

# City of Burlington / 2016 CDBG Application Form

Project Name: Expanding Housing First Services in Burlington, VT

Project Location / Address: 279 North Winooski Avenue, Burlington, VT 05401

Applicant Organization / Agency: Pathways Vermont, Inc.

Mailing Address: 125 College Street, 2<sup>nd</sup> Floor, Burlington, VT 05401

Physical Address: 125 College Street, 2<sup>nd</sup> Floor, Burlington, VT 05401

Contact: Laura-Nicole Sisson Title: Development & Communications Associate Phone #: (802) 777-8699

Web Address: www.pathwaysvermont.org Fax #: (855) 362-2766 E-mail: laura@pathwaysvermont.org

EIN #: 30-0604758 DUNS #: 086807973

**CDBG Funding Request: \$50,000.00**

**Check ONE:**             **1 year**      **X 2 years**  
(Equal Access, Health,      (Housing, Homeless, Hunger)  
Development Projects)

## 1. Type of Organization

       Local Government

       For-Profit Organization

       Faith-Based Organization

**X Non-Profit Organization** (please provide copy of your  
IRS 501(c)(3) tax exemption letter)

       Institution of Higher Education

2. Conflict of Interest: **X Please complete and sign attached form.**

3. List of Board of Directors: **X Please attach.**

## Certification

To the best of my knowledge and belief, data in this proposal are true and correct.

I have been duly authorized to apply for this funding on behalf of this agency.

I understand that this grant funding is conditioned upon compliance with federal CDBG regulations.

I further certify that no contracts have been awarded, funds committed or construction begun on the proposed program, and that none will be prior to issuance of a Release of Funds by the Program Administrator. In addition, this project is ready to proceed as of July 1, 2016.



\_\_\_\_\_  
Signature of Authorized Official

Hilary Melton  
Name of Authorized Official

Executive Director  
Title

1/14/2016  
Date

(Refer to NOFA for required information for each question.)

## **I. Demonstrated Need**

---

### **1. What is the need/opportunity being addressed by this program/project and how does that contribute to CDBG's national objectives?**

Pathways Vermont's Housing First program is addressing chronic homelessness throughout the state of Vermont by supporting individuals with long histories of homelessness and other life challenges, including criminal histories, substance use, mental health crisis and trauma, to access and maintain permanent housing. Since 2010, the Housing First program has housed over 200 chronically homeless individuals across the state, many of whom had been identified by community providers as "hard to house."

Chronic homelessness is a complex social issue driven by intersecting factors including poverty, unemployment, disability, substance use, mental health crisis and trauma. It is defined by the Department of Housing and Urban Development as when an individual with a disabling condition experiences homelessness that lasts for over one year, or experiences at least 4 separate instances of homelessness within 3 years. According to last year's "point-in-time" report, an estimated 96 individuals were experiencing chronic homelessness in Burlington as of January 2015<sup>1</sup>. Chittenden County has the highest concentration of chronic homelessness in Vermont, now accounting for over ⅓ of episodes statewide<sup>2</sup>. The City of Burlington's 2013 Consolidated Plan has identified the growing rate of chronic homelessness as an issue of great concern, estimating that 27 individuals fall into a chronic course of homelessness each year (NA-29.) Additionally, a significant portion of Burlington's homeless population struggle with behavioral health issues; 33% live with a mental health condition and 38% with a substance use disorder<sup>3</sup>. Additional resources to move these vulnerable subpopulations into permanent supportive housing and out of emergency shelter has been identified as a critical need by both local providers and city officials (*Consolidated Plan, NA-37*).

The dearth of affordable housing in the area is a major driving force of this issue. The Fair Market Value for a 1-Bedroom apartment in Burlington is \$1,017<sup>4</sup>, meaning individuals must earn a monthly income of \$3,390 for this housing to be considered affordable. As such, affordable housing is out of reach for many of our city's residents, in particular those who struggle with issues such as substance use and psychiatric disabilities. The Housing First program proactively addresses this trend by removing all barriers related to abstinence and treatment compliance prior to housing. However, the program's ability to effectively serve the target population is constrained by current funding restrictions. In 2014, Pathways' Housing First program transitioned from grant funding to Medicaid reimbursement as its primary source of revenue. While this transition created long-term sustainability for the program, it formally restricted program eligibility to individuals diagnosed with a psychiatric disability. As a result, a significant portion of the chronically homeless population who would be best served by a Housing First intervention, including those with a primary substance abuse disorder and those who refuse to engage with the psychiatric system, are ineligible for Housing First services. The requested funding would create capacity within our program to serve these individuals.

The proposed project would enhance existing efforts to end chronic homelessness for some of Burlington's most vulnerable citizens, while also serving the primary objective of the CDBG national program to directly benefit low-income persons.

## **II. Program/Project Design**

---

### **1. Describe the program/project activities. [UWCC]**

Pathways Vermont's Housing First is a scattered-site, permanent supportive housing program. The program provides permanent housing placement along with intensive community-based services to individuals with long histories of homelessness and institutionalization who are living with disabling conditions. The program utilizes local housing stock in order to facilitate community re-integration. Once housed, clients are supported to address the barriers that contributed to becoming homeless in the first place via client-led case management. The major activities of the Housing First program include:

---

<sup>1</sup>Chittenden County Continuum of Care "Point in-Time Subpopulations Summary for VT-501." 4/30/2015.

<sup>2</sup> Vermont Balance of State Continuum of Care. "Annual Point-In-Time Counts of HUD Homelessness (2011-2015)." Prepared by the Vermont State Housing Authority. 5/15/2015.

<sup>3</sup> Chittenden County Continuum of Care "Point in-Time Subpopulations Summary for VT-501." 4/30/2015.

<sup>4</sup> National Low Income Housing Coalition, "2015 Out of Reach: Vermont." Accessed from <http://nlihc.org/oor/vermont>

- **Housing Placement and Support:** The Housing First program supports individuals to access and maintain independent rental units in their local community, leveraging federal and state housing subsidies. The program's Housing Coordinator works with local landlords to identify suitable units that meet each client's individual needs. The Housing Coordinator works as an intermediary landlord, supporting the client to develop skills necessary to maintain independent housing, such as paying rent, basic maintenance and reporting damage.
- **Service Coordination:** A major component of the Housing First program is supporting individuals to make a sustainable plan for success following move in. This includes connecting individuals with appropriate benefits and entitlements to promote housing stability. Service coordination also aims to build a network of relevant service providers and supports individuals to access community-based resources rather than relying on emergency services to address health-care needs.
- **Psychosocial/Rehabilitative Support Services:** The program provides a wide range of support services to assist clients in reaching self-identified goals. These services include: independent living skills support, supportive employment services, psychiatric services, and substance abuse & recovery support. These services are intended to improve self-empowerment, support individuals to develop skills to increase independence and address behaviors that have contributed to homelessness in the past.

**2. Why is the program/project designed the way it is? Explain why the program activities are the right strategies to use to achieve the intended outcomes. [UWCC]**

This program operates using the evidence-based practice of *Housing First*, which has been recognized by the federal government as the best practice in ending chronic homelessness. The basic philosophy of the model is that while chronic homelessness is a complex issue with multiple, intersecting causes, the solution to homelessness is simple: housing. The Housing First model asserts that eliminating barriers to housing and prioritizing placement in permanent housing has the best outcomes in terms of both housing retention and cost to the public.

Individuals experiencing chronic homelessness are typically caught in what is referred to as the "institutional circuit." This means that they cycle between crisis services, state institutions and the streets. This cycle not only has a deleterious impact on the health and well-being of these individuals, but also incurs a high utilization of public resources and their associated cost. As a result, it is often more expensive for this population to remain caught in the cycle of homelessness than it is to intervene with permanent supportive housing. For example, the Housing First program estimates that the daily cost of "homelessness" for the population served prior to program enrollment is \$75.92, while the average daily cost of enrollment in the Housing First program is \$43.

**3. How will this program/project contribute to the City's anti-poverty strategy?**

The Housing First program directly contributes to the City's 2013 Consolidated Plan by meeting the basic needs of individuals living in poverty. The program stabilizes the living situation of homeless individuals by facilitating access to permanent, affordable housing. By using a scattered site model, which promotes community integration, Housing First additionally supports the city's objective of decreasing social isolation among marginalized populations. Finally, the supportive services provided by the program are designed to support individuals to improve their lives, which for many means improving their financial situation. This includes enrollment in eligible benefits and entitlements and supportive employment services.

**4. How do you use community and/or participant input in planning the program design and activities? [UWCC]**

All Pathways programming is client-driven, meaning service recipient feedback is an important part of quality improvement activities and program planning. Since its inception, the Housing First program has had a Tenant Advisory Board to facilitate regular client feedback on program performance and potential changes. In December 2014 this board transitioned a Standing Committee composed of service recipients which formalizes client feedback to the organization's board of directors and primary funding source.

### **III. Proposed Outcomes**

---

**1. What are the intended outcomes for this project/program? How are people meant to be better off as a result of participating? [UWCC]**

The primary objective of the Housing First program is to break the cycle of chronic homelessness. This is achieved by providing services that support individuals to access permanent housing and live independently in the community.

Once housed, clients are supported to address other goals, including sobriety, health, social connectedness and employment. In addition to improving the overall well-being of clients, the program has a demonstrated record of reducing individuals' reliance on other resources, including state-funded motels, emergency rooms, jails and psychiatric hospitals.

**2. List your goals/objectives, activities to implement and expected outcomes (# of units, # of individuals, etc.)**

| Objective/Goal  | Activity                                    | Outcome  |
|---|---|--|
| End the cycle of chronic homelessness via permanent supportive housing. | Housing search and placement                | 100% of enrolled clients will find a housing placement; program maintains 85% housing retention rate..   |
| Individuals improve well-being and independent functioning              | Service planning; service coordination      | 100% of clients will develop a service plan; 90% of individuals will make progress towards service goal. |
| Improve financial stability.  | Benefits coordination; supported employment | 90% of individuals will increase their income.   |

**IV. Impact / Evaluation**

---

**1. How do you assess whether/how program participants are better off? Describe how you assess project/program outcomes; your description should include: what type of data, the method/tool for collecting the data, from whom you collect data, and when it is collected. [UWCC]**

Program performance is assessed through the organization's electronic medical record, self-assessment data and an annual program satisfaction survey. Clients' housing outcomes, income, service engagement and utilization of emergency services are captured through administrative data. Indicators of well-being, including level of mental health distress, substance use and social connectedness, are collected via peer-reviewed measures on an annual basis.

**2. How successful has the project/program been during the most recent reporting year for your CDBG project? Report the number of beneficiaries you intended to serve with which activities (as noted in your last Attachment A) and your final outcomes (as noted on your Attachment C) from June 2015 (or June 2014). For non-CDBG participants – just report on your achievements from the previous year.**

The Housing First program has never received CDBG funding. In 2015 the program successfully housed 57 individuals across the state of Vermont, was operating at full capacity (230 individuals) for the majority of the year, and maintained above an 85% housing retention rate. Additionally, the program has continued to reduce clients' utilization of public resources including a 96% reduction in emergency motel stays, a 77% reduction in days spent incarcerated and a 67% reduction in days spent in the hospital.

**3. How does this data reflect beneficial outcomes of this project/program? Has this impacted your program planning at all? [UWCC]**

The fact that the program has been operating at full capacity is indicative of the high demand for Housing First services statewide. The 85% Housing Retention Rate is notable as this is a benchmark for success among *Housing First* programs. Additionally, the data collected by our program is consistent with data reported in other parts of the country that permanent supportive housing helps defray health-care costs. Based on trends seen to date, we estimate that reduction in use of public services cited above prevents over \$24,000 in public costs per individual served each year.

**V. Experience / Organizational Capacity**

---

**1. What is your agency's mission, and how do the proposed activities fit with your mission?**

Pathways Vermont's mission is to transform the lives of people experiencing mental health and other life challenges by supporting self directed roads to recovery and wellness in an atmosphere of dignity, respect, choice and hope. We

advocate for the rights of people to live without stigma and discrimination and promote civil rights, community integration, health care, affordable housing and employment for all.

We aspire to minimize barriers that prevent individuals from meeting their essential needs by (a) supporting individuals to overcome these barriers and (b) creating low-barrier options where they don't exist. The proposed project would promote access to affordable housing for those who face the greatest barriers, including multiple years of homelessness, criminal records, and substance use challenges.

**2. Please describe any indications of program quality, such as staff qualifications and/or training, adherence to best practices or standards, feedback from other programs or organizations you partner with, etc.**

Pathway Vermont's Housing First program operates using the evidence-based *Housing First* model, which is regarded by HUD and other federal agencies as the best practice to end chronic homelessness. The program was implemented in Vermont by Hilary Melton, who has 20+ years of experience managing non-profits. Hilary is a national expert in the *Housing First* model; she served as the program director for the first Housing First program in New York in the 1990s and is a Training Faculty of the Housing First Institute.

The program has been assessed for fidelity to the *Housing First* model and found to be operating in high-fidelity to the practice, as documented in a peer-reviewed article published in the American Journal of Public Health.<sup>5</sup> In addition to Housing First, the program utilizes the complementary practices of Assertive Community Treatment, Harm Reduction and Trauma-Informed Care. These trainings form the foundation of Pathways' unique service delivery model which has been proven to be effective in supporting individuals who have traditionally been difficult to engage with.

**3. What steps has your organization/board taken in the past year to become more culturally competent?**

Cultural awareness is a key component of Pathways Vermont's core competencies for staff. These trainings are an ongoing priority for the organization, as awareness of and sensitivity to the diverse backgrounds and experiences our service recipients is essential to building effective relationships. Pathways provides in-house trainings that support staff to effectively work with a diverse population. In addition to general cultural awareness trainings, Pathways hosts the following trainings in the following domains to enhance our work with vulnerable populations: Bridges out of Poverty, Gender and Sexual Identity, Domestic Violence training (H.O.P.E Works and WHBW) and Trauma-Informed care.

**4. Have you received Federal or State grant funds in the past three years? X Yes \_\_\_No**

**5. Were the activities funded by these sources successfully completed? X Yes \_\_\_No \_\_\_N/A**  
If No, please explain:

N/A

**VI. Proposed Low & Moderate Income Beneficiaries / Commitment to Diversity**

**1. Will the program target a specific (solely) group of people? If so, check ONE below:**

\_\_\_ Abused Children                      \_\_\_ Elderly (62 years +)                      \_\_\_ People with AIDS  
\_\_\_ Battered Spouses                      **X Homeless Persons**                      \_\_\_ Illiterate Adults  
\_\_\_ People with Severe Disabilities

**2. For your proposed project, please estimate how the Burlington residents will break out into the following income categories during the total grant period. Use the Income Table at <https://www.burlingtonvt.gov/CEDO/2015-HUD-Income-Limits>**

<sup>5</sup> Stefancic, A., et al. "Implementing Housing First in Rural Areas: Pathways Vermont." Am J Public Health: e1-e4. Oct. 22, 2013.

| Service / Activity   | Unduplicated Total # of Burlington HH / Persons to be Served | # Extremely Low-Income | # Low-Income | # Moderate-Income | # Above Moderate-Income |
|--|--|------------------------|--------------|-------------------|-------------------------|
| Permanent Supporting Housing for chronically homeless individuals. | 80   | 80                     | 0            | 0                 | 0                       |

**3. a. Who is the project/program designed to benefit? Describe the project/program’s target population, citing (if relevant) specific age, gender, income, community/location or other characteristic of the people this program is intended to serve. [UWCC]**

Pathways Vermont’s Housing First program serves individuals who have long histories of homelessness and/or institutionalization who have struggled to maintain independent housing. The program has a reputation for successfully serving individuals who are considered “hard to house,” meaning they have burned through or are ineligible for assistance through existing resources. This population faces multiple barriers to accessing traditional housing services including active dependence on alcohol and other substances, frequent mental health distress and complex histories of trauma.

Of the population currently served by the program, 85% of clients are diagnosed with some form of mental illness, 43% are diagnosed with a clinical substance use disorder and 37% are dually diagnosed, meaning they struggle with both. In addition, a staggering 90% of clients have disclosed a history of trauma. The average age of individuals currently enrolled in the Housing First program is 41, with ages ranging from 22 to 76. Approximately 40% of individuals served are female (39.4%). 100% of Housing First clients are extremely low-income, earning less than \$17,000 per year. More than 40% of clients had no income at the time of program admission.

**b. How do you select and reach your target population?**

The program reaches its target population via community outreach and relies on referrals from community partners. Program staff regularly attend community meetings, such as the Local Inter-agency Team and Continuum of Care, to notify community partners of program capacity. If funding is awarded, we would work with community partners to identify the highest need individuals in the community who had previously been ineligible for Housing First services.

**4. Describe the steps you take to make the project/program accessible, inclusive and culturally appropriate for the target population. [UWCC]**

The Housing First program provides person-centered services, meaning that services are tailored to accommodate each client’s individual situation and needs. This high degree of flexibility means the program can creatively respond to issues regarding accessibility and appropriateness in care. The program is designed to be community-based, meaning that staff typically meet and support clients in their current environments (often in their homes) vs. requiring clients to attend meetings in a clinical environment. As such, staff are able to assertively connect with individuals who have struggled to maintain appointments or are adverse to interactions in unfamiliar settings. Additionally, the Housing First program strives to recruit staff with their own lived experiences with homelessness, mental health and other life challenges with which clients may identify. These shared experiences allow staff to create strong, trusting relationships with clients.

***VII. Budget / Financial Feasibility***

**1. Budget Narrative: Provide a clear description of what you will do with CDBG’s investment in the program. How will you spend the money? Give specific details. [UWCC]**

The Housing First program currently has the capacity to serve 70 individuals in Chittenden County. The requested funding would increase this capacity to 80 and would expand eligibility requirements to include individuals (a) without a primary psychiatric diagnosis or (b) who refuse to see a psychiatrist to obtain a diagnosis. The requested funding would be used to pay for supportive services by the Housing First Assertive Community Treatment team for individuals who do not qualify for either our Department of Mental Health or Department of Corrections programs.

**2. If you plan to pay for staff with CDBG funding, describe what they do in relation to the specific service(s) / activity(ies) in your Project/Program Design.**

| Specific Service / Activity | Position/Title                            | Work Related to CDBG-Funded Activity  | # of Hours per Week spent on this Specific Service / Activity | % of Hours per Week spent on this Specific Service / Activity to be paid with CDBG |
|-----------------------------|---|---|---|--|
| Service Coordination        | Service Coordinators (4 positions, 4 FTE) | Service planning, service coordination, benefits coordination, supported employment | 140   | 17.5%  |

### 3. Program/Project Budget

| Line Item  | CDBG Funds   | Other         | Total         |
|--|--------------|---------------|---------------|
| Personnel (Salaries, Fringe, Contracted Services)        | \$ 25,000.00 | \$ 397,800.29 | \$ 422,800.29 |
| Client Costs (Security Deposits, Furnishings, Repairs)   | \$ 0.00      | \$ 79,304.49  | \$ 79,304.49  |
| Operations (Office rent, utilities, staff mileage, etc.) | \$ 0.00      | \$ 143,836.57 | \$ 143,836.57 |
| Administrative Contribution                              | \$ 0.00      | \$ 83,972.38  | \$ 83,972.38  |

### 4. Funding Sources

|   | Project                      |                              | Agency                         |                                |
|---|------------------------------|------------------------------|--------------------------------|--------------------------------|
|   | Current                      | Projected                    | Current                        | Projected                      |
| CDBG  | \$ 0.00                      | \$ 25,000.00                 | \$ 60,000.00                   | \$ 25,000.00                   |
| <b>State</b> (specify)<br><i>Vermont Department of Mental Health</i><br><i>Vermont Department of Corrections</i>        | \$415,261.63<br>\$286,529.66 | \$415,261.63<br>\$286,529.66 | \$2,918,500.00<br>\$830,936.00 | \$2,918,500.00<br>\$830,936.00 |
| <b>Federal</b> (specify)<br><i>Department of Veterans Affairs</i><br>(subcontract with Vermont Veteran Services at UVM) | \$0.00                       | \$0.00                       | \$540,589.00                   | \$540,589.00                   |
| United Way  | \$0.00                       | \$0.00                       | \$12,000.00                    | \$17,000.00                    |
| <b>Private</b> (specify)<br><i>Foundations, Businesses, Individuals</i>   | \$0.00                       | \$3,250.00                   | \$75,000.00                    | \$75,000.00                    |
| <b>Program Income</b>   | \$0.00                       | \$0.00                       | \$0.00                         | \$0.00                         |
| <b>Total</b>  | \$ 701,663.72                | \$ 729,913.72                | \$ 4,437,025.00                | \$ 4,407,025.00                |

### 5. Of the total project cost, what percentage will be financed with CDBG?

$$\begin{array}{rclcl}
 \$25,000.00 & \div & \$729,913.72 & = & 3.4\% \\
 \text{CDBG Funding} & & \text{Total Program/Project Costs} & & \text{Percentage}
 \end{array}$$

**6. Of the total project cost, what would be the total cost per person?**

$$\begin{array}{rcccl} \$729,913.72 & \div & 80 & = & \$9,132.92 \\ \text{Total Program/Project Cost} & & \# \text{ Proposed Beneficiaries} & & \text{Cost Per Person} \end{array}$$

**7. Why should CDBG resources, as opposed to other sources of funding, be used for this project?**

The Housing First program, and its proposed expansion, directly contributes to the City's Consolidated Plan by increasing supportive housing resources for vulnerable populations. This addresses the City's stated goals of protecting vulnerable populations and supporting low-income individuals to retain permanent housing, both of which have been identified as high priority needs (*SL 1.1: Protect the Vulnerable - Homeless Services; DH 3.4: Protect the Vulnerable - Housing Retention.*) While Pathways Vermont and other community providers are already working towards this goal, there remain gaps in service delivery that limit the community's ability to comprehensively address this need. If awarded, CDBG funding would be used to supplement existing state-funded permanent supportive housing services to address chronic homelessness in Burlington. The requested funding would expand the Housing First program's existing infrastructure to serve additional vulnerable sub-populations who are currently falling through the cracks, for example chronically homeless individuals struggling with alcohol and other addictions.

**8. Describe your use of community resources, including volunteers. Include any resources not listed in your budget. Will CDBG be used to leverage other resources?**

The Housing First program relies on the support of the community to achieve its goals. In addition to individual contributions, we rely on in-kind donations to help clients furnish their apartments. We have been enrolled in ReStore's "Essential Needs" voucher program for the past 5 years to support this endeavor. If awarded, CDBG funds would be used to meet a service match requirement for Shelter + Care vouchers and similar housing subsidies, which require a sponsoring agency to manage a housing voucher for enrolled individuals.

**9. If your organization has experienced any significant changes in funding levels during the past year, please explain.**

The Housing First program has not experienced significant funding level changes. For the past year, activities have focused on transitioning the program to reimbursement through VT Medicaid, which has been successfully accomplished. In April 2015, Pathways Vermont launched Soteria, a residential mental health program, in the Old North End funded by the Department of Mental Health. This program's budget was increased to account for operations. In 2015, Pathways was awarded CDBG to complete a renovation project at The Wellness Co-op, Pathways' community center located in the Old North End. The project included the installation of a commercial kitchen and accessible shower. Renovations were successfully completed in January 2016.

**10. What cost-cutting measures has your organization implemented?**

Pathways Vermont is always striving to be an efficient, cost effective organization. In 2015 we purchased a building in Burlington's Old North End which will house both Pathways' community center, The Wellness Co-op, and the Burlington Housing First team beginning in February 2016. This move will reduce the organization's geographic and energy footprint and will substantially reduce the portion of our budget that had been dedicated to renting office space.

## ***VIII. Collaboration/Efficiency***

---

**1. Share specific examples of how your agency collaborates with other programs or agencies to address the needs of the people you serve. Do not just list organizations with whom you collaborate. [UWCC]**

The Housing First program exists on a continuum of community services that support individuals to prevent and end episodes of homelessness. Program staff regularly participate in stakeholder meetings, including the Local Interagency Team and Continuum of Care, to ensure that the Housing First program is being utilized by individuals with the most pervasive barriers to housing and who are the most vulnerable. The program works in close collaboration with community service providers to identify candidates for the program and accepts referrals from a wide variety of community resources including: COTS, Safe Harbor, Community Health Center of Burlington, Vermont Veterans Services, Howard Center, University of Vermont Medical Center and more. Recently, program staff have been participating in the development of a Coordinated Entry system that would support local service providers to ensure homeless individuals are accessing the appropriate resource for their situation.

The supportive services team additionally collaborates with a number of local agencies to ensure clients' basic needs are met. This includes coordination with mental health providers, physical health providers, Voc/Rehab, Economic Services and more. Additionally, the program relies on voucher and subsidies programs administered by local housing authorities to ensure that housing is affordable for clients.

**2. Describe your agency's efforts at becoming more efficient in achieving your outcomes or managing your project/program.**

Pathways Vermont is a data-driven organization, relying on regular service recipient feedback and outcome reporting to evaluate program performance and inform decision making. In December 2014 Pathways converted to a Results-Based Accountability (RBA) format with the intention of streamlining our evaluation efforts through the identification of performance indicators that capture real progress towards agency goals. For Housing First these indicators include client retention in housing, changes in income, levels of engagement (service hours), client utilization of emergency services and progress towards independent goals.

In 2015, the Housing First team transitioned from an Intensive Case Management model to a modified *Assertive Community Treatment* model (ACT). This change was initiated to better ensure that clientele receive substantial supports from a wide variety of program staff and increases the flexibility of staff to respond to urgent client needs. By utilizing ACT, clients will be able to build relationships with a broader array of support staff and will have access to more consistent follow-up in support of daily or long-term needs.

**3. What other agencies provide similar services or programs? [UWCC]**

While there are other local agencies providing permanent supportive housing, Pathways Vermont is the only organization using the evidence-based practice of Housing First. Community providers recently joined forces with a 100,000 Homes initiative, which utilizes a Housing First approach. While significant progress has been made with this initiative, including the development of affordable housing designated for vulnerable populations, progress in increasing capacity in the required supportive services component of a Housing First approach has remained stagnant.

## ***IX. Sustainability***

---

**1. How will this project have a long-term benefit to the City of Burlington? If this project ends, will that benefit continue?**

Expanded investment in the Housing First program is a critical piece of the puzzle in ending chronic homelessness in Burlington. Besides being a major threat to individuals' health and well-being, the rising rate of chronic homelessness has a major impact on the Burlington community. Without a specialized intervention like Housing First, individuals experiencing chronic homelessness have frequent interactions with the police department, emergency rooms and emergency shelters, meaning these resources carry a disproportionate burden. The Housing First program stops the cycle of homelessness and reduces clients' reliance on these resources, increasing their capacity to serve their intended purpose. Beyond immediate impact of ending an individual's episode of homelessness, the Housing First program has a long-term impact on other domains of life, including health, social connectedness and financial stability. With the support of the Housing First team, clients are supported to regain their independence and become contributing members of the community.

**2. If CDBG funding ends, will the project be able to continue?**

Without additional funding from CDBG, the program will continue operating at its current service capacity with its current eligibility requirements.