by a couple of Reach Up case managers. Community service staff will supplement the continuum of support available to participants.

2) GA Pilot Eligibility & Rule Exceptions

According to staff, traditional GA is just about getting people benefits if they are qualified. Very few people in general qualified under the standard GA rules because most applicants were seen as causing their own homelessness. Those that caused their own eviction would normally not qualify. In the past, the office staff would have simply said they cannot help. In the GA Pilot, when people get themselves into trouble, the employees work with them to figure out how to stay out of trouble in the future. The GA pilots offer a service component to help people address and resolve whatever issues make them vulnerable to causing their own eviction. In Morrisville, Springfield, and St. Albans, potential candidates for the GA Pilot are only denied service if they are not willing to work on whatever issues contribute to their homelessness or risk of homelessness. If they change their mind, they are welcome back.

The two new sites have more limitations on their eligibility criteria. Unlike other sites, eligibility in Burlington is determined by the number of vouchers and certain criteria. Therefore, not everyone who is willing to work on their issues can be served. The program offers 35 Section 8 vouchers to GA Pilot participants, giving priority to homeless families who were victims of domestic violence, other homeless families, and then single, disabled victims of domestic violence who are homeless. The 35 vouchers are distributed through two programs: 25 through

Access and 10 through Fast Track. Access accepts families and Fast Track accepts victims of domestic violence, who are primarily families and some disabled individuals. Acceptance into the pilot is done on a first come, first served basis. This allows staff to act immediately to help and allows them to avoid making judgments about which family is most needy. Families must have a community case manager (from Reach Up, Corrections, Women Helping Battered Women, Vocational Rehabilitation, Visiting Nurses Association, or COTS) who provides ongoing support and supervision to help them sustain housing.

According to Economic Services (ES) staff in Burlington, exceptions are made regarding who qualifies for a security deposit, and who is eligible for the housing vouchers. Typically, single individuals are sent to the shelters and are not eligible for permanent housing through the program unless they are in some way disabled. And while some of the people may be disabled, they are not receiving social security benefits. The pilot has made it possible to give permanent housing vouchers to single women who are victims of domestic violence or to two-parent households where the youngest child has now aged off of TANF benefits, if that youngest child is disabled and under 20. This also includes helping young single parents, like teenage parents, move out of their parents' homes into their own homes using the voucher program, which normally would not be possible.

According to Burlington staff, the traditional Emergency Assistance (EA) eligibility rules are strict in terms of where people can be living. Under the GA Pilot, the Fast Track program is open to people who are homeless by HUD's definition. They don't need to be in a shelter or on the street to qualify. Under traditional EA eligibility rules for security deposit assistance, a person needed to know exactly when they were moving and what they would be paying. The vendor check would be sent directly from economic services to the landlord. This is no longer necessary in the pilot, which allows creative approaches to help people secure permanent housing. Other rule exceptions prevent evictions, rather than requiring them to be eligible. This saves money and prevents upheaval and chaos.

The back rent from ES for the Pilot is only for families with children. Collaborators can work with individuals or childless couples with their own funding. This stipulation is in alignment with traditional ES rules but the fact that services are combined and all in one place at the Housing Resource Center is new. If housing is going to be condemned or if it has become unaffordable for the person or the family, then ES would help them move into a more affordable place using the pilot money, which is also something that is outside of the normal usage of GA funds.

At Burlington's Housing Resource Center (HRC), help with back rent comes with several stipulations. Potential participants have to prove, through an application process and budget analysis, that they can sustain their housing financially. If there is no income, they would not be eligible, but would be asked to find a way to increase their income. In addition, they cannot have gotten assistance from Economic Services during the last 12 months. They have to be housed in Chittenden County. They also need documentation that they can stay in their housing if they pay back rent. The amount and dates of unpaid rent need to be specified.

Medical respite is another rule exception. In Burlington, the medical respite program provides 7 to 14 days of hotel stay when a single individual is released from a medical facility and it is not medically safe for the person to be in a public shelter. Different from the 6 to 12 month service components of the Fast Track and Access housing programs, the Medical Respite program has a coordinator or service provider who will work with the person during their hotel stay to make sure that medical treatment is available and accessible, that they have access to food, that they have access to transportation if they need to go off site from the hotel to seek medical care, and that there is some follow up, some plan in place for the end of their hotel stay, preferably permanent housing.

In Rutland, potential GA Pilot participants will be referred to a committee that determines eligibility. The review committee will include the collaborator group of representatives from Community Action (BROC), Economic Services, Field Services, Department of Corrections, the Housing Case Manager, the Housing Coalition, landlords, and other providers. They propose to work with Reach Up families first and then at-risk adults. Applicants to the program who appear to have barriers that need several years to overcome may not be candidates for the GA Pilot and would be referred to other programs. These barriers might include serious substance abuse and mental health issues. If someone is actively addicted to substances, their ability to find and maintain employment would likely be limited. Others with a history of sex offenses or drug dealing may not be appropriate for the GA Pilot either. This is similar to Section 8 Housing eligibility, where a history of arson would make a person ineligible.

Staff across districts explained that being able to waive the rules on who can be helped has made it possible to prevent homelessness for participants. Back rent can save someone from eviction when they are temporarily unable to pay. Being able to purchase prescriptions for two months can prevent a life-threatening situation. Being able to assist with rent while a person is waiting for SSI payments to begin after they have been approved also helps, knowing the person will be able to sustain it themselves over time. Having flexibility in the GA rules allows more people to get some degree of help they need, even beyond those directly participating in the GA pilot.

3) Mitigating Homelessness Cost Effectively

How site staff balance cost frugality with program effectiveness:

All of the pilots are combining whatever resources they have to finance their programs. To stretch limited GA dollars, sites often partner with the Office of Economic Opportunity and Field Services for funding. The Vermont Housing Authority collaborates with Burlington's Economic Services to maximize the benefits of the GA Pilot. The VHA begins housing assistance for a participant and then gets reimbursed by Economic Services for up to 84 days, the equivalent of an emergency hotel or shelter stay. This buys time for the Housing Authority to juggle assistance to more families who need it while waiting for vouchers to become available.

According to staff in Burlington, emergency assistance money that used to pay for shelter or hotel stays pays for three to four months of an apartment rental per tenant. Participants receive a Section 8 voucher after that. The resulting combination offers them continued supported housing. Prior to the pilot, families often depleted their EA benefits while not being able to secure

permanent housing. The pilot program creates sustainable opportunities for participants. Prioritizing vouchers for victims of domestic violence is a cost saving measure, since this population was often temporarily housed in motels. However, staff supplement EA funds from various sources so they have flexibility to offer certain services where warranted.

As one staff member put it, \$75 for one night in a hotel can buy \$25 for permanent housing, \$25 of a service coordinator, and \$25 to help another person. The average cost per family for the GA Pilot program is \$2500 which is far less expensive than 84 days in a hotel room. Staff emphasized that homelessness is expensive. For example, there is no place to cook or store groceries. Eviction and homelessness drain community resources. Burlington is designing a data tracking system to assess how far the GA Pilot money is going, how many families are assisted, and cost comparisons between maintaining housing with back rent assistance versus placement in a shelter.

Burlington's ES is contributing \$30,000 of GA funding to help support the Housing Resource Center. The Housing Resource Center of COTS allots \$1500 or three months of back rent or back mortgage assistance to a family per year, whichever is greater. They usually supplement this with other funding to make it effective and to serve individuals in addition to families. They base the amount of people they serve on the monthly budget from Economic Services and other funding. They estimated approximately \$12K per month total from all sources.

Springfield staff acknowledged that the background economic landscape will likely balance cost savings with increased need. However, one staff member said the GA pilot program provides some insulation for participants during hard economic times. Given the gloomy outlook for the economy, workers believe participants will be better prepared for it as a result of the GA Pilot program. They will know how to manage the funds they do have and maintain the housing they have secured.

To control costs but still improve outcomes, Rutland chose a six-month maximum for the housing subsidy to participants. If they had more money, they said, they could take a wider variety of participants and subsidize their housing for longer. They based their budget on what it normally would have cost to house eight families a year in temporary housing. However, they recently realized they may not be able to finance all eight apartments, given the actual costs of rent and utilities. Nevertheless, Rutland's emphasis is on long term housing rather than short term hotel stays. Staff members believe renting apartments gives families more space in which to feel they are at the beginning of building a life they want. Staff believe this is more conducive to helping families move forward than cramming several people into a hotel room. Recently, Rutland staff are seeing hotel managers seeking out the state to fill rooms and offering better prices. Owning their own motel has driven prices for hotel rooms down at other hotels.

Saving the hidden costs of homelessness:

Staff at all of the sites described a similar scenario regarding how the GA Pilot program can help save many of the hidden costs of homelessness. These extend beyond the avoided costs of hotel stays to many other arenas that effect children, families, and taxpayers. For example, these include the cost of educational accommodations for children who are frequently moving from

school to school, the cost of busing children back and forth from schools if they are living in a shelter in an outlying county, and the cost of DCF services when a child is living in a chaotic or violent household. When basic needs for stable housing are met, then children can attend school daily and they can begin to heal from trauma. In addition, children can stay in school and stay connected to their friends and social supports that are important to healthy development. Physical and emotional health are protected.

For other family members, the hidden costs are many. For example, treatment fees for the complications of stress. One staff member said if the medical costs of the homeless (such as emergency room use for primary care) were ever quantified, it would be a shocking number. Another cost is unemployment. It is difficult to find work when couch surfing because one's address changes every few weeks or months and it is difficult to provide contact information to potential employers. Household members lose time from work because they need to focus on where to house their family for the night. Stress levels are high. Legal fees are spent. Homelessness also has an impact on nutrition, health, positive relationships, and a sense of wellbeing. Without a kitchen, families live on fast food. In cramped quarters, physical and emotional boundaries can be difficult to maintain.

According to staff, the costs of becoming homeless and trying to rebuild a functioning life afterwards are much greater than the costs of providing back rent to a family that has fallen a few months behind. The social, emotional, physical, and spiritual costs translate into financial costs to society. The consequences include increased homelessness, increased malnutrition, increased illiteracy, increased crime in schools and the community, and increased drug addiction. In addition, there are the hidden costs of a lack of education, time in corrections and other long term, multigenerational outcomes. One staff member asked, how many people in correctional facilities grew up in the kind of instability that is being prevented through the GA Pilot?

For taxpayers, investing in a program like the GA Pilot can avoid many of the hidden costs of homelessness. Money invested in case management can help change destructive habits that would otherwise cost everyone money. When a landlord does not receive rent, it affects his family, his purchasing power. And if the taxes do not get paid on a property, if people are not going to work, if fuel companies do not get paid or electric bills do not get paid, other taxpayers are actually making up the difference. If people are not taking care of their health, everyone's health insurance can be affected. If doctors do not get paid, prices rise for everyone else to cover their cost of running an operation.

In addition there are the ongoing costs, aside from the GA Pilot, of GA assistance to non-pilot participants, such as people who have not yet qualified for social security disability (\$40,000 per month overall spending in Burlington). The SSDI application process can take a long time, and in the meantime people waiting are eligible for GA (\$56 personal needs and \$232 room allotment per month). One staff member expressed the view that the GA Pilot program will cost money initially, but will save money in the long run through these avoided costs of homelessness. In one sense social security income costs more because it is steady income, but on the other hand it saves society the costs of homelessness. A little assistance can prevent more dire straits later.

Another staff member commented on the value of the trust that is built between the case manager and the GA Pilot participant. As one staff put it, helping participants save money, build and repair credit and landlord references, and secure permanent housing is worth the costs in terms of staff time and effort in delivering a program that is client-centered. Staff members at all the sites anticipate long term savings from participation in the GA pilots. They believe families will not only secure permanent housing, but will also change behaviors and gain the coping skills and support network necessary to manage during difficult times. The result will be less usage of the ES system by these families.

Staff members believe investing in a program like the GA Pilot is a better long term investment of taxpayer money. One worker in Springfield estimated a decrease of 60% in their per person cost. This small amount per person served allows them to stretch their funding to reach more people with needs that are less extreme on the continuum of housing related problems. Once participants are connected to the supported housing services, they rarely return for temporary housing. The ES staff in Springfield only contract for 20 hours a week total case management and feel they get more than their money's worth.

4) The Human Investment in Long Term Housing Solutions: Case Management, Reciprocity, and Collaboration

Saving the hidden costs of homelessness requires an investment of human effort by case managers, participants, and partnerships. This is accomplished through case management, reciprocity, and collaboration. Through case management, each participant can receive customized assistance to meet his or her needs in a timely manner. Case managers can adjust benefits so they address the actual problems that stand in the way of stability. Common sense is valued rather than rules and regulations that impede real progress. Via reciprocity, participants work with case managers in a partnership based on mutual respect and responsibility. The focus is on building strengths and long term well being with the end goal of sustaining housing. Through collaboration, complex problems can be solved with the help of multiple stakeholders and resources. The goal is to find long term solutions to a continuum of housing needs.

Case Management:

Each site described how its case management works and the impacts it has on participants and landlord relations. The Morrisville Service Coordinator described her role as helping participants connect with services they need, with housing as the main focus. Her caseload is limited to 15 pilot participants with whom she has daily contact. She and her participants see her role as advocacy and support for their goals. The daily communication is seen as central to this process. Although participants fill out applications, the Service Coordinator (SC) communicates with service providers and acts as the connector between the participant and the service agency. This provides emotional support as well. Once a participant is in housing, the landlord can contact the SC if there is a behavior problem. However, the participants are the tenants and bound by the lease. In general, the SC is in the advocate role and the Probation and Parole officers and the landlord are in the enforcement role. Supported housing would change the SC role to enforcement as well.

The Morrisville pilot staff discussed a few changes during the past year. One was a new service coordinator. They were also temporarily without a person to manage Social Security issues. Due to a statewide policy change, GA clients no longer have to report in person to the ES office on a monthly basis. The staff member believed this was due to the cost of gasoline and the fact that phone interviews are used for other services now.

In Springfield, the GA Pilot is a comprehensive program that emphasizes case management and supported housing. The program offers people the chance to learn how to manage the money they have and develop skills for sustaining their housing. It also connects them with services that can help them solve underlying issues that make them vulnerable to homelessness.

During the intake process, case managers determine if the participant is a good candidate for the GA Pilot. If candidates agree to the rules of the program, they are then accepted. The case managers provide intensive case management for three months and encourage them to sign a contract to pursue permanent supported housing for up to two years. They have the participants apply for subsidized housing immediately, since there is a long wait list. (The Reach Up grant amount of \$680 requires subsidized housing since most two-bedroom apartments are \$800 a month plus utilities.) Once participants have been in the Springfield program for 90 days and have followed through on their pilot contract, the housing case managers call landlords and advocate for them.

Often the participants do not have references, they have bad credit, or they have committed a crime. However, the case managers are well respected by the property managers and are usually able to arrange an agreement. They highlight the 90 days of reliable behavior of the participant, and they guarantee another two years of case management in the supported housing program. The case managers emphasized that they themselves do not have housing, but they have a respected reputation with landlords. Participants can also find their own housing, subsidized or not, and still stay involved in the supported housing program. The case managers teach participants to call them before problems escalate, before they are too far behind in rent and eviction is impending. Participants eventually learn to call as soon as there is a problem, rather than waiting. This allows the case managers to intervene and help them avoid homelessness.

Due to the GA Pilot, Springfield staff are able to provide a continuum of assistance based on need, so they reach many more people with less intense service needs (an increase of 130 people per year). While pilot participants are placed in one of four temporary housing units for up to 90 days, other referrals may only need a smaller degree of assistance such as linkage to landlords and available housing (including shelters statewide). The housing case managers know of many community resources for quick referrals over the phone. This is a service that has not been offered in the past and has contributed to housing solutions for 150 people that were not previously served under traditional GA rules and AHS's past service model.

When participants engage in Springfield's case management services, the landlord is more willing to see them through a difficult period. The goal is to help people stay in their housing. The case managers noted that some people are unaware that it is difficult to find subsidized housing and can take it for granted. In extreme cases, the case manager might expel someone from the program, such as getting arrested for selling drugs. In general, they try to work with

participants to solve whatever issues are getting in the way of maintaining their housing, and usually it is successful. However, they add that without the case management support, the people would likely have been evicted. As a matter of fact, many would not have been accepted into housing in the first place, because they would have been denied based on references or criminal checks.

The Springfield case managers spoke from years of experience working with a similar housing model and said most people who improve their situations want to continue with the case management and see it as a positive influence. As a matter of fact, sometimes people are reluctant to end the regular case management relationship.

The St. Albans housing case manager considers herself a life coach, a point person, and a hub for a variety of services. For example, she works with participants on whatever issues are problematic for them, from budgeting finances, finding transportation to work, child care and parenting, to managing drug rehabilitation. She usually tries to find other people who can help in these areas. The case manager visits the GA Pilot participants on a weekly basis in their homes. On these visits, she looks at the condition of their home, their housekeeping skills, how they interact with other members of the family, and how they deal with stress. Then she focuses on housing and how to maintain it in the midst of other life issues. The planning team added that the vision was to help participants address whatever issues have historically caused them to be vulnerable to homelessness.

St. Albans has the Samaritan House, which includes two transitional housing programs, one for families, and one for four men. The shelter for four men involves a two-bedroom apartment with two beds in each room. Each man pays \$50 a week to live there and needs to be saving money, working if able, repairing credit, and meeting with their case worker once a week. They are able to live there for up to six months. This can be flexible if a man is waiting for social security disability to start. The program, which began in April of 2006 has placed 18 men into permanent housing.

The St. Albans housing case manager has worked with GA Pilot families and another case manager works with the families who are on Reach Up or who are eligible for food stamps. The two case managers have collaborated on some cases. One person shared the perception that this sometimes results in an overlap of services. A collaborator said families are sometimes more challenging and believes that wraparound services are important. She explained that while some families can be quite self-sufficient, many families need to learn how to keep their home clean, how to care for their children, how to prepare to work, and how to repair bad credit. Credit repair involves encouraging participants to get a copy of their credit report, and working with them to begin paying off bills. In some cases, staff bring in credit specialists to work with them.

Families in the ACCESS Program of Burlington's GA Pilot must be linked to a case manager or case coordinator from one of the referring agencies (Women Helping Battered Women, Lund Family Center, Community Action, Howard Center, DCF, Corrections, Vocational Rehabilitation, Visiting Nurses Association, or Committee on Temporary Shelter). Cases are accepted on a first come, first serve basis. In the Fast Track program, victims of domestic violence are given vouchers and additional support as needed.

Center staff at COTS' Housing Resource Center in Burlington will help families apply for back rent, back mortgage, and security deposit assistance. Beyond that, center staff will help families find solutions to housing issues, including preventing mounting debt and easing difficult transitions. Another function of the HRC is to link people to appropriate referrals and increase awareness of services providers that could support them through long-term planning, financial counseling, employment help, or case management.

Rutland named its GA Pilot "The Case Management Project." They studied other pilots, considered their own community resources, and designed their program very similarly to the Springfield Supported Housing approach. The core of their program is transitional housing for three to four months with case management support to help people reduce barriers to finding and maintaining permanent housing. Staff explained that Rutland has ample housing available, so homelessness is symptomatic of other issues such as lack of employment, underemployment, lack of benefits or lack of child care. Their intensive housing case management might entail daily visits, transportation to job interviews and to child care. Rutland staff see intensive case management as the key, someone a phone call away who can be reached in case the electricity goes off or the water is not working. In this partnership, people are learning new skills to replace old maladaptive behaviors. Like Springfield, some people in Rutland refer to the housing case managers as surrogate parents and mentors. The focus is on building strengths. Employment and self-sufficiency are major goals.

Time periods for the Rutland program are guidelines and can be adjusted to meet actual needs. The program plans to build a lasting connection with the participant families so that they know they can come back for support and problem solving as issues arise. The housing case manager anticipates taking on eight to ten cases at a time. A couple of Reach Up case managers will assist as well. Community service staff may also supplement the continuum of support available to participants. Those who have been on GA for a long time are referred to VR to see if they might qualify for SSI.

Similar to Springfield, Rutland area landlords are willing to accept GA Pilot participants because intensive case management support is being provided and BROOC acts as the tenant. In addition, payment for the unit is made up front with a short term rental subsidy. The goal is that clients overcome their barriers, become good tenants, and eventually take over the lease from BROOC. The portion participants pay actually buys the case management service. During the time that BROOC is the tenant for them, participants do not have tenants' rights. This allows the case manager to follow through if they are not adhering to the service contract for appropriate behavior. Ideally, participants will develop a positive relationship with the landlords during their time in the program so that the transition to taking over the tenancy will be smooth. In some cases, BROOC may continue as tenant and a new participant will move into the vacant apartment.

Reciprocity:

Each site includes some form of reciprocity into their pilot program. For example, the Service Coordinator in Morrisville creates a service plan together with each participant. Participants are then responsible for working on their part of the plan. Goals on the plan include such things as finding housing, applying for subsidized housing, applying for ES benefits, going to AA or NA

meetings, and getting a referral to the Food Bank. Longer term goals include education and employment via connections with Vocational Rehabilitation and Department of Employment and Training, as well as help applying for SSI. The Service Coordinator said when people come in on the verge of homelessness, they are willing to be open about addictions and mental health issues.

The Springfield program has continued with the reciprocity framework they established for the pilot in Phase 1. Anyone who asks for help with housing is offered it as long as they participate by addressing issues and agreeing to the program guidelines. This agreement lasts for the 90 days of temporary supported housing, where they are not the actual tenant. Once they get into permanent supported housing, they sign a lease addendum that addresses rules and case management services. While participants are in the GA Pilot, 50% of their income goes toward rent and another 25% of their income is set aside and matched by OEO. According to staff, this provides specific behavioral training for people who probably never had a savings account of any kind in their life. They then experience the satisfaction of having accrued enough money for their security deposit and first and last month of rent. That is money that is not coming out of GA. This behavior change also prepares participants who want to own a home to participate in other programs for potential homeowners.

The intake process in Springfield begins with a referral from Economic Services. Once a participant contacts the housing case managers, they conduct an intake which involves several pages of questions about challenges they face. The case managers make it clear that they will work with people regardless of whatever mistakes they have made in the past. They also emphasize that they need to know what the challenges and issues are so that they can provide the help needed. They find people usually willing to be open and honest about their situations. Springfield staff believe the fact that the case managers are not state employees and do not distribute funds helps with the trust level. They believe the state office is perceived as more of a threat because it is connected with corrections or DCF, organizations that have the power to incarcerate them or take their children away. Hence, applicants will be more guarded about what they reveal. As an example, one staff member remarked that out of 350 Reach Up applicants, only four will say they have a substance abuse problem. With the way the GA Pilot is designed, applicants can be honest about their challenges because honesty will not conflict with basic needs they have for housing or food.

One case manager explained that applicants are desperate when they get referred to the Pilot and hence are willing to comply with the rules in order to get housed. They are often very hopeful after learning what the program can offer them. After some time, trust begins to develop in the relationship with the housing case managers, and participants learn that the case managers encourage productive action and set limits on inappropriate behavior.

For example, housing case managers in Springfield said they are clear with victims of domestic violence that they need to be in therapy, go to women's empowerment groups, and not bring another perpetrator into their household. They sign a statement that any new person they want to add to their household has to be approved by the landlord and has to come through the GA Pilot program in the same way they did. The case managers screen carefully and will not accept anyone who is an active perpetrator of domestic violence or someone who will negatively impact the victim's life. Relationships need to be a positive influence for the person to be accepted. The

case manager added that this policy is helpful to victims who tend to have difficulty establishing boundaries themselves.

In St. Albans, reciprocity is focused on requiring participants to work with the case manager on building their strengths and skills. In addition, participants who live at the Samaritan House need to comply with certain rules such as not using substances, keeping the place clean, and saving money. Usually people comply but occasionally they are asked to leave the shelter.

In the ACCESS Program of Burlington's GA Pilot, participants are placed in subsidized apartments in the community if they are willing to carry out a customized service plan to address underlying issues that contribute to their homelessness. These often include substance abuse, mental health issues, and economic instability. ACCESS participants work with a case manager or case coordinator from their referring agency. The Fast Track program does not require a service plan, though services can be offered as needed.

Participants in the ACCESS program can be denied rental assistance if they do not follow through on their part of their service plan and it is having a negative impact on their ability to sustain housing. Help with back rent also comes with several stipulations. Potential participants have to prove, through an application process and budget analysis, that they can sustain their housing financially. If there is no income, they would not be eligible, but would be asked to find a way to increase their income.

Rutland is exploring various forms of reciprocity that might be appropriate for their program. In return for housing and case management, participants reciprocate by participating in the services they need to deal with underlying issues such as substance abuse, mental health issues, and financial mismanagement. Most participants will likely take a course on budgeting on a fixed income. Often they are choosing between several necessary bills. Participants will be asked to pay \$325 that covers services and to put an additional 50% into savings that the pilot will match from various sources. The savings will be used toward a security deposit and first month's rent for a permanent apartment, which can be the one they have been living in for the program. The program is starting with Reach Up families.

Collaboration::

All of the sites collaborate and see it as key to success with the GA Pilot programs. Morrisville has been collaborating for some time but staff say it has only gotten better with the GA Pilot. Sharing information is important for bringing resources together in a timely and efficient manner. Economic Services (ES) refers clients to the Service Coordinator (SC) when there are enough issues that it is clear that case management is needed. The SC then works with the client to determine what the issues are and makes the connections with needed services. ES manages the funds.

Collaboration takes place on a variety of levels, both within agencies and between them. For example, the Morrisville SC is housed at Community Action. The former SC is now a case worker at Copley Hospital Behavioral Medicine, where she does intensive case management with mental health and moderate to severe substance abuse issues. The GA Pilot Service

Coordinator refers people to them as needed. One participant had been referred to Copley for severe addictions and was referred on to the Segue House in Montpelier, an intensive six month inpatient rehabilitation program for young adults, run by Washington County Mental Health. According to the SC, he is making progress there. When he leaves the treatment, the Washington County Youth Services Bureau will help him find housing and work.

Collaborators say the GA Pilot in Springfield has brought partners to the table that would never have been involved under the traditional GA system. In a small rural community with few resources, Springfield staff indicated that they had good collaboration before, out of necessity. However, the GA pilot project has brought others, including landlords, in as partners. Together, they offer a continuum of services flexible enough to help solve housing problems at various levels of need. For example, Springfield recently had a fire which left 20 families homeless. Without shelter capacity or friends and family to fall back on, many tenants were placed in hotels temporarily. The Red Cross, the housing case managers, mental health staff, Economic Services, Field Services and others all converged at the Community Center to help. Due to the partnership, five people were quickly found permanent housing. The fact that these working relationships had been developing through the GA Pilot and the Housing Task Force expedited the ability to help in that emergency situation.

Springfield's Housing Task Force (HTF) was formed out of necessity when there were an overwhelming number of evictions all at once in a community housing unit. They met weekly initially to solve these issues. The HTF sees itself preventing people from having to go to the GA Pilot. The HTF tries to save existing housing and prevent homelessness by assisting with rent, utilities or foreclosures. As long as it is safe, staff consider it cheaper to save existing housing and less disruptive than losing housing. The Housing Task Force is instrumental in salvaging housing that is working where tenants might be on the verge of eviction. Community Action is a partner in the HTF.

Springfield's housing case managers are in daily contact with ES and Field Service (FS) staff and representatives from other departments. The staff support each other and work together to solve housing issues on a case by case basis. Whoever brings a case to the group has participants sign a release to allow their case to be discussed by the HTF. The ES department is encouraging innovation and prevention. Staff collaborate as a part of their normal work day, to maximize their efforts. The problem solving done now is more time consuming, but everyone believes it helps them increase their ability to meet real needs.

Staff commended the Field Service Director's role of looking at how services are delivered throughout the agency and with other partners. They felt it helps leverage influence that makes collaboration possible and efficient. It helps create an atmosphere that is conducive for teamwork. Staff said Springfield's collaboration between Economic Services, Community Action, the Land Trust, Field Services, and Domestic Violence partnerships works well. The team has developed a good trusting working relationship, so they understand each other's roles and working guidelines well, and thus can share resources more quickly and meet needs more efficiently. They appreciate the housing case managers, who support and complement the work of the other partners.

Although St. Albans has a history of collaboration, the GA Pilot project has refined that process. The use of a team approach has increased and proven more effective with families that have multiple challenges where various service providers are involved. In some cases the faith community and the school has gotten involved to help a family. As a result of the team approach, one particular family has been able to move from church supported temporary housing to private housing. In addition, landlords now sometimes initiate a call to the agencies to work with the housing programs.

A collaborator commented on the strong team approach in the St. Albans community as well as strong leadership. She noted the willingness to work together to help someone rather than to protect ownership. For example, the Housing Solutions Work Group envisioned a continuum of housing services from emergency services to permanent housing. Each member strives to understand the service system so that people can be helped in the most efficient time frame. This has evolved the teaming structure. Another development is that when programs are offered, for example a credit workshop, invitations go to other areas of the agency that have consumers who could benefit.

The Housing Solutions group in St. Albans worked together to create the support structure for the GA Pilot, and is now benefiting from the information coming back from the housing case manager. Leadership in ES, FS, and Community Action communicate regularly and this has increased still more in the GA Pilots. FS Coordinators around the state communicate amongst themselves about the GA Pilots and hope to learn more from each other.

Finding time for collaboration has been a challenge. One staff member in St. Albans commented on the importance of making the personal commitment to be available for the teamwork. There was also a need to devote extra time during the start up phase to orient the housing case manager and to encourage other staff, such as benefits and eligibility specialists, to participate on the team. More time is involved in problem solving and decision making on whether to support a family with GA because the criteria for GA eligibility is more flexible. Several variables need to be considered such as the family's needs and commitment, the services available, and the timing for ES to make the investment. The team allows for more information to be gathered in making these decisions. The critical element is finding the time to do fact finding and involving others in the decision making process.

In Rutland, Community Action (BROC) was chosen as the lead for Housing Now, which serves as a gatekeeper for people seeking housing assistance. BROC then helps them or refers them to appropriate help depending on their barriers. BROC prevents evictions in addition to preventing homelessness. Their other services allow them to provide a wraparound model. Rarely do people need help with housing alone. They usually need food or assistance with utilities and fuel. They might need job coaching or to connect with a micro business program. Community Action offers a full spectrum of services, a well-developed community network, and a 43 year history of working with the target population for the GA Pilots. The Rutland County Housing Coalition, which has remained involved in this effort as well, is funded to work with the DOC and in the past also worked with ES.

In addition, Rutland is establishing a countywide monthly landlord committee under Housing Now. As the case review committee decides on candidates, they will consider where to place them based on where they originally lived, where they think they can find a job, and where their children go to school. Then they will locate apartments in the community. Rutland is working with partners such as the Land Trust, which is a source of lower cost, high quality housing. They are also working with landlords who have expressed interest and the Vermont Property Owners Association.

Burlington's GA Pilot program involves a partnership between Economic Services and the Vermont Housing Authority, Women Helping Battered Women, and the Committee on Temporary Shelter (COTS). ES provides the short term rental assistance and the Housing Authority provides long term rental assistance through Section 8 Housing. This partnership allows continuity for the participant so they are not in crisis again after 3 months. Section 8 Housing defines a legal contract with the landlord. The Burlington Housing Authority monitors to see that the oversight is happening and tracks success or failures over time. WHBW oversees the Fast Track Program and COTS the Housing Resource Center.

Although collaboration with other agencies already existed to some extent in Burlington, the GA Pilot provides a shared focus. Some agencies have been resistant to the Housing Authority's plans to hold participants accountable for following through on their service plans. The guidelines were modeled after the Pathways Program in Brattleboro. The Housing Authority has worked with other agencies to better understand differences in service philosophies. The way the Fast Track Program is organized is an outcome of this increased understanding about goals, service delivery, expectations, and what aspects to make mandatory or not. According to staff, the shared goals of what is best for the families helps transcend the differences between the agencies.

The Housing Resource Center is the culmination of contributions and collaboration by multiple providers, with the goal of preserving housing or finding housing. The HRC still hopes to involve more partners and make their approach a community program. Building collaboration with landlords is also important in the interest of preventing eviction and enhancing sustainable housing. Collaboration also increases financial support from a variety of community resources. It offers the opportunity to make changes at the system level that would increase opportunities and decrease barriers to sustaining housing. Through the HRC, COTS is administering the back rent program for families, using ESD money for families with children, and using their own funds for single individuals or childless couples.

Collaborative problem solving between a wider network of community providers in Burlington has increased because of the GA Pilot and its context within a declining economy, a housing crisis, and rising fuel costs. Providers can no longer operate in isolation because the need is great and resources are limited. Often, these partnerships can help identify resources that participants did not know were available. Collaborators meet to problem solve individual cases and share knowledge and resources on a case by case basis. Providers are doing more outreach to let participants know about available resources, such as food stamps or fuel assistance, so that they can use their cash for housing. Federal food stamp rules have changed recently, allowing more

people to qualify and increasing benefits slightly. Providers are also raising awareness among school staff to encourage students to utilize the school lunch program.

Burlington staff describe the GA Pilot as allowing for creativity and collaboration in finding permanent rather than temporary solutions to chronic homelessness issues. They discussed their experience of motels as a “dead-end proposition” that provides temporary respite, but eventually leaves participants in the same crisis that was in place when they came in for help. Along with the GA Pilot’s focus on permanent housing, staff value helping families with children settle into a stable school situation.

Staff involved with Burlington’s Housing Resource Center hope intervening at an earlier point to assist participants with finding stable housing will result in long-term impacts, such as preventing them from becoming homeless, coming into shelter, and needing greater community resources. They also plan to provide an efficient one stop shopping experience for participants, for example, being able to apply for back rent at the same time as they apply for food stamps, fuel assistance, and child care subsidies.

5) Early Outcomes: Staff Observations and Participant Experiences

Staff Observation of Outcomes: At the three original sites, staff notice participants becoming competitive in the housing market, sustaining stable housing, living on a budget, improving relations with landlords, seeking help before problems escalate, and avoiding foster care and more intensive work with DCF. Most do not return to ES for GA assistance and avoid putting chronic strain on local shelters and school budgets. For example, Springfield staff reported that during the first year of their GA Pilot Program, 17 families and 3 individuals participated. (This entailed 23 adults and 25 children overall.) Of these, 11 families and 2 individuals found permanent housing. All but one of these participated in the permanent supported housing program after the GA Pilot. What happened to those who did not complete the program? The one individual moved out of the district. Of the five families, one became pregnant and decided to move in with family. The other four were terminated: one due to drug use, one for violating the overnight guest rule, and two for failing to pay program fees.

The Springfield housing case manager explained that most of the people who enter the Pilot do not get employment during the 90 days of the GA Pilot because they are at a point of extreme crisis. If they follow through on their contract and their Reach Up requirements, they often find employment when they move onto permanent supported housing. Economic Services staff are noticing that once clients are referred and accepted to the Pilot program, they rarely return to ES for further housing assistance. Since ES is the only place to go in Springfield, they feel certain that either the participant has found permanent housing or has moved out of state. They believe they are reaching their goal of making participants competitive in the permanent housing market by teaching them how to be dependable tenants.

Other indicators of positive behavior change includes that most participants learn to call the case managers when there are problems. Staff believe this is because they find a supportive rather than negative reaction to reporting problems. They tend to be more candid about their situations, rather than withholding information in order to appear to meet requirements. Staff attribute this

to the fact that the GA Pilot no longer ties eligibility to the cause of homelessness. In fact, one staff member estimated that of the 150 people that came through the GA Pilot over the past year, 95% would not have been helped under former GA eligibility rules because they contributed to their homelessness. The housing case manager added that it is rare that people end up homeless through no fault of their own. In addition, those with two years of stable housing usually do not want to lose it. Many are proud that they were able to do it, find it enjoyable, and begin to acquire possessions that make it harder to move.

Springfield staff quoted a 25% decrease in homeless numbers in 2008 from 2007 on the Point in Time count, which they attribute to the continuum of services offered through the collaborative efforts in the community. The GA Pilot is seen as a big part of this improvement since it has been operating for just over a year. The number of incarcerated women in Springfield has decreased as well, and dramatically so.

Staff enthusiasm about the GA Pilot Program was palpable, and could be considered another positive outcome of the project. One person commented on how remarkable it is, after 30 years of a GA program without any changes other than a few dollars of the annual allotment, that this is the first time staff have been given the flexibility to think creatively and use their resources wisely toward long term solutions. A colleague added the belief that the more they can use common sense, the more money they can save the organization. They also appreciate that it is respectful of people and helps them sustain themselves. If a participant is willing to work on their issues that cause a barrier to maintaining housing, the GA Pilot staff will work with them. This allows problems to be solved rather than stopping people from participating because they do not meet the eligibility rules. Staff added that this approach is wise and intelligent. It is focused on what is best for all and spends the least. One staff member told a story of a coworker who had come to her for advice on a situation where common sense was in conflict with traditional rules. She was able to answer that it was okay to use common sense. She laughed as she explained that the coworker was astonished at her answer.

St. Albans staff described participant outcomes such as stable housing and greater ability to live on a budget. In addition, outcomes include better relationships between landlords, clients, and members of the Housing Solutions group. Landlord relations have improved to the extent that landlords contact the agencies when they have openings. Staff also noted improvement in a family recognizing and acting on the need for help earlier rather than waiting until everything had fallen apart. This allowed the staff to intervene in a timely fashion and avoid disaster.

The case manager in St. Albans highlighted one family that had been successful at maintaining housing in an apartment. This family had been homeless for a longer period of time. The school district was paying to bus the three children from outlying counties to their school. The family had been in continual crisis and chaos. This family has now been in stable housing for nine months. She was reticent to call it a complete success because they had not continued to work with her. However, they recently contacted her with an issue that came up, and did so before it escalated into a larger problem.

Another staff member in St. Albans highlighted several families that have avoided more intensive work with Family Services due to the assistance they received from the housing case

manager. In addition, they avoided the strain on local homeless shelters and GA monies. Staff discussed savings to the school system, and the avoided cost of foster care. They would like to quantify the dollar savings of intervening before a crisis.

Participant Experience of Outcomes: The following case studies share the results of the original three GA pilots as reported directly from those who have been helped. Each case study describes participant circumstances before entry into the GA Pilot and their experiences in the pilot, including the help they received and how they reciprocated. Then the case studies describe outcomes of the program and participant satisfaction with it. Identifiers such as names have been altered to preserve the anonymity of interviewees. First, here is an overview of these five areas:

Participant circumstances before entry into the GA Pilot: Participants described their situations before involvement in the GA Pilot. These usually included multiple stressful events during a brief period of time against a backdrop of chronic problems. Those mentioned were lack of family support, compounded losses of friends and family, addictions, illnesses, accidents, abusive relationships, divorce, loss of work and difficulty finding work, increasing debt, evictions and non-renewed leases. In addition, many had children to care for, including children with special needs or school difficulties, and children in state custody or in jail.

How participants found out about the GA Pilot: All of the people interviewed who were homeless or on the verge of it came to the GA pilot through a referral, occasionally from someone they knew, but most often through another agency. Those mentioned included Reach Up workers, the State Housing Authority, Vocational Rehabilitation, Department of Children and Families, the VFW, and a State Senator. They described being able to meet with case managers almost immediately.

The kinds of help participants received through the GA Pilot: Participants discussed the variety of assistance they received through the GA Pilot program. This included practical assistance with finding housing and budgeting, as well as emotional support and limit setting. Case managers tailored the assistance to the needs and problems of the participants, helping them set goals and linking them to services.

How Participants Reciprocated: An integral component of the GA Pilot programs is reciprocity. The program staff and the participant each do their part and collaborate to tackle the homelessness problem. The participant works on their issues and follows program guidelines in return for assistance in finding housing and dealing with barriers to maintaining housing. In Springfield, this is clearly articulated in a contract between the housing case manager and the participant. In Morrisville, participants create a service plan with their case manager. They identify goals and how they will meet them. Participants agree to repay money they receive when they are able. St Albans has found it unrealistic to ask for financial reciprocity from clients who are struggling with income. Reciprocity was helpful to those participants who found it difficult to ask for help.

Outcomes of Participation in the GA Pilot Programs: Participants described many positive outcomes of their involvement in the GA Pilot programs aside from obtaining and maintaining permanent housing, such as stabilizing their lives, recognizing personal strengths, improving

family relationships, recovering from addictions, becoming employed, learning to save money and prioritize expenses, becoming good neighbors and contributing community members, getting needed operations and treatment for better health, qualifying for social security or disability income, living in a safe environment, pursuing further education, setting future goals, and celebrating holidays. Their children also improved their school performance and outlook for the future.

Program Satisfaction: Participants expressed nothing but satisfaction with the GA Pilot programs. They were enthusiastic about the caring and support they sensed from staff and extremely grateful for the help they received. They sounded empowered and often recommended the program to others in need.

Case Study #1 (Mary): One participant had worked nine years at a department store and then six years at a grocery store. She lost her job at the grocery store when her doctor prescribed throat lozenges for a yet undiagnosed throat cancer. The store did not allow staff to have anything in their mouths while working. Once she learned she had throat cancer, others encouraged her to try to get her job back, but she was not feeling up to it. Shortly after learning of her diagnosis, which she said was caused by smoking, her brother was also diagnosed with cancer. She underwent treatment and survived, but unfortunately he did not.

After leaving the hospital, she left her own Section 8 housing to live with and care for her ailing mother who died a few months later. Her other brother then sold the estate and she was without a place to live. At that point, she came down with another form of cancer caused by the radiation treatments for the original cancer. She was fortunate to have Medicaid insurance due to prior disabilities and could live at the hospital whenever she was too sick to leave during the chemotherapy treatment. However, she was homeless and couch surfing whenever she was not living at the hospital over a two and a half year period. She said she developed an addiction to prescription drugs during this time.

Another stressor involved her son, who had dropped out of high school. When he turned 18 he also lost his medical insurance. However, he was always at his mother's side during her illness, even stopping the hospital staff from "pulling the plug" when she was in a coma, and he was there when she came out of it. It was his friends who offered a couch whenever she was couch surfing. This participant expressed sadness about these circumstances and said she tries not to blame herself but still does. Saying she lost everything, she described a "treasure box" she carried with her of sentimental objects such as family photos. She also said she had to give away one of her cats and the other cat died of cancer while she was in the hospital.

Mary was not eligible to move into a shelter because of her lowered immune system due to the leukemia. With the help of the housing case manager, she was able to move into an apartment that came open. The housing case manager accompanied her to the interview with the manager of the permanent housing unit. They helped her move into a clean, furnished apartment. She also received access to dental assistance and was referred for counseling, which she found very helpful. She said she has learned the importance of being honest about her problems in order to solve them. She believes many people who find themselves in a homeless situation have difficulty being open, honest and drug free.

She especially appreciated the constant support by the housing case management team. She expressed gratitude for how much they care. It was particularly useful that they always look to the future and not to the past. To paraphrase her description, they make people feel good about themselves, they do not look down on them, and they do not turn their back on them. She said the experience gave her stability and the desire to better herself, which she then did. Another approach she valued was the focus on helping each family member. In her case, the case manager also worked with her son, encouraging him to return to school and staying in supportive email contact with him.

Mary said she was now “clean” from her addiction. Her son, who stayed with friends during much of this difficult period, established some personal goals, moved to another state where his sister lives and attends Job Corps where he is excelling. Mary gradually began feeling better and better. She saw her humor as a strength that helped her make it through two bouts of cancer. While waiting for her subsidized apartment to open up, she was given some of her escrow money to stay in a hotel for two weeks. She has been in her permanent housing for a year and says she has turned her life around immensely. She is out of debt, and she has a savings account and a credit card. Her rent is under \$200 including cable and phone which she knows is hard to find. She believes her ability to improve her life has impacted her son’s ability to set goals and further his education. She proudly discussed his report card of seven A’s and four B+’s (those being in his worst subjects). This, she said, from a boy who formerly hated school and flunked every course. She said when he returned home for the holidays, he saw that he had changed his life for the better compared to former friends. Her son plans to return to Vermont to continue his education.

Mary has become close with some neighbors in the apartment building. She hopes to upgrade from an efficiency to a one bedroom apartment. She also hopes to purchase a car but appreciates the available public transportation. She hopes to take some courses and eventually go back to college. Her health has been good and her oncologist was encouraging about her future free of cancer. Mary considers the GA Pilot program a helpful growing and learning experience. She also commented on having developed stronger coping skills. She was excited about flying for the first time to visit her son and daughter. She said she attributes her strength and drive to the GA Pilot program because they helped her realize she had it in her.

This woman enthusiastically spoke of all the things she has as a result of the GA Pilot program and said without the Pilot program she would not be where she is today. She was very proud to have celebrated her first Christmas in five years. She was able to wire her son money for new sneakers and to fly her son home for Christmas because she had the money in her savings account. In the past she never had money saved. She senses more respect from her son and said they speak daily by phone. She reflected that she thinks a lot of his problems were because he had to take care of her. She had left his father and then his father passed away a year ago. The housing case manager was pivotal in helping her son and she said her son related well to him.

Mary described the intake process when she met with the housing case manager. Part of reciprocity was her willingness to be honest about her issues. She also needed to be respectful of the rules and regulations involved with the temporary supported housing. This included no drugs, no drinking, and no one staying overnight. It also includes contributing 75% of her income of

which part was put in escrow and matched by the program. Mary said in the beginning this seemed daunting, since it was most of her disability check. However, it built up in the escrow account. She was able to pay for the motel while waiting for her apartment to open up and she was able to buy other necessary items. She understands that her rent must be paid on time and does so now. She discussed the importance of taking responsibility within a structure that allows people to turn their life around if they are serious about it. She mentioned having a roommate who did not carry through with the agreement and left.

Mary shared the fact that she was scared during the intake process, knowing that the 'old' feels more familiar and safe even though she knew that without the program she had little chance of moving forward. She knew her life could not get worse than it was, so she decided to commit to the contract. She also sensed that her son needed to see that she was strong enough to do it. She found the housing case manager to be a very calming person which was helpful. She looks forward to the weekly 'check in' from the case managers and understood that they might make unexpected visits. Now that she is in permanent supported housing, she anticipates missing the housing case manager's regular involvement with her life, though he has assured her they will maintain contact. She added that other people she knows would not be willing to agree to the contract. She said she believed that if her life was going to get straightened out, it had to be 'an open book.' She made the decision to give her case managers access to her doctors and her medical records. She considered the program a privilege and called it a wonderful, wonderful program. When she left her temporary supported apartment, she left the curtains, table mats and shower curtain as a small way of helping the next person who arrived.

Mary highly valued working with the housing case manager. She appreciated the financial discipline she gained through the program that her life circumstances had not instilled in her. She was extremely enthusiastic about the GA Pilot, exclaiming that she could not say enough about it. She was grateful that it had improved her life so dramatically. Describing it as one of the best things to happen in her area, she said there had never been a program where people can get help, direction, contacts, and emotional support at the same time. She highly recommended the program to others, especially those with children, encouraging potential participants to take advantage of it even if they are scared or ashamed. Without the program, she said she would probably be dead or at least still couch surfing.

Case Study #2 (Nancy): Nancy and her two year old daughter were living with her boyfriend and his father when the father passed away. Shortly after that, she and her boyfriend broke up and she was without a place to live. Her own family was not in the area. She was fortunate to have medical insurance through the state. When she met with the housing case manager, Nancy was given the option of finding a place on her own or signing the contract and receiving assistance from the housing case manager. She thought the rules were reasonable, such as no alcohol on the premises and no one else staying in the apartment. So, she signed the contract. Nancy was fortunate that a temporary apartment in the GA Pilot Supported Housing Program opened up the day she was moving out of her boyfriend's father's place.

She used her Reach Up benefits to pay the 75% of her income toward the housing program. A third of that went into an escrow account and the other two thirds paid her rent. The escrow amount was matched since she met all requirements of the contract. She then used this toward a

down payment for the permanent apartment. At times, living on 25% of her income was difficult since she had a two year old daughter to support and also needed to buy gas for the car. She said the case manager helped her obtain needed resources, such as clothing, with a voucher. This made it doable even though it was a tight budget.

After proving herself within the GA Pilot program, she was eligible for permanent supported housing. Her housing case manager gave her leads to 40 subsidized housing units and she applied to all of them. She believes her success at finding a subsidized apartment was due to the case manager's willingness to serve as a reference for the landlord. After helping her secure an apartment, the housing case manager helped her get her daughter into preschool and take advantage of other Family Center programs.

Altogether, Nancy was in temporary supported housing for 2 months and then had four more months of permanent supported housing from which she has graduated. She found the escrow account a useful tool for saving money and becoming independent. It gave her what she needed for the first and last month's rent, and to put utilities in her name. She appreciates her subsidized two-bedroom apartment which includes heat and hot water, adding that there was 'no way' she would have accomplished this without the pilot program. She considers herself much better off because of her participation in the program. She was also able to take advantage of programs she needed for her own issues. The housing case manager helped her find day care so she could go back to work in a restaurant. She said he helped with what she needed to do to stabilize herself for the long term. She has been working and paying her bills and plans to continue.

She said the 75% of her income that she had to put aside seemed most difficult at first but that by the time she obtained her permanent housing, she only had to pay 30% of her income for housing. By this time she had learned how to budget 25% of her income, so she found it easier to budget the leftover 70% and to save money. She says she appreciates the money more now, has a better sense of what expenses to expect, and does not tend to spend it unwisely.

Nancy remarked that the program is worth it for those who are willing to cooperate with the system. She expressed appreciation for the helpfulness of the housing case manager. For her it was a choice of moving out of state and leaving everything she knew behind or taking part in the program. She is thankful she did, because she realizes she would still be depending on others if she had moved out of state. Here she is relying on herself, which she attributes to paying the 75% of her income and benefiting from the escrow.

Case Study #3 (Carol): Carol described moving around a lot during the first year of her son's life. Eventually, when she was five months pregnant, she returned to live with her mother who was addicted to alcohol. She and her mom would fight and feeling unable to tolerate this, she sold her son's crib and stayed in a hotel for a few days. Carol came to the GA Pilot via her Reach Up worker. After meeting with the housing case manager, she had an apartment within two days. She was pregnant at the time and had medical insurance. She was in the GA Pilot program for an extra two months while waiting for her permanent apartment. Speaking very highly of her case manager, she said he continues to help her now that she is in permanent housing. He helped her obtain furniture and is encouraging her to follow through with plans to go to school for her LPN license.

Carol is in a permanent apartment that she loves – it is large, clean, and she has her own furniture. She is actively planning to go back to school to get her LPN license within the next two years. After she finishes school, she plans to move to another state where her children’s grandparents live since she has no support system in Vermont. Eventually she wants to pursue an RN license.

Carol found it difficult to pay 75% of her income on Reach Up funds but managed it. Carol was very satisfied with the program and expressed great appreciation for the help she received. She had high praise for the housing case manager. She said she would recommend the program to others and encourages them to accept the help and cooperate with the rules in order to improve their lives and the lives of their children.

Case Study #4 (Robin): Robin is a single working mother with four children. Her lease was running out and she saw no other housing options. She finally lived in a pop up camper in her mother’s yard from May to October. They ran electricity from her mother’s house to the camper, but there was no running water.

Initially, Robin’s case manager came to her house since she had four children and no transportation. She helped Robin with the application process amidst continuous interruptions when Robin needed to tend to her children. Robin appreciated her case manager’s patience. The case manager helped her find an apartment with a fenced in back yard and swing set. The apartment comes with a six-month lease which will be extended if all goes well. When the landlord comes to fix something in the house, he relates well to her son. The housing case manager and the Reach Up worker often work collaboratively. They helped her make a payment plan for her car so she could get it back.

The housing case manager helped Robin pack for her move. Now they meet every two weeks either by phone or by a visit to the house. The case manager is willing to work around her schedule. Because Robin was ‘bad’ about paying bills, her case manager has been coaching her with finances and helped her get a checking account. Robin is involved in Reach Up in order to get economic support and to get job training. She reviews her finances monthly with the case manager. In her pilot program she is not required to set aside a certain amount of money but she is encouraged to save. However, she says there is not always money to save.

Robin works in a factory in order to keep her Reach Up grant. She hopes to obtain a better paying job and when she gets her driver’s license back, she wants to get back into the nursing field as a personal care attendant. She has her license in nursing systems but is ambivalent about the field because she had some bad experiences in a past job. Robin has had the same child care for her children for six years. She hopes to stay in the community where she lives because she values the school system. For now, her life is very busy with four children, several of which have special needs. This adds physical therapy and other appointments to her list of tasks to juggle. Robin says her religion helps her cope.

Robin spoke highly of her case manager and the help she had received. She said the case manager is very good about getting needed information. Robin also appreciated the supportive

attitude of the case manager who would reassure her when she worried about becoming homeless. She had high praise for the program and recommended it to others.

Case Study #5 (George): George lived in Section 8 housing for a couple years until he was evicted in June of 2007. He sought legal counsel and appealed the eviction to no avail. Meanwhile, George spent time either in shelters, short term apartments, or a friend's couch. Recently, he was rejected from housing assistance because his income level was too low. He landed on the street in February of 2008 and although he could find friends occasionally, he had to sleep outside on a number of occasions. He said he was not the only one in this situation. When he receives a paycheck and can no longer cope with the cold weather, he stays at a local motel, despite the expense.

George has appreciated the help he has received from his case manager, even though he has not yet found housing. He had called one number she gave him but had not received a response. Efforts to set him up in a shelter did not succeed. She also encouraged him to attend a meeting with a Vermont Senator where he got referrals to potential assistance, however, those were leads he had already tried. He considers his case manager an ally because of her effort to help him. They meet every other week to problem solve his housing situation. Separate from the help he receives through the GA Pilot, he collects unemployment which will soon run out. He has health insurance, social security, and a food stamp allotment.

George is still looking for a permanent housing situation in his area. At one point, he found a small apartment but it only lasted for three weeks. Near retirement age, he said his salvation is that his Social Security came through this year. He has been working part time but it has not been paying well. George retains hope that he will find housing, expecting he will get a lead to a place from friends or from acquaintances he meets through his part time work. George praised his case manager highly. Considering her a genuine asset, he said her dedication keeps him from sinking deeper into the depression he tries to hide.

Case Study #6 (Karen): Karen lost her income and could no longer pay for her housing. Before learning about the GA pilot, she was waiting for Section 8 housing, and she and her daughter were staying with a friend. However, she needed a home in order to reunite with her son who was in DCF custody. She gave her pets to a close family friend. She described having ADHD and a learning disability. In addition, she takes medication for depression, triggered when her children's father left the family, and deepened when her son was taken into custody. The father is involved with their daughter but not with their son. Her children have gone through Head Start.

Karen lives in an apartment provided through the GA Pilot. She also receives services through several departments and agencies and was not always able to distinguish between the source of help she receives. She gets a weekly visit from her housing case manager who checks the house and helps her obtain things she needs for the house, such as window locks. The case manager helps with housekeeping skills and budget management since Karen is on a very low budget. She said she gets \$316 a month for child support and is being asked to save \$200 of that toward an apartment. GA covers utilities. She also receives food stamps.

Karen wants to be an LNA and hopes to start a training program soon at the Tech Center. Karen said she needs to take classes toward her GED in addition to her LNA. She currently works in retail. She is hoping for a living situation where she can raise her son when they are reunited. In her current living situation, she is only allowed to have friends over when her daughter is not with her and they have to leave by a certain time at night. Though she follows the rules, she finds it challenging to have an authority telling her what she can and cannot do, especially when it comes to her social life. This and her agreement to finish school and get a job are requirements of DCF so that she can reunite with her son.

Case Study #7 (Ted): Ted and his wife have been together for 10 years and have three young children. An iron worker for 15 years, he has been traveling out of state to find work. As jobs became scarce, the family slipped into debt and could not find affordable housing. Their landlord sold the building and on short notice, the new owner did not renew their lease. Without much local family support to fall back on (his mother lives in a one bedroom apartment, and his wife's family live out of state in small quarters) he moved his family into a hotel. When he could no longer afford the hotel, he applied for General Assistance. In addition, they had to give up one vehicle which made it harder for him to travel out of state for work. He took a local job in a restaurant chain to make ends meet. Although he was making \$21 per hour with retirement benefits originally, it was not enough to support a family of five. With his current local job, he makes too much to qualify for assistance but not enough to survive. He said his union representative determined it would take \$18.33 an hour per person for a family of three to survive in Vermont. He emphasized the difficulty of finding affordable housing.

Ted received case management assistance to find an apartment for his family. He was also being asked to save money for a permanent apartment situation. The case manager helps him set realistic goals based on his family's needs and helps with budgeting. Ted has been living in an apartment with his family and is nearing the six month mark for determining if they can continue to live there. Ted described the goal setting and budget planning he and his wife have done with his housing case manager. While he found it valuable, he indicated that this process was stressful for his wife. Ted recommends the GA Pilot program to others.

Case Study #8 (Luke): Luke began his career as an automotive worker. He later worked in the granite quarries until he no longer could tolerate working outside in the winter. He is currently disabled and receives SSDI. He was paying his share of what he described as a very run down apartment without much functioning electricity. However, his roommate was not paying the bills to the landlord. They were told to leave in the middle of winter.

Luke's case manager researched possible housing opportunities and obtained applications for him to fill out. Through her link to Community Action, he was able to get a loan of the remainder of funds he needed to move into the apartment that he found. She contacts him periodically to check in. The case manager also helped him apply for Medicaid insurance and he is waiting to hear about that.

Luke lives in a well-cared for apartment building of 20 units for the elderly and disabled. This includes a living room, bedroom, kitchen, full bath, and shower. His apartment is located on the second floor but it has an elevator which he needs since he cannot climb stairs. His income

covers his rent which includes utilities. He cooks and cleans for himself and because he has a vehicle, he drives neighbors to their appointments or to do errands and grocery shopping. He proudly discussed that he gets elected chef at the apartments' summer cookouts and apparently has a good reputation with the other inhabitants. He drives neighbors as long as they compensate him for the gas. He enjoys helping others and recently called EMT's to the scene when an elderly neighbor had fallen down the stairs. He said he is able to stay calm in situations where others panic.

Luke said he finished paying back the housing loan he received through the GA Pilot. He was instrumental in helping friends find housing as well. Luke spoke highly of the staff in the GA Pilot as well as the Community Action Office. He is very grateful for their help in securing his permanent housing situation.

Case Study #9 (Melissa): Melissa's son was in jail from age 18 to age 20. He could not be released until he had a place to live but was finding it difficult to rent an apartment. His mother, who had the money, tried to find an apartment for him but also ran into barriers. Melissa's case manager made some phone calls and found a landlord that knew her as well as another one of her sons. He also had sons of the same age. He agreed to rent to her son who was going to be released from jail.

The case manager takes Melissa's son to Barre twice a month to give her some time off from that transportation responsibility. She also found some funds so he could obtain some clothes, and next set him up for Medicaid and food stamps. When his move in date for the apartment was postponed for two days, the case manager checked with FSU staff and invited him to stay at her home rather than return to jail for those two nights. Melissa's son had difficulty getting hired by other employers, so he works a couple of jobs, one with her boyfriend's business and one with her part time employer. He pays some of his bills and she helps him with others. Melissa visited him weekly while he was in jail. She said his brothers stood by him as well.

Melissa was enthusiastic about her son's progress. He recently won three trophies in wrestling. Although he had dropped out of his own high school, she was proud that he graduated from Community High School of Vermont while he was in jail. He now has an apartment, he is healthy, eating well, has a job, and has the support of the case manager if he needs it. Melissa was very enthusiastic about the help she received from her case manager and from the Community Action Office. She said the compassion of the staff was extremely touching. She realized she knew her case manager from childhood and continues to visit the office staff just to say hello.

Case Study #10 (Amy): Amy came home from her work as a merchandiser one evening and began to experience problems with her back. The next day she could not move. After two weeks of tests, she was diagnosed with sciatica and other back and foot problems. She could not work for three months and by then her job was no longer available. Her fiancé also did not work due to a seizure disorder. At that point, she arranged for them both to apply for social security. As the months went by, she used her credit card to pay bills and postponed paying rent. Eventually, she was given four weeks to pay eleven months of back rent in full. Although her mother gave her \$25 here and there for groceries, she had accumulated \$35,000 in credit card debt and was

considering filing for bankruptcy. Amy said it was very hard to ask for help. She said it is not in her to be that needy. She is usually the person that helps others, rather than being the one to receive help.

Amy said her case manager became her “right arm.” She accompanied her to court when she was being evicted. For a variety of reasons, the eviction did not go through but it bought her time to move out of the apartment. The case manager helped her get social security, general assistance, food stamps, and a pro bono lawyer for her bankruptcy. She accompanied her to court for the bankruptcy and also helped her fiancé get SSI and a pro bono attorney for his power of attorney. She also arranged for Amy to receive some allowable remuneration for taking care of her fiancé. The case manager also helped them find subsidized housing and worked with the VFW connection to get volunteer help with the move, since Amy and her fiancé were both disabled. The case manager came with her own van to help as well. This original case manager now has another job but continues to help this couple with linkages to resources in the community. Amy said this case manager’s knowledge about social security was seminal for them, since most of their problems centered on this going through.

Amy signed a contract, agreeing to pay back any money she borrowed for housing. She was able to follow through with this agreement, using money from her first retroactive social security check. The reciprocity gave her help during a difficult transition but allowed her to remain independent and responsible for herself. Amy takes care of her fiancé now which works well for both of them. She gets paid to care for him through Choices for Care. They are looking at buying a home near his parents in a state where the cost of homes is very affordable. She says her fiancé wants her to be secure and settled before he dies. He also wants to be available to his aging parents who also have health problems.

Amy said the staff made her feel welcome and she thinks of them as friends. Without them, she says, she cannot imagine where she and her fiancé would be. She imagines they would be living in the car without the money to put gas in it or turn its heat on. She and her fiancé pay a monthly visit to their former case manager when they visit the location of her new job. She said this case manager has become very special to them. Calling the GA Pilot program “exemplary” and the essence of what community is about, she has recommended it to a disabled veteran she knows.

Case Study #11 (John): John had been living with a friend at the home of the friend’s girlfriend. When they split up, he was able to stay a little longer but then moved in with another friend, in a more stable situation. During this time he needed to have each of his hips replaced. Hip pain, gout, and arthritis, which got progressively worse over several years, made it difficult for him to work. He had usually been able to support himself and did not have family support. At the time he was not aware of the source of the pain and was at his wit’s end about what to do. Compounding this situation, six of his closest friends died in a short time of each other. His housemate, a very healthy person, came down with a life threatening disease, could not work, and eventually committed suicide on John’s birthday. As a result of these events, John became very depressed. He still lives in the friend’s house, on the good graces of the friend’s wife, who has a second home. John says he is living day to day and has applied for social security disability.

John first got assistance with applying for food stamps and Medicaid, which he received within a week or two. He perceives the medical assistance as most helpful to him. Through GA, he receives \$56 monthly pocket money and \$198 toward rent. ES also pays his electric bill. John said he is comfortable and much better now, due to the help he received. John thinks he would still be in extreme pain and probably dead if he had not received the help through the GA Pilot program. Medicaid made it possible for him to have his hips replaced. He said people in a situation like his or ones more dire would be hopeless and lost without a program like this. He was extremely grateful and imagined others were also.

Case Study #12 (Sam): Sam went back to drinking after 23 years sober and is in the midst of a divorce. After reinjuring his back sleeping in his car, he landed in the hospital and could not work. His mother also landed in the hospital during this time and a few days after returning to live with his brother, she passed away. He also lost his license after a recent truck accident.

Sam was initially placed in a motel and received help with food stamps and general assistance funds. In the meantime, the case manager helped him locate a room for rent and supplemented his GA funds to pay for it. She also helped him apply for SSI, which involved transportation to a meeting out of the county. He was denied and is currently appealing the decision with the help of a lawyer. His case manager transports him to his meetings and for errands such as grocery shopping. At other times he reserves public community transportation when he can coordinate his scheduled trips with their schedule. The case manager occasionally delivers small things that he needs to save him the walk to her office, since he is disabled. He makes use of the Food Shelf at Community Action when his \$160 food allotment runs out.

Sam said his case manager helps him a great deal. She talks with him on the phone, she helps him reach his lawyer, and she made a call to a senator to advocate for him. His application had gotten stuck on someone's desk for two months before it was forwarded on. She also researched his eligibility for a pension through the Veteran's Administration and helped him apply for that. In addition, she helped him work with his lawyer to access the pension he was entitled to from a job he held for 15 years. This had to be carefully researched to be sure it would not affect his eligibility for Medicaid, food stamps and the \$56 monthly GA assistance.

Sam and his wife communicate regularly despite the divorce process and he enjoys regular contact with their 11 year old daughter. His priority is moving from his current 'room to rent' into an apartment. He is currently on the waiting list. The room he rents requires regular movement up and down stairs which is difficult for him. Sam signed a contract to repay a loan from the GA Pilot for his room rent and also to pay off fines from his accident. He said he looks forward to paying it back. Sam appreciates talking with his case manager and the Community Action staff. He spoke highly of them, commenting on their supportive and caring attitude.

Case Study #13 (Louise): Louise left her husband who had been behaving abusively toward her. She is a full time mother of two sons and does not carry any other job. She describes suffering from bipolar disorder, depression, addictions to alcohol and drugs, PTSD, and fibromyalgia. Louise described a lengthy application process with a lot of communication that helped her set goals. She said she signed a payback agreement and paid back the money she owed on a monthly basis. Louise appreciated the support and advocacy of her case manager and the Field Service

Coordinator. As a result, she benefited from temporary funding for housing, SSI, and food stamps.

Louise hopes to be living in a safe and congenial atmosphere as well as working part time, hopefully with children or the elderly. Louise said she would be dead had she not been accepted in the GA Pilot. She was able to begin psychological services and to get financial help through SSI and Economic Services. In addition, she said she felt a great deal of caring and support from the staff. She recommended it to others.

6) Predicted Outcomes, Costs, and Savings; and How to Measure Them

Anticipated Outcome, Costs, and Savings: Staff across the sites predicted that greater housing stability will lead to a variety of benefits for families and society. For example, children can benefit from regular school attendance and performance, better nutrition, and better mental and physical health. With greater stability, children can get accustomed to a school and attend regularly. They are eating more nutritious foods because cooking facilities are available. When a family lives out of a car, they tend to buy fast food, which is more expensive and less nutritious. With housing stability, children are getting necessary medical attention for better health, they live in a clean and safe home environment, and their parents are tending to their responsibilities as parents. For example, parents are better able to maintain employment because they have a reliable contact address, they have access to showers, and there is less general turmoil. Safety is another stress reliever for those in the program who have been victims of domestic violence. In the Springfield program, 80% of the women have been victims of domestic violence.

One staff member explained that if parents can be helped to find stable, decent housing and they do not have to manage the ongoing stress about where to stay on a day to day basis, then they can focus attention on goals to help themselves, such as taking a course. Their children are less apt to act out, to worry about where the family will live each night, and to have to change friendships with schoolmates every time the family moves. People are then able to look to the future in longer term ways than ‘What are we going to eat?’ and ‘Where are we going to sleep?’

Staff predict that money will be saved on costs of incarceration and fewer visits to the emergency room. After addressing mental health issues and healing from trauma, previously homeless people will become contributing members of society. As children stay in school and earn an education, they will become contributing members of the workforce. Springfield staff are encouraged by the decrease in homeless count and the dramatic decrease in the number of incarcerated women in their community. They believe in positive change.

Similarly, Burlington based its Fast Track program on success they had with a similar program offered to victims of domestic violence in 2004. Several years after women had received vouchers, most were still living in Section 8 housing with their children. The Springfield housing case managers expect some relapse of domestic violence (and resulting homelessness) to occur based on experience they had prior to their work with the GA Pilot. Yet they believe that as participants try again and again, new behaviors will begin to stick.

Measuring Progress: GA Pilot staff discussed various ways they monitor and measure progress. Burlington Housing Authority staff members are interested in monitoring how participants are doing at maintaining their housing. The ultimate measure of success is whether a participant sustains housing. However, staff are also interested in an individual's progress toward that goal such as sustaining housing for a longer period of time than ever before. Part of this success involves placing people in housing that they can afford. It also involves how effectively agencies are able to stay involved with families once they are housed so that they are actively addressing underlying issues. Staff cited a strong correlation between addressing underlying issues and maintaining housing. Therefore, progress will be monitored.

Economic Services in Burlington is interesting in measuring if people maintain housing, if they are following through on their plan, meeting their requirements, and paying utilities and other expenses necessary to keep their Section 8 voucher. They are also interested in measuring whether victims of domestic violence are in safe, non-abusive, and stable situations. Indicators could include participation in employment, schooling, mental health and substance abuse treatment and 12 step programs, financial management classes, and whatever goals participants set to improve their lives. A staff member monitors program compliance at three and six months by checking in with families and their referring providers. The Vermont Housing Authority requires its program recipients to meet with staff annually to update income information, which aids this process.

The Housing Resource Center in Burlington would like to collect information on the top reasons why people are in homeless situations, how their investment saves money in the long term, how many people participate in the program, how many seek assistance, how many are turned down, why people qualify, how many people are served in a month, how many succeed and how many do not. Measures of success for Burlington's Fast Track program include safe, stable housing, and family perceptions that they are safe (physically, emotionally, and financially) and their needs have been met. Staff with WHBW appreciated the impact the GA Pilot has made on resources they can provide to victims of domestic violence. With the freezing of family unification vouchers and the Section 8 wait list, women otherwise are forced to choose between staying in a violent relationship and homelessness.

In Morrisville, the Service Coordinator completes a monthly report on all of her GA Pilot clients, including dates and times of meetings and what she does for them. A two page contact record details participant demographics, service providers involved, presenting issues, outcomes, and reasons for termination. This information is then tracked, along with length of service coordination, and compared for change over time. The staff team then discusses the report. The SC works with participants to fill out and sign a service plan agreement that identifies their goals and what services and service providers are needed to reach each goal.

Rutland Staff define success with the following measures: stability for the family; increased income through employment, Reach Up, or SSI benefits; more households acquiring permanent housing, fewer households returning for additional assistance, and positive rental references. Rutland has not historically tracked what happened to families when they completed their 84 days of emergency assistance. However, they did track those who returned annually when they

were eligible again. Staff said the cyclical nature of seeking assistance occurs when recipients are not working on solving the underlying issues.

Rutland staff were cautious about expecting too much of the GA Pilot program. With only eight apartments and a much larger homeless population, hotel stays will still be needed. They are considering having participants fill out a survey one year after leaving the program highlighting what has been most helpful and what continues to be a challenge. Staff are interested in stories of how the program made a difference. One staff gave the example of being able to say a family found stable housing, a parent was able to find employment, a child was able to succeed in school, and they felt like normal members of society.

Despite cautiousness, Rutland anticipates positive results from its new GA Pilot because of its experience with Jen's Motel, which has a manager who functions like a case manager. She helps people find jobs and rating-approved housing. Staying at the motel requires reciprocity from the participant, a signed agreement to work on underlying issues with the case manager. Results at Jen's Motel have already shown that this model works. This supported housing situation functions very similarly to that in Springfield, where there are strict boundaries as well as supportive assistance with goals that participants set for themselves. Rutland staff mentioned another success story. One at-risk adult who was about to become homeless recently started receiving \$900 per month and will be able to afford an apartment. He was able to negotiate a more affordable apartment with his landlord and pay off his debt on the other apartment. From these experiences, staff anticipate that the cycle of homelessness will be broken through the GA Pilot program over time.

In Springfield, the ES eligibility worker serves as a liaison with the housing case managers on issues of documentation, monitoring and referrals. ES keeps a list of GA pilot participants and others who seek housing assistance. The Springfield GA Pilot housing case managers fill out an exit form that tracks compliance with the contract (e.g. were fees paid regularly, was the apartment kept clean, what issues came up, what was the housing situation after the pilot, was there participation in the permanent housing program, where did they apply for housing, did they find employment, did they access Vocational Rehabilitation services, did they pursue education, did they participate in mental health and/or substance abuse treatment, did they get child care, did they take a parenting class, and other items pertaining to nutrition, transportation, furniture, and budgeting).

Springfield staff had the following suggestions for comparing outcomes before and after participation in the GA Pilot, though it is acknowledged that this would be time consuming research and there are many variables that impact outcomes. First, staff recommended tracking participant emergency room usage, Medicaid costs, involvement in the Corrections System, employment, and whether participants are receiving Reach Up and food stamps. Then, compare families who have gone through the program with those who have not: Have children been put into foster care? Is there an association with Corrections or Probation? Some mentioned existing tracking mechanisms within the Health Department and the Education Department. Another data source mentioned was the Internal Revenue Service or State Tax Dept, for income information. Another source of data is the point in time tracking sheets that pilot administrators are asked to

complete. Lastly, staff suggested asking participants to sign a release or asking them to complete a post program survey at various time intervals after participation.

A challenge for recordkeeping includes the fact that many families on the verge of homelessness find employment in neighboring states such as New Hampshire and leave the state or move back and forth. One staff suggested that tracking outcomes for children offer more opportunities for long term research. For example, continued use of the Dr. Dynasaur program may provide a data base and contact information for medical data. Other examples suggested included the Building Bright Futures Initiative. However, staff acknowledged this would only lead to numbers per district, not case specific information.

7) Barriers and Recommendations

Participants and staff identified barriers and areas of policy and practice needing further attention. These are organized into three main categories: a) System Issues; b) Resource Issues; and c) Attitudes. While there is some overlap between these three categories, they are meant to give clarity to the multiple barriers that exist. System issues entail policies or practices that get in the way of timely responses to real needs. Resource Issues address areas where resources are not keeping up with costs and demand. Attitudes encompass barriers that stem from people themselves, such as a lack of understanding, lack of a broader view of a situation, or a lack of education. These can often be consequences of inadequate resources or system issues.

System Issues:

The process of applying for Social Security Disability is extremely challenging and needs improvement. Staff said most people are rejected at least once before they get approved. They have to go through an appeal process and the second level of hearing can take a year or two. People are often denied when they should not be and have to involve lawyers and other assistance to get it. One caseworker said she is working with several applicants that should be eligible for SSI but are getting denied. Two of them are working with an attorney. Another man is an elderly 17 year veteran who has worked all his life. He has various health problems. So far, the SSI application process has taken eight months. This case manager has written to Senator Sanders' office about the situation. She worries that by the time her client receives SSI, he may not live long enough to benefit from it. A local shelter kept one man for almost a year (beyond the shelter's average 90 day stay) because he was appealing denials to social security.

Lack of coordination between Medicaid and Social Security administrators can interfere with needed medical benefits. One participant shared his experience. First, when he became disabled, it took six months to begin receiving SSI. In the meantime, he got food stamps and Medicaid through the state. Then, a month before he started getting SSI, his health insurance was terminated. Luckily, his doctors helped him get a three month supply of medications, which are worth \$576 monthly, but he is still working on straightening out his Catamount medical insurance. Even though he pays his premiums, he receives a letter saying he has been denied. In addition, his first application to the Catamount program was lost, so he had to reapply. He began receiving monthly bills and paid them, only to find out later he was not covered. He is currently looking for another program. He mentioned an SSI program where one becomes

eligible for Medicare after 25 months. However, he shared frustration that he is sick now, not two years from now. He recommended attention to this system problem.

Policies are often still set up to defeat families staying intact. A staff member made several points about policies that negatively impact families. For example, how households are defined can make a difference in receiving benefits. One consumer was going to lose her benefits because her partner, the father of one of her children, was going to be living with her. In addition, there is not necessarily consistency between districts in how family preservation funds are allocated. Policies also keep people from getting ahead economically. One staff asked how more vouchers can be made available in such a way that people can move forward economically rather than become dependent on them.

Shelters are accommodating longer stays to help participants save money for permanent housing. Here is an example of a change in policy to benefit participants. Shelters around the state are lengthening their allowable stays to give families a realistic amount of time to save money for security deposit and first and last month's rent and all the other expenses involved in utilities, food, and home set up. Currently it is 90 days (up from 45 days initially) and sometimes is extended based on need. Staff with experience in shelters prefer to keep a family longer and work with them on saving money and repairing credit. This has a better chance of leading to permanent housing than shorter shelter stays, which tends to keep families moving from shelter to shelter.

Paperwork is challenging for many participants. One participant commented on the paper "blizzard" that was not necessarily effective at achieving results. Another man suggested that the GA paperwork should be more "man-friendly." He explained that there are a lot of questions that don't pertain to him that make it more confusing. In addition, he said program names are constantly changing.

Resource Issues:

Funding, including GA funding and the way it is determined, is inadequate to meet housing needs. Staff in more than one district said the amounts people receive from GA, which have not increased in years, are inadequate for the cost of housing in current times. Springfield staff said funding and the way it is determined is a barrier. One staff member suggested that funding be determined based on need rather than population or income level. This should be determined by looking at how many people receive services that would qualify them for a program like the GA Pilot. Springfield staff said they have the fourth largest Reach Up caseload in the state, few employment opportunities, and an untrained workforce. They believe caseload and food stamp utilization per capita should be factored into a determination of funding allotments. Funding is needed to support more temporary apartments.

Financing the GA Pilot has been challenging since the money coming from the state has been fluctuating and decreasing. To compensate, St. Albans staff had to find other funding, such as available Reach Up funding, FS Direct Service Funding, OEO, and United Way. For the second year, they cannot use Reach Up TANF funds for the GA pilot. They also do not know what amount OEO will allot this year. In addition, the GA allotment to the district has decreased.

Workers are being told to seek funding in the community, but they feel they are already looking there for other financial assistance in difficult economic times. In St. Albans, one staff person raised the concern that alternative community funding, such as from churches or Community Action, is not available.

Despite the richness of resources in Burlington and Chittenden County, staff find it is not enough to meet the needs. Needs and costs are growing, but the GA program has not increased its allotment in many years. Burlington staff recommend allocating more money for the GA program overall, and funding the GA Pilot so it will be a sustainable long-term program. They are convinced it will be a cost effective investment for the state. One staff suggested an extra million in the GA budget. Burlington began its program in July 2008 and were already fully subscribed by October. The program receives a considerable number of inquiries and referrals, approximately 40 to 60 per month. If the funding is not sustained for this program, they say more money will be spent on shelters, on opening more shelters, on motels, and on emergency room visits. Funding would also enhance collaboration.

Burlington staff say a larger allowance for additional expenses would ease pressure on families with little income remaining after housing. Some need to choose between paying utilities and rent. Even people who pay 30% of their income on Section 8 Housing, who receive food stamps, fuel assistance, and other resources, are still struggling. Assistance with mortgages to help maintain homeownership and avoid foreclosure will take more money than what is in place. Since homeownership can be less expensive than renting, this could save costs as well. Staff also recommend money to assist with moving expenses.

Staff in Rutland also echoed the fact that the state has not kept up with the cost of living. For as much as 30 years, the maximum paid from GA to an individual eligible for rent is \$198 and for personal needs is \$56. Staff said this amount of money does not fund an apartment for a month. In addition, the payment for room rental is \$30 a month to a relative or \$40 a month to a non-relative. However, the cost of rent in the city is \$150 to \$175 per week. Landlords are less willing to take a chance when the reimbursement is so low. Staff added that Reach Up grant money has also not increased with the actual cost of living. Many of these recipients are working, if they can, to supplement this grant money. The GA Program only disregards the first \$90 of what a person earns which staff consider unrealistic. When a family receives \$680 in Reach Up assistance, and apartments cost \$600 a month, there is a great deal of juggling.

Rutland staff discussed a few other concerns as well. When people use up their 60 months of lifetime TANF benefits, they then have to be paid out of the general fund. Staff questioned the policy that people also qualify for increased assistance when they have more than one child. Rutland staff anticipate being left with people with multiple barriers to employment where the ability to make positive changes will take more than their six month timeframe for the Pilot program. In Morrisville, a staff member speculated that the time it takes to see change in participants depends on the number of issues they have. Some not only have housing issues, but also social security, substance abuse, and transportation issues.

More housing is needed that is affordable. Lack of affordable housing is a statewide issue. Housing is expensive, most participants need subsidized housing, and there is a wait list of over

four years for Section 8 vouchers. Two participants in Springfield suggested creating more housing units and one pointed to a number of abandoned buildings as an untapped resource. One participant in Morrisville commented on high rents that are unaffordable and rising further. This forces people into a choice between paying rent or buying food to eat. Another participant who was moving back and forth from the street to a motel, said it was difficult to find housing priced within his SSI income, something under \$600. He believes a rooming situation would be the most practical solution he could hope to obtain. A collaborator in St. Albans discussed the need to expand a local shelter by five apartments to meet increasing demand. The city allowed the shelter to expand its occupants for the winter months so they are adding bunk beds to the rooms to accommodate more people. A staff person said one woman in the shelter should really be in assisted living because of serious medical problems.

In Springfield, waiting times for subsidized housing vary depending on the source of the housing. The Section 8 voucher program can take five years, and they are not even currently accepting applications. The Springfield Housing Authority can take one and a half years. Some apartments offer subsidies on their own. The housing case manager mentioned the possibility of being on 50 wait lists for subsidized housing. Once an apartment opens up, people on the wait list are contacted. Those in a domestic violence situation are usually given preference and can jump before others on the wait list. Other preference areas for Section 8 include lead paint poisoning, fire, flood, and natural disasters. Another challenge is when a major subsidized housing unit closes, leaving the inhabitants in need of new subsidized housing.

A major barrier in Chittenden County is the limited availability of housing. Staff pointed out that the cost of living in Chittenden County makes it necessary for those living on low incomes to find subsidized housing. When gas costs go up, moving outside of the city to save money on housing no longer becomes viable. Even for those who qualify, there are not enough vouchers available. The waiting list is growing for individuals and families, so staff are looking for alternative sites in the community to serve as temporary overflow shelters for the winter.

The needs of single people who are homeless are often going unmet. A participant in Springfield highlighted the fact that families with children take priority over single people for housing assistance. Hence, the housing needs of single people often go unmet. In Burlington, the GA Pilot allotment of 35 vouchers per year gives priority in the following order to: homeless families who were victims of domestic violence, other homeless families, and then single, disabled victims of domestic violence who are homeless. A lot of young people who are homeless move to Burlington. Burlington staff recommend expanding the definition of who can be helped to include single men and women who cannot afford housing but do not have a disability. Single parent households have an ongoing need for housing assistance. In addition, staff said there are many other populations served by AHS beyond ES that could benefit from this program.

Demand is greater than the availability of case management. Staff recommended that legislators consider how to fund more case managers to provide the service component to supported transitional housing. This will undoubtedly be challenging in an environment where many state positions are being cut due to economic shortfalls. In Burlington, which initiated its pilot in July, demand greatly exceeds resources. Burlington staff look forward to finding a way

to add full time intensive case management to the housing program rather than the current process of piecing together case management functions from various referring partners.

In Springfield, the need is much larger than what the budget allows. Springfield has seen an increase in the applicants for the GA Pilot. Some staff members recommended doubling or tripling the size of the program. While 150 may be referred, there is only room for 20 to participate. They would like to expand the program as well as the positive outcomes they have been seeing. A Springfield staff member shared concerns that people who are homeless in another district hear about their program and move to Springfield for their services, increasing their demand.

Rutland staff recommended approximately five more case managers in their district. Their need for case managers is greater than the need for housing. Most of Rutland's housing requests come from Rutland City, where most of the available housing is located. One participant in Morrisville observed a greater demand for services than the staffing can accommodate. A participant in another district also noted that demand exceeds the case management resources. He said the GA pilot needs more assistance and the state needs to hire more people. This type of case management is time intensive, with daily communication and advocacy.

While case managers are as creative and resourceful as possible, the impact of the economy is being felt on many levels. Staff shared concerns about the background economy and its impact on their ability to help people who come for housing services. State job cuts have an impact. People who have never sought services before are entering the system and the resources to offer them are slim. More people are using the Food Shelf which is depleting those resources as well. The Field Service Coordinator in St. Albans commented on the limits to her flexible funding and the challenges of deciding how best to spend the available direct service dollars. In addition, the cost of fuel and utilities for their two transitional apartments has increased, which impacts the ability to offer them. St. Albans staff fear they may lose one if not both of the apartments. The tightening economy is making it difficult for all the agencies in the district to bring resources to the table. The staff value the housing case manager and have decided that if they cannot afford the transitional apartments on the budget, they will still see success if they keep the case manager. They spoke highly of her dedication, expertise, creativity, resourcefulness, and caring.

One housing case manager discussed a participant who lives in his van and receives only \$10 a month for food stamps. Thinking creatively, she inquired and found out that his van payments could be qualified as his housing costs. She hopes that he will be able to receive more food stamps as a result. Her colleague shared the fear that parking fees may eventually be considered the housing allotment when there is no other place to go in the declining economy. In another creative proposal, a consumer asked a staff person if she and her family could still qualify for benefits if she shared a three bedroom apartment with another family in order to manage within their budget and stabilize their lives. The staff said this resourceful idea raises various questions such as how resources are counted and sustainability. Section 8 Housing leadership has recently expanded the number of children who can share a bedroom which may have unanticipated consequences. Elderly people in one bedroom apartments are calling to advertise for roommates

so they can afford to stay in them. Staff wonder how to manage these changing conditions responsibly and in a timely manner.

In Burlington, staff are seeing more people who were living paycheck to paycheck and ran into a challenge that impacted their income and housing. In addition, some middle class people with well paying jobs are inquiring about services. They are then referred for help with budgeting their finances and reprioritizing their lives since they make too much money to qualify for services. A staff member in Morrisville worries that some people will not be able to afford to pay their health insurance premium and then be in a crisis because they cannot get their medications. If they have not paid their health insurance premiums, they are not eligible for GA assistance with health care issues.

Rutland staff also discussed the impact of the economy and the availability of jobs, which has made the task of increasing income more challenging. Hundreds of well qualified people have been laid off in plant closures, competing for jobs with those who are less qualified. This makes it hard for a program like the GA Pilot to achieve an outcome of increasing income via employment. Employment is preferred since it signifies self-sufficiency. In addition, owning a hotel with 11 rooms is expensive for the Rutland program and they barely break even with low rates. Chain motels can also compete by lowering their rates and having more available rooms.

Vermont's cost of living is high and employment opportunities are low. One participant who was born and raised in Vermont, was finding it difficult to find employment and sustain a life here. He was finding it less expensive to live in Maine, where he could also find work.

Minimum wage is inadequate for today's housing costs. The wage employment system does not support self-sufficiency. People who qualify for SSI are better off than those working on minimum wage, because they qualify for subsidized housing and medical services. Staff said a family receiving public assistance and its accompanying benefits (fuel assistance, food stamps, health care), which is the equivalent of \$30,000, is better off than a family supporting themselves on minimum wage. One staff said it would take at least a \$14 per hour job to reach the same level. Another staff member mentioned that a person has to make about \$14 per hour to afford a home while minimum wage is \$7 and some change.

As a staff person in St. Albans pointed out, people cannot move out of transitional housing without an income to support permanent housing. It is difficult to help people advance toward their goals without resources. For example, learning about budgeting is helpful as long as there is enough money to budget. St. Albans staff tried to charge participants a fee that could be saved for permanent housing but found this to be unrealistic given the lack of income. One participant in St. Albans said she is not sure if financial reciprocity is realistic. She has a daughter who she needs to support as well as herself. Staff said it is important to determine the realities of the labor market and employment possibilities for consumers and how that compares to the cost of rental housing.

Staff and participants fear the impact of increased fuel costs. Staff shared concerns about the rising cost of fuel (one person quoted a 70% increase, saying no one's income went up 70%) and said they know of people who have not yet been able to pay off last year's fuel bill and are

moving into this season already in debt. If a renter cannot afford heat and the pipes freeze, they will be evicted for not taking care of the place. Even homeowners may have problems. However, since the income cap is 150% of poverty level to apply for crisis fuel, staff doubted they will qualify. There is some talk of more flexibility with that. When gasoline costs are high, people in rural areas who need to drive to get anywhere, including to buy groceries, are hit hard. Those living in town without transportation may need to shop for food at pricier stores that are located in town rather than a less expensive store outside of town. One staff said food is 30% more expensive in town than at a discount store 15 miles away. Another person mentioned a statewide trend to lower the rent but ask inhabitants to pay their own fuel costs. One shelter director is working with various community resources to ease the burden, For example, she is meeting with fuel companies and senators and representatives to brainstorm solutions. One fuel company agreed to decrease the minimum gallon requirement for delivery to make it affordable. Staff suggested more flexibility in income guidelines for fuel assistance eligibility.

The cost of living makes it challenging to live on GA or Reach Up grant money. A mother with four children discussed the challenge of buying necessary items on the \$700 grant she receives through the GA pilot and the \$770 grant for Reach Up. She said that leaves her with \$689 for bills and household items for five people. Taxes are increasing in some communities. Food costs are rising as well.

Food stamp assistance is inadequate as food costs go up. One participant commented on not being able to stretch food stamp dollars very far with the high price of food.

Transportation is a need in rural areas but there are no easy solutions. As one participant expressed, the cost of car insurance and gasoline make it difficult to maintain a care. Public bus transportation in rural communities is scarce. However, he acknowledged there is only so much an organization can do and there are no easy solutions.

Attitudes:

People do not use services that may be useful to them when they do not understand what the service is and how it can help them. For example, one participant was asked if he had gotten involved with Vocational Rehabilitation. He responded that he did not need any rehabilitation because he considered himself sane.

Staff and participants suggested outreach to those who could benefit from the pilot program. Staff anticipate more people on the verge of homelessness who are too proud to ask for help and who may not be aware of help they may be able to receive. They hope to do some outreach and media advertising to acknowledge the current economy, naming resources, and encouraging people to seek help early in the process. One participant said she knows there are a lot of people that could use this program. To reach out, she suggested posters in the grocery store, where people at all income levels visit.

Finding housing is more difficult when there is discrimination or stigma. One older participant of color said these aspects caused complications when looking for housing. Even though he has received leads to available housing, he notes that he is not living in them. One

mother commented that no one is willing to give her son a chance to get a start in life after returning from jail. A case manager who has experience working with incarcerated women, said she is familiar with the scenario when people are released back into the community. No one wants to offer them housing or hire them. Yet they are expected to have an address and a job in order to stay out of jail. Poor credit histories can also deter landlords. Staff recommend advocacy with landlords and creative ways to provide credit histories. Help searching for available housing is also a need.

Some communities are not in favor of transitional housing. Morrisville staff expressed sadness that the community was not more welcoming of transitional housing. They still do not have transitional apartments due to neighbor objections. Some housing exists for the elderly and handicapped that has a good reputation. However, it does not accept families.

Domestic violence, poverty, and addictions are often involved in homelessness. While these are challenging issues, a focus on prevention could be helpful. The Springfield housing case manager added that 60% of homeless people are female victims of domestic violence, and recently they are younger and younger. Poverty forces them to rely on other people. Another staff member discussed her experience with women who invited men to live with them out of necessity even if they were not safe, because they had a job, a car, and could help pay rent and fuel. For example, a man may have a car. The woman may provide the housing, do the laundry, cook the meals, but he offers transportation. Most of the women say their mothers were also victims of domestic violence. So the case managers are seeing a generational domestic violence pattern. Others added that Springfield has high rates of child abuse and violence. These go hand in hand with domestic violence issues as well. Staff anticipated more vulnerability to domestic violence as a consequence of the economic downturn. Staff spoke from experience that domestic violence issues tend to increase when the economy is weak or around holidays. One case manager suggested education to prevent women from engaging in violent relationships, to teach women how to take care of themselves, how to be safe, and how to earn a living.

In Morrisville, most of the GA Pilot participants are men between the ages of 45 and 65 who may be recently divorced and have been asked to leave their homes because they may be addicted to alcohol or other substances. They have been dependent on a woman's care and find it difficult to function. Other clients include women with children who have left their spouses. They have been full time mothers and do not have a job. Staff work together to help them find and apply for subsidized housing. The case manager said 80% of her clients have addiction issues. A staff member in St. Albans discussed the challenges of trying to change addictive behaviors. Rutland staff also have concerns about substance abuse and mental health issues, including people who may not see a problem with spending money on alcohol and cigarettes. They believe education on budgeting will be important. Another issue they mentioned is generational poverty.

Reciprocity, as it is designed in Springfield, is not for everyone. One participant in Springfield had agreed to the terms of reciprocity and was now pleased to be living in an attractive permanent housing unit. Although she recommends the program to others, she said they are not always willing to contribute financially or agree to case management. A staff member in Rutland believed that people who were unwilling to sign a contract in Springfield

were exploring shelters in Rutland, which was adding to Rutland's homeless population. The Rutland staff member believed the key to success in the GA Pilot is whether participants will be willing to be equal partners with the case manager to address their barriers. Rutland staff anticipate challenges as they implement the GA Pilot program. For example, some participants may be eager to sign a contract in order to move into an apartment, but then not follow through on the requirements of the contract, such as job seeking. These will be issues they acknowledge the case manager and the committee will need to address.

8) Advice for Replication of the GA Pilot Model

Careful recruitment and selection of case managers is important. Participants and staff spoke about the qualities, skills, and experience needed by a case manager who takes on the challenge of this work. Participants discussed the importance of trustworthy, respectful, and encouraging case managers. In addition, the GA pilot program case managers are a valued resource for people who do not have family support. One participant spoke about being able to count on the housing case managers and the GA Pilot housing assistance that was promised. This rebuilt trust after prior experiences with having grants (such as Reach Up) taken away.

One participant in Springfield discussed the importance of the case manager's approach to participants. She described the housing case managers as not pushy, not brassy, and not demeaning in any way. Calling them down to earth, very knowledgeable and educated, she said she admired them immensely. She explained that people in homeless situations can put up a wall and not relate to people, especially if they perceive them to have an attitude. Instead, she said these case managers worked with her to solve whatever problem arose and did not let her get discouraged. Saying they "build you up" and "help you immensely," she considered them "really great people."

Two participants in Morrisville commented on the type of personality needed for working with the homeless population. This included the ability to listen and be friendly. Sympathy and caring are essential. One person appreciated that she had never seen anyone leave the office intimidated or embarrassed. She said the staff are so kind that people come into the office just to say 'hi.' One participant in St. Albans finds her weekly team meeting helpful to cope with anxiety. She said she has found it really helpful to talk to people she can trust. For her, this is significant. She added that she does not trust many people because she has been abused a lot.

The case manager in Morrisville said her position requires education and experience, patience, understanding, respect for the population served, and a knack for helping. It is important for people starting a housing case management position to have mentoring from another experienced person. She said that was key in learning her job.

In Springfield, the ES staff discussed their ability to hit the ground running because of contracting with case managers who had years of experience and a very positive reputation with landlords. ES in Springfield has been willing to take on a few administration tasks in order to leave the case managers free to be in the field, working with participants.

One staff member in Springfield compared the case management to good parenting. There is a bottom line. Expectations are clear and there are consequences, but not forever. Participants can return whenever they are willing to follow the rules. The case managers are very supportive. The case managers agreed that they are like parents. They explained that people filling the role of an intensive case manager need to be secure in themselves. Those who have unaddressed issues of their own, who are idealistic and cannot set limits, or who are gullible, are not good candidates for the role. When hiring case managers, it would be important to find stable people who are solid interpersonally, who can be trained to set limits as needed. They also should have experience in housing, since the rules and regulations are complicated. Knowledge of subsidy levels, contact people, and priorities for waiting lists is also helpful. It is not a job for someone of rookie status. Housing is competitive.

Case managers need to be solid and sure of who they are and what they are doing, so that they will be ready to relate to people who have a lot of issues, have boundary problems, are in trauma or crisis, or are angry or depressed. Another staff member characterized the process as residential behavior modification through setting firm consistent limits in an understanding way. Case managers are kind but firm. Participants can accept the firmness because the interactions are kind and clear. The case managers say that most people accept the limits because they realize their behavior needs modification. They may try to blame the case managers when something goes wrong, but they realize their own behavior is inappropriate.

Reliable case management builds a positive reputation with landlords. The Springfield housing case managers also emphasized that they respect landlords and share that attitude with participants. They are very responsive to landlords and will often be on the scene to handle a problem within minutes of receiving a call. They believe the landlord's job and livelihood deserves respect, and if they provide an apartment, they deserve to have it kept clean and to be paid for it. They work with landlords they trust and usually take their side when participant behavior has been inappropriate or disrespectful. In the past, landlords did not trust ES since they only gave people money but did not offer case management. Now they know that the case managers are available to mediate if there are problems. They know the apartment will be clean, the rent will be paid on time, and inappropriate behavior will not be tolerated. Landlords are so pleased with the program, they are praising and recommending it to others.

One participant, who wanted to see public awareness of the GA pilot program increase, described how the GA pilot was building support and understanding in the community already. She said a lot of landlords with multiple properties are now getting involved with the Supported Housing Program because it helps them rent their apartments. They know that case managers are monitoring that rent is getting paid regularly and the apartments are being kept clean.

Districts who are beginning a GA pilot program can expect to have some rough spots in the early phase as they adjust to doing business differently. As one participant put it, the pilot had some challenges in the beginning, but they tracked the problems and solved them. A collaborator in another district advised figuring support costs such as mileage into budgets for case management staff. Community Action does not transport clients as both an insurance issue and also to give participants responsibility. In some situations, case management staff who work for

other institutions without the same restrictions, have offered transportation when it was absolutely necessary.

Strong community partnerships can enhance the GA Pilot effort. Staff recommend that other districts who want to replicate this project put a strong community partnership in place. They also suggest implementing a working group that invites all the stakeholders, including landlords, to participate. According to staff, other areas replicating the GA Pilots may need to settle competing interests in order to take advantage of what functional partnerships can offer. Springfield collaborators focused their effort on developing procedures for necessary functions of the program such as paying for units, communication between partners, handling day to day challenges, and training staff.

Districts who are designing programs should focus on strengths and unique resources. Springfield staff recommend that each new Pilot area assess its unique resources to design its program. St. Albans staff recommended that other districts capitalize on the existing strengths of clients. Pay close attention to non-monetary resources. Relationships and communication with partners or participants are key to surviving and thriving, especially in hard economic times.

CONCLUSION

Judging from the outcomes reported by participants and staff, the GA pilots have set a new precedent for working with homeless populations and those at risk of homelessness in five Vermont districts. No longer are workers carrying out guidelines that often do not fit nor alleviate a homeless person's situation. Instead, they are bringing complex situations to the attention of their collaborative networks. This process allows them to provide quicker and more efficient help, and also to find meaningful and lasting housing solutions.

New GA working rules that were distributed to statewide districts in November 2008 echo the flexibility in eligibility guidelines for housing assistance that have been tested by the pilots during Phase 1 and 2 of this evaluation. Gone are the hard and fast rules and regulations that denied help to chronically homeless people in the past. A new working philosophy of reciprocity invites almost anyone to receive some level of assistance where resources allow. If people are willing to meet a case manager half way in addressing issues that make them vulnerable to homelessness, they are eligible.

However, limited housing, case management, and financial resources curtail the number of people who can benefit. The pilots can only accommodate a certain number of participants at a time. Some districts must prioritize who they can serve, serving only the most vulnerable and at-risk populations. Nevertheless, during the winter months, statewide orders are to make sure no one goes cold under any circumstance. In paving the way for expanding the successes of the GA pilots, staff and participants identified a multitude of resource and system issues that need to be improved, in addition to some limiting attitudes. They also made suggestions for those wishing to replicate the GA Pilot model in their communities.

Appendix A

Staff Interview Questionnaire GA Pilot Study – Phase 2

- 1) Please show and describe outcomes for GA pilot participants (e.g. income, employment, keeping children in school, access to services, finding “stable” housing). Are there any other outcomes you believe ought to be tracked? How could those be tracked?
- 2) What do you see as the differences between GA pilots and traditional approaches at improving these outcomes?
- 3) How has collaboration with community supports actually changed as a result of the GA pilots?
- 4) What factors internal to AHS enhanced positive outcomes for people in the GA pilots? (e.g. access to information, communication, intra-agency collaboration)
- 5) What barriers to implementation and positive outcomes still exist, if any? What recommendations, if any, should be made to the legislature for changes to the general assistance program and for plans for further implementation of the pilots?
- 6) What were the most effective strategies (practices, changes made) for implementing the GA pilots? (e.g. Which rule exceptions were most effective? Were there effective practices or changes made that did not require a rule exception?)
- 7) What are the overall outcomes of waiving the GA rules? (e.g. decrease in homelessness, decreased use of temporary shelters and increase in maintaining permanent housing.) What have pilots learned from each other? Have any new pilots been implemented in other districts?
- 8) Have stakeholder interpretations of the legislative intent of cost neutrality changed, and if so, how? Have GA pilot staff understanding of the pilot requirement of cost neutrality in relationship to the legislative intent changed, and if so, how? Using the current concepts of cost neutrality, which are acknowledged by stakeholders and GA pilot staff as operant with respect to the legislative intent, did each of the pilots operate within limits of GA funding?
- 9) What have you observed regarding cost offsets (also known as “avoided costs of homelessness”) as a result of the program? (e.g. costs of hospital stays, emergency room transport and services, incarceration costs, juvenile services, psychiatric care, substance abuse services, foster care, educational support service budgets). What recommendations do you have for future data collection on cost offsets?

Thank you very much!

Appendix B

Interview Protocol Participant Interviews GA Pilot Study

1. Could you talk a little bit about your situation before joining the GA Pilot?
 - a. Family composition (pets?)
 - b. Living situation
 - c. Jobs? school
 - d. Medical etc. Issues
 - e. Local supports

2. What are your hopes for yourself and your family over the next few years?
 - a. Where do you hope to be living?
 - b. What would you like to be doing?
 - c. Are there ways you'd like to be helping others?

3. How is being part of the GA Pilot helping you?
 - a. Who is involved?
 - b. What sort of support are they providing?
 - c. What services are you or your family receiving?
 - d. Are there supports you need/want that the program can't provide?
 - e. What would you be doing now if you had not been accepted in the pilot?

4. Remembering back to the time you got involved with the GA Pilot
 - a. What was the intake process like?
 - b. How did they explain the program?
 - c. What did you think about having to develop a plan?
 - d. What about signing a contract?
 - e. If you needed to make arrangements to repay funding, how did that work?

5. Thinking about the program now:
 - a. What has been most helpful?
 - b. What could be improved?
 - c. What advice do you have for other people who need assistance?
 - d. What advice do you have for the people who run the program?

6. Financial Issues:
 - a. How do you feel about contributing to the program financially?
 - b. What difference in public expenses do you think this GA pilot makes?

7. Anything else you would like to suggest or share about the GA Pilot

Thank You So Much!