

EXECUTIVE SUMMARY
GA Pilot Evaluation: Phase 2
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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 executive summary shares brief highlights of the findings of Phase 2 of the Vermont Research Partnership evaluation of the GA pilot projects. The study focused on five districts: the original three pilots in Morrisville, St. Albans, and Springfield; and two new pilots in Burlington and Rutland. 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 three original pilot sites, 13 participants were interviewed, eight females, and five males. 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:

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. 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 appropriate to the needs 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

All five pilot sites are extending GA benefits to those who are chronically homeless or at risk of homelessness. 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. According to staff, very few people in general qualified under the traditional GA rules because most applicants were seen as causing their own homelessness. The GA pilots offer a service component to help people address and resolve whatever issues contribute to their homelessness. In Morrisville, Springfield, and St. Albans, potential candidates for the GA Pilot are only denied service if they are not willing to work on their underlying issues. 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.

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 (ES), 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.

3) Mitigating Homelessness Cost Effectively

How site staff balance cost frugality with program effectiveness: The GA pilots provide some form of supported housing, which can entail transitional and permanent housing along with case management support. 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. Money that had been spent on short term hotel stays in the past is now spent on transitional housing and the services needed to secure long term housing. 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. For example, 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.

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 affect 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. Other costs are hidden in unemployment, crime, legal services, illiteracy, malnutrition, drug addiction, and emergency room usage when there is no health insurance or primary doctor. 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. In addition, once participants are connected to the supported housing services, they rarely return to ES for temporary housing assistance.

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

Saving the hidden costs of homelessness also requires an investment of human effort by case managers, participants, and program partners. This is accomplished through case management, reciprocity, and collaboration. Case management focuses on working as partners with clients to deal with underlying issues that prevent them from being able to sustain housing. Through case management, each participant receives customized assistance to meet his or her needs in a timely manner. Case managers 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. Participants agree to do their part to address underlying issues or to contribute a portion of their income toward sustainable 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.

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 out of 17 families and 3 individuals who participated during the first year, 11 families and 2 individuals found permanent housing. The Point in Time Homelessness Count for their district dropped 25% during the same year. Staff enthusiasm about the GA Pilot Program was palpable. One person commented on how remarkable it is, after 30 years of the traditional GA program, to be given the flexibility to think creatively and use resources wisely toward long term solutions.

Participant Experience of Outcomes: The full report details case studies of 13 participants who were interviewed. Highlights of these outcomes are summarized below.

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, usually from 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 received a variety of assistance through the GA Pilot program, such as help with budgeting and finding housing, 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: Program staff and participants each do their part and collaborate to tackle the homelessness problem. Participants work on their issues and follow 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 housing case managers and participants, who contribute 75% of their income. 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.

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. Many appreciated the opportunity for reciprocity, especially those participants who found it difficult to ask for help. They sounded empowered and often recommended the program to others in need.

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

Anticipated outcomes, costs, and savings of the pilots: 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. 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, for instance, 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 dramatic decrease in the number of incarcerated women in their community and believe in positive change.

Measuring Progress: Sites vary in the types of progress they monitor. They measure whether participants are sustaining permanent housing or progressing toward that goal; whether they are following through on the requirements of their tenancy and their plans for addressing issues (such as substance abuse treatment, education, and employment); and whether domestic violence victims are safe. They track case management activities and how effectively agencies are staying involved with participants. Some monitor the number of applicants, participants, and denials. They record participant demographics, providers involved, presenting issues, reasons for unemployment, outcomes, and reasons for termination. Another measure is savings on monies invested. Regarding outcomes, staff are interested in length of service and change over time; whether participants increased their income through employment, Reach Up, or SSI; if they earn positive rental references; and whether they return for additional assistance. Some staff are interested in collecting stories and surveys from participants. One person suggested comparing pilot participants with non-pilot participants to track outcomes over time. However, a challenge for recordkeeping is maintaining contact with people who complete participation. One possible solution might be tracking families connected with an ongoing program such as Dr. Dinosaur.

7) Barriers and Recommendations

Participants and staff identified barriers and areas of policy and practice needing further attention. To give clarity to the multiple barriers mentioned, these are organized into three main categories: a) System Issues (policies or practices that get in the way of timely responses to real needs); b) Resource Issues (areas where resources are not keeping up with costs and demands); and c) Attitudes (barriers that stem from people themselves, such as stigma or lack of understanding). Each barrier listed here is detailed in the full report.

System Issues

- The process of applying for Social Security Disability is extremely challenging and needs improvement.
- Lack of coordination between Medicaid and Social Security administrators can interfere with needed medical benefits.
- Policies are often still set up to defeat families staying intact.
- Shelters are accommodating longer stays to help participants save money for permanent housing.
- Paperwork is challenging for many participants.

Resource Issues

- Funding, including GA funding, and the way it is determined is inadequate to meet housing needs.
- More housing is needed that is affordable.
- The needs of single people who are homeless are often going unmet.
- Demand is greater than the availability of case management.
- While case managers are as creative and resourceful as possible, the impact of the economy is being felt on many levels.
- Vermont's cost of living is high and employment opportunities are low.
- Minimum wage is inadequate for today's housing costs.
- Staff and participants fear the impact of increased fuel costs.
- The cost of living makes it challenging to live on Reach Up grant money.
- Food stamp assistance is inadequate as food costs go up.
- Transportation is a need in rural areas but 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.
- Staff and participants suggested outreach to those who could benefit from the pilot program.
- Finding housing is more difficult when there is discrimination or stigma.
- Some communities are not in favor of transitional housing.
- Domestic violence, poverty, and addictions are often involved in homelessness and while challenging issues, a focus on prevention could be helpful.
- Reciprocity, as it is designed in Springfield, is not for everyone.

8) Advice from Participants and Staff for Replication of the GA Pilot Model

- Careful recruitment and selection of case managers is important.
- Reliable case management builds a positive reputation with landlords.
- Districts who are beginning a GA pilot program can expect to have some rough spots in the early phase.
- Strong community partnerships can enhance the GA Pilot effort.
- Districts who are designing programs should focus on strengths and unique resources.

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.