GA PILOT: PHASE 3 EVALUATION REPORT

Vermont Research Partnership

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INTRODUCTION

For two years, the state of Vermont has been demonstrating that chronic homelessness can be mitigated with intensive case management and transitional housing opportunities. This demonstration entails programs called "GA pilots," which have been made possible through legislation that allows rule flexibility in the dissemination of General Assistance (GA) funding. Early 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, such as educational accommodations, child protective services, unemployment, crime, and medical emergencies.

Yet, Phase 3 of the evaluation study of the GA pilots has been conducted during the fallout of the recent American economic crisis. In that sense the findings show not only the gains that have been made, but also the challenges faced and progress yet to be made. For example, the GA pilots make it possible for the state 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 loss of retirement savings. Changes in federal and state funding have been occurring rapidly as the international, national and state economies undergo significant transformation.

This report shares the findings of Phase 3 of the Vermont Research Partnership evaluation of the GA pilot projects as they existed in the spring of 2009. The purpose of the evaluation was to update the understanding of issues and outcomes from the perspectives of homeless participants, front line case managers, program administrators, and regional field directors. It had become clear in the wake of budget restructuring at both the state and federal levels that additional changes in general assistance were needed.

METHODOLOGY

This study involved 25 interviews with staff and participants in five districts: the original three pilots in Morrisville, St. Albans, and Springfield; and two newer pilots in Burlington and Rutland. In addition, eight regional field directors responded to an on-line survey version of the staff interview questionnaire available statewide. The data were coded and analyzed using qualitative research methods.

The research team conducted interviews with 11 GA pilot staff members across the five sites, representing housing case managers, economic services directors, eligibility workers, field service directors, and other program administrators. These interviews focused on pilot program outcomes, effects of changing economic conditions, barriers to implementation and positive outcomes, experiences with the GA Housing Scoring Index, observations of most effective pilot strategies, effects of waiving GA rules, recommendations to the legislature, and thoughts about cost neutrality and avoided costs. Staff were asked to comment on their experiences and observations since December 1, 2008 (See Appendix A).

In addition to staff interviews, 14 participants were interviewed across the five sites: eleven females and three males. Nine of the participants, including one male, had children living with them. 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).

FINDINGS

The findings are organized by the following themes:

1) Overview of the GA Pilots
2) How GA Pilot Sites Track Outcomes of Participants
3) Participant Experiences in the GA Pilot Programs
4) How Changing Economic Conditions Affect Demand and Outcomes
5) Staff Evaluation of the General Assistance Housing Scoring Index
6) Staff Perceptions of Most Effective Pilot Strategies
7) Overall Outcomes of Waiving GA Rules
8) Impact of Pilot Programs on Costs of GA and Avoided Costs of Homelessness
9) Barriers and Recommendations

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. Following are descriptions of the five sites:

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 or maintain 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 social security income (SSI) determination. Their emphasis is to help participants gain access to services and 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 contracts with other organizations to offer 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. For example, Economic Service and Field Service directors work closely with Community Action, mental health staff, and local shelters such as the Samaritan House. They have hired a housing case manager, who has office space at AHS but is an employee of Community Action. The case manager helps people to find appropriate housing, helps them access the Housing Help Fund, and works with landlords to share the risk if the tenant does not work out. Services beyond housing are coordinated, usually with the help of a Reach Up caseworker. The St. Albans GA pilot has two apartments they offer as transitional housing. Participants are asked to sign a contract, which the case manager reviews with them weekly at first, and then less often as they get stabilized. Participants pay a program fee (typically 30% of their income) that is matched through an IDA account toward a rent deposit or down payment on permanent housing.

Burlington District: 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 District: Rutland's pilot offers transitional housing with case management support to help people reduce barriers to finding and maintaining permanent housing. Their project advisory team is similar to that in St. Albans, but also includes a representative from Corrections. The team meets weekly to review applications. Community Action hires and supervises the housing case manager. Rutland staff members assess cases through team discussions utilizing information from the housing case manager's intake process. Participants sign a contract about expectations and agree to set aside up to 30% of their income to be matched by an IDA account. Rutland does not "own" apartments but they have developed strong linkages with landlords who are willing to rent to participants with the case-management backup. Like St. Albans, the case manager visits the home weekly at the beginning and then less frequently. The program also depends heavily on the Reach Up caseworker to provide clients with comprehensive access to services. However, the housing case manager will provide clients with transportation as needed.

2) How GA Pilot Sites Track Outcomes of Participants

According to the 11 staff who were interviewed, all of the pilots track whether participants find permanent housing and make progress at securing an income. In addition, pilots track behaviors that indicate a person is able to sustain housing. They also track what kinds of assistance are being given to participants. The eight field directors who responded to the online survey were less aware of outcomes being reported in a systematic way, though they knew of success stories.

In the Burlington GA Pilot, the Burlington Housing Authority (BHA) tracks when housing is secured and checks in with service providers (who made the initial referral) at three months, six months, and one year. At these intervals, service providers submit feedback forms that track participant behaviors such as attending meetings with the service provider and paying rent, as well as any new issues that arise.

In Morrisville, Economic Services (ES) staff members track whether GA pilot participants are ongoing GA clients, and whether they obtain Section 8 housing and/or social security disability income (SSDI). GA pilot clients are encouraged to apply for other sources of income besides GA such as SSI or SSDI. They are referred to Vocational Rehabilitation (VR) for help with the social security application process and to Community Action for assistance finding Section 8 Housing. GA pilot staff maintain contact with these two organizations to see what progress has been made on SSI approval and housing vouchers.

At the time of the interview, the normal service coordination provided at Community Action has been on hold since the recent Service Coordinator (SC) passed away suddenly. According to one staff member, the program has not had its usual data on outcomes since the SC became ill. However, from October through December 2008, the ES staff began tracking all GA clients, including those applicants for GA who were denied, those receiving Reach Up assistance, and those who benefited from one time help or short term help. Since Morrisville staff knew economic times were tough, they tracked how many GA applicants were denied, how many were helped, and why they were helped. The ES staff also tracked housing and fuel issues (including how much was given for fuel) in order to discern trends. Other data is collected through the coding system for GA. This includes age of clients, what other services they may receive, what type of housing they currently inhabit, and whether they have children. In Morrisville, most ongoing GA clients are single people. Staff also mentioned case files that could be reviewed should it prove useful to select particular data points for future collection.

According to one staff member, the Springfield pilot tracks whether participants are placed in permanent housing and whether they get a job. They track referrals to substance abuse and mental health services. They also track referrals to budgeting assistance as well as assistance with furniture, transportation and food. They look at what referrals and connections they help clients make while they are in the pilot.

As their primary indicator of success, Rutland staff have been tracking the number of people moving into stable housing. As their secondary indicator of success, they are tracking the skill acquisition of the participants such as progress on learning to manage money and seeking appropriate treatment.

Field directors who responded to the online survey indicated that very few outcomes of intervention with homeless people were reported in a systematic way. Therefore, they had little information about the magnitude of success. Directors thought the agency ought to track both risk factors and outcomes such as gains in income and acquiring safe and affordable housing. However, some saw a difficulty in tracking this information with people who were transient and in crisis. The contrast in responses of the eight field directors from the 11 front line staff and administrators is curious. It may indicate that different staff groups are tracking varying kinds of information without sharing what they do with each other. This may be a systems problem.

Actual outcomes observed by staff: Overall, staff in the GA pilots report that they are seeing participants stabilize their housing and address problems in their lives that previously prevented them from maintaining housing. Another outcome is that landlords are more willing to accept pilot participants. In addition, AHS Economic Services staff, housing case managers, and their program partners are seen as more realistic, respectful, and willing to help. Most field directors who responded to the online survey knew of some success stories where families became independent, exited general assistance and had good prospects for remaining independent.

For example, since the inception of the Burlington GA Pilot Program in July 2008, staff members have found that most participants find and maintain stabile housing and decrease problems in other areas. In two years of the Springfield pilot, all participants moved into permanent housing except one who moved out of the district. The caseworker in St. Albans helped 13 people secure permanent housing, and is working with 11 others who are still looking. (One had just received a shelter plus care voucher at the time of the interview.)

The Springfield pilot has received 250 referrals in two years. In the second year, with a shift in the case manager's job description, the program broadened its intake process to invite everyone for a 45 minute intake interview. Most come for the intake interview, but staff estimate that 50% chose not to proceed beyond the intake interview, especially if they were looking for a "handout" rather than a "hand up". For example, they did not return a phone call or did not show for their next appointment to the case managers or to the ES staff. Half of those who went through the intake process did not make a required follow up phone call to see if there was an opening. Applicants are required to check in once a week to maintain an active file. They can always reactivate their file by initiating contact again. In a few of these cases, a service coordinator may work with them towards eventual participation in the GA Pilot. According to staff, this process results in no anger and no blame. Case managers often have eight referrals for an apartment at a time. In two years, 37 people completed the pilot and only 10 people were referred to shelters.

Springfield staff explained that the pilot is not "a give away". Participants work with staff and spend some of their own money. They choose whether they are ready for that commitment. ES no longer says they cannot help an applicant. All are offered decent affordable permanent housing and help to improve their well being when they are ready to share in the effort. Staff see this approach as respectful, offering choice, and helpful if clients experience problems. A third staff member explained that the old "good cause, bad cause" approach to GA eligibility led to angry feelings among applicants. The new approach offers help in a variety of ways and levels. For those not interested in the pilot, the housing task force might be able to pool their resources to solve a housing problem for a certain family. The Housing Task Force (HTF) extends the

reach of the GA pilot by working to preserve housing wherever possible. There is also a service coordinator that can help if there is a crisis.

Another Springfield staff member noted that in Spring of 2009, there was a "shockingly" low amount of recidivism (people returning for more services). In other words, 90% of applicants were new. Only 12 out of 250 referrals came back and these were familiar clients where more than one generation had experienced housing issues. However, staff reiterated that through "word of mouth" many people who were not interested in working on their own issues did not return. Referrals thinned out. As the program and its expectations have become clear, those not willing to address their issues are not coming in expecting free help.

In St. Albans and Rutland, participant outcomes included securing and maintaining stable housing, obtaining and maintaining a job, and improving budgeting skills, Other outcomes included continuing education of the adults and children in the family, participating in relationship counseling, attending needed treatment, and gaining access to other resources. In the process, participants improved parenting skills, health, and self-efficacy.

In addition to securing permanent housing, the caseworker in St. Albans sees the greatest successes of the program as helping people to access other resources, watching them learn to budget and make more appropriate use of their finances, helping them to meet the needs of their children, and seeing them grow and change as a result of treatment and education. This caseworker's favorite success story involved helping a disabled man get into a stable apartment with his young son.

3) Participant Experiences in the GA Pilot Programs

Participants at five sites described their circumstances before entry into the GA Pilot and their experiences in the pilot. They discussed the help they received, how they reciprocated, how they benefited, and what they would recommend to decision-makers as well as others in need. Presented here is a summary of their responses. Individual cases with more detailed information are included in Appendix C.

Situations prior to learning about the GA Pilot: Participants described their family, health, and economic status before learning about the GA Pilot program. Most were single after separation or divorce from significant others. (This included males as well as females). A few were close to retirement age. Many, but not all, had medical and mental health issues. In some cases, they were addicted to drugs and alcohol. Most of the females had children and a few were pregnant as well. Often one or more of the young children had significant physical and emotional challenges. Some of the children were grown and independent.

Some participants considered themselves to be from middle to upper middle class families. Several said they had been self sufficient for many years, raised families, and worked to support themselves before slipping into a position where they became chronically ill, lost their jobs and any savings they had, or came to realize they needed to escape an abusive relationship. Many chose to start their lives over after a period of homelessness, moving from homes of friends and families to shelters, hospitals, or the outdoors. A few had been on a Section 8 housing wait list

for some time. A few had been incarcerated or their boyfriends were in jail. In addition to a high incidence of medical and mental health complications, participants described difficulty budgeting, difficulty with child guidance, discontinued education, fragile or no attachment to paid employment, transportation challenges, and in a few cases, criminal records.

Participant experience of the pilot programs' intake processes and reciprocity: Participants commented on their experiences during the program intake process and the various forms of reciprocity required. Most programs used some form of a contract, where participants could set goals and programs could outline requirements believed to enhance participant chances of being housed successfully. Some contracts were very specific about monetary commitments and rules of tenancy.

Burlington participants commented on the ease of working with the BHA contact on intake procedures. Each worked with their referring caseworker to create an action plan for maintaining housing (e.g., housing inspection and paying rent regularly) and addressing various aspects of their lives such as counseling for self and children, budgeting, work and voluntarism, education, leisure, and spirituality if important to the participant.

In Morrisville, both participants felt fortunate to learn of Community Action and found assistance from the housing specialist there. Both were encouraged to apply for SSI or SSDI and given help finding or maintaining housing. One participant, who had been successful in receiving SSDI, said the housing specialist helped her move as well, and provided much needed emotional support. A percentage of the retroactive SSDI benefit went to a local attorney who helped with the two year process of getting approved after several denials.

In Springfield, each participant described filling out paperwork, getting approved to participate, and signing a contract that outlined rules of tenancy in the temporary supported housing units. The contract rules included no drug and alcohol use; no violence, weapons, or destruction of property; and no overnight guests or pets. Participants were expected to keep all appointments with their case manager, pay their fees, keep their apartments clean, be respectful to other tenants, supervise their children at all times, and look for employment online and at the Department of Labor. The fees required were 75% of income during the three months in temporary supported housing: 55% for the expenses of the housing and 20% for an escrow account that was matched to save money for a deposit on permanent supported housing. While some found the fee requirement shocking at first, all were pleased with the results and found that if they ran into trouble, the case managers would work with them to get past it. One participant mentioned that the housing case manager has a garage with used furniture that participants can access as needed.

In St. Albans and Rutland, all participants found the contract review useful to their progress. Most found it difficult to set aside one third of their income and appreciated flexibility from program staff in allowing them to pay as they were able. Some participants outlined specific goals their plans addressed, such as education, parenting classes, child care programs, and driver's education. One person was particularly nervous before her first visit from the case manager, but found it very helpful in the end. Another commented on the easy and respectful entry into the program. For one participant with serious psychological challenges, the contract

provided a structure, though she had difficulty remembering most of the rules other than not using or dealing drugs. One participant mentioned the helpfulness of services located at Community Action where food shelf and other supports are also located. Most in St. Albans and Rutland found the intake process respectful and helpful, the paperwork not burdensome, and almost all staff people to be going out of their way to find solutions.

***How the GA Pilot helped*:** Participants received access to stabile housing, even though the programs varied somewhat in how this was done. In some cases this meant help maintaining existing housing, which saved money and effort in the long run. Participants also received case management support that in some instances helped coordinate teams of multiple providers. GA pilot staff helped people access various resources, which included GA and SSI income, and the learning of new skills. They also offered a collaborative relationship in which staff and participant are partners in solving the housing problem.

In Burlington, clients had to find their own apartments, but were given a rent budget, based on a formula of two-thirds of their income. In Morrisville, participants received help getting into federally subsidized housing, and help in the form of advocacy for food stamps and health care. Some took advantage of fresh vegetables on the food shelf at the Community Action Office. Morrisville participants received help applying for disability income (SSDI). One person finally was awarded SSDI, and receives $783 per month that is meant to cover rent and all other expenses. Most received $56 for personal needs and $198 towards rent from GA. Sometimes, in addition to this, they received help with utility payments, such as fuel assistance or electricity. One person was pleased to be able to keep his family home with the combined help from the GA pilot and a family member.

In Springfield, participants discussed the temporary and permanent supported housing they were able to access through their active participation in the program. The housing case manager helped them with applications for Section 8 and subsidized housing, and once housed, visited weekly to collect rent and money towards escrow, and to check in on how participants were doing. One married couple appreciated the invitation to stay in contact with the case manager should questions arise beyond the term of the program and they anticipated doing so. A single man, close to retirement age, appreciated the help he received with paperwork to find housing, and referrals to places where he could seek paid work. For him, the caseworker was a source of knowledge of where to go to get these important needs met. A single mother appreciated the support she received for housing, work, counseling, and child care (including summer camp and after school care). She also mentioned financial help getting her car fixed so she could have transportation. This mother especially appreciated help accessing clothing and other resources so she could give her children presents at Christmas and dinner at Thanksgiving. She was thankful that case management meetings were held at her home.

Participants in St. Albans and Rutland appreciated a place to live, support from their caseworker, access to other resources, and having a team that the caseworker helps them understand and coordinate. For example, participants emphasized the help they received to find safe and secure transitional and permanent housing. They also particularly appreciated help with budgeting. Though some resisted setting goals and making a plan at the outset, all came to appreciate the constructive focus this gave to their meetings with the case manager and the resulting sense of

moving forward. Many appreciated the weekly visits from the case manager. One called it a lifeline, and another said the context of the home visit made it seem like a pathway to a better life rather than trying to catch mistakes.

All of these participants in St. Albans and Rutland were single mothers. Most worked with a team that might include up to 12 staff, such as nurses, social workers, and case managers. The housing case manager sometimes coordinated the efforts of the team or at least served in a liaison role. A few mentioned their appreciation for the flexibility and true helpfulness of the program, as well as being treated like an adult. Some mentioned the sense of having an ally to help coordinate multiple referrals. In one case, the case manager accompanies the participant when food shopping or attending meetings relevant to her children. Some were pleased that their newly found housing allowed them to keep their children in the same school district. A few said their children were very fond of the caseworker as well, which was emotionally healing and hopeful for all. Learning budgeting often also meant learning to say 'no' to one's children and oneself.

Participants at each site unanimously agreed that their primary contact in the pilot program had a genuine interest in helping them and was not 'giving up' on them. Often they meant the case manager, but sometimes it was an administrator for the pilot or staff in the ES or Community Action office. Those interviewed used words such as glowing, passionate, caring, reassuring, patient, supportive, encouraging, and inspiring to describe these staff people.

What was most helpful to participants? Participants at all the sites were grateful for a variety of help they received through the pilot programs. This ranged from help with the logistics of finding and paying for housing to accessing services and needed resources to heartfelt encouragement and a resulting sense of hope. Burlington participants mentioned monetary support such as the monthly housing allowance, social security, reduced rent, and help to afford rent. They also mentioned progress in work and education, connections with helpful people and resources, and a renewed sense of hope. One Morrisville participant said everything was helpful, especially medical services, food stamps, and the ability to stay in the family home.

Springfield participants found everything positive. In all cases, this was the temporary housing and building money towards a permanent home and a future. In some cases, it was medical help, counseling, or knowledge of who to go to "when things got tough in life." They appreciated the housing case managers' experience, resources, and outreach. More than one person mentioned the fact that the housing case managers were always there to talk and encourage a participant who became discouraged and wanted to give up. Those in St. Albans and Rutland appreciated help finding a stabile and safe place to live, learning to handle money responsibly, and help accessing other resources. They were thankful for the emotional support and individual attention from the case manager, and being treated as an adult by their treatment teams. One person said the program helped her get housing that landlords were reluctant to offer when she looked on her own.

Hopes for the future: Most participants wanted to sustain their current housing. All hoped for a stabile living situation (ideally one that was affordable, decent, and did not require resettling in a new community). Many mentioned wanting to own their own home. Most of the participants

who were not working hoped to find a job that paid a living wage or some kind of productive activity. In some cases, this meant a job they could handle with a disability. One was waiting for SSDI to be approved and another was hoping to qualify for health insurance. Many were interested in improving their health and mental health.

Those employed were interested in furthering their career or re-examining their current work endeavor and possibly changing to another. Many wanted to continue their schooling, often by starting or finishing some form of higher education. Others wanted to "give back" in some way, either through sharing their story, mentoring, or helping others who experience similar difficulties. All wanted good relationships with children and intimate partners, and several were focused on being good parents and supporting their children. Some mentioned meeting new people or reconnecting with friends and family and rebuilding relationships. Several found it challenging to think far ahead, and were focused on taking life one day at a time.

Supports needed or wanted that the program cannot provide: Participants asked for more funding for basic needs so they could advance themselves. One participant in Burlington suggested more funding for single parents so they can help themselves, for example, help finding a way to make extra money to help self. Participants in Morrisville said the $56 per month personal needs money was terribly insufficient to pay for basic expenses that included telephone and gasoline. Since they are not given a discount, they suggested that any decision-maker study their own expenses to determine a reasonable amount of assistance. One person suggested the monthly allotment should be raised to at least $200. One also highlighted the difference dental care and good teeth make in getting hired for a job.

A participant in Springfield pointed out that being dependent on the bus system limits job seeking to those jobs with a similar schedule as the bus. One mother in the St. Albans and Rutland program appreciated the treatment team's flexibility in allowing her to maintain her car so she could make her own healthcare appointments and retrieve her children from child care on time. A few suggested it would be helpful if treatment programs were available locally and having a car was possible. For some, it is hard to find work if they have limited work experience or a history of incarceration. Another mother voiced the challenges of saving money for the IDA on a limited income.

What do participants think could be improved? Participants suggested a few improvements, such as reducing duplication in paperwork, increasing program outreach to those who are isolated, and expanding the timeframe for remaining in temporary supported housing. In Burlington, where participants need to seek housing on their own, some would prefer to have a person acting as a liaison between the pilot program and the landlord. One Burlington participant did not know where to start when first looking for an apartment and another would have liked someone to mediate as she spoke with landlords, because discussing having a voucher felt so embarrassing. Another commented on the plethora of paperwork she encountered among various programs that requires a great deal of time and organizational skills in order to stay compliant. In her case, she had to continuously repeat many pages of paperwork, because housing programs as well as Medicaid and Food Stamps cannot share data. In Burlington, St. Albans and Rutland, several felt the program should be better publicized so more people who need it can access it. One person suggested ways to reach battered women who are isolated, maybe through doctors'

offices, community programs, and by involving more housing case managers in getting the word out. One Springfield participant suggested expanding the timeframe for remaining in temporary supported housing from 90 to 120 days.

Participant advice for others who need assistance: Advice from participants to others who need housing assistance focused on the participant's role and responsibility in the process of getting help with homelessness. Most of the participants recommended that others who need assistance reach out, listen, and work with professionals who know "how the system works" and what is available to help them. One advised that success starts with the self, highlighting the importance of responses and interactions, looking forward, staying vigilant, and being persistent and diligent. A couple people advised keeping focused on doing what is best for children, and on recovery as needed. One advised others in dire situations to face their tragedies, know that help is there, do their part, have courage, and "don't give up."

See Appendix C for detailed participant case stories.

4) How Changing Economic Conditions Affect Demand and Outcomes

Staff reported that demand has increased at all the sites, and most linked it to the economy. Some thought the economy had turned a corner and was on an upswing while others believed the worst was yet to come. In three of the sites, participants had experienced job layoffs or cutback in hours. With reduced salaries and benefits, middle class people who have been self-sufficient in the past are finding it difficult to survive. Site staff have found that helping people salvage existing housing by contacting a bank to set up a payment plan or helping with a utility bill or a month of rent can make a big difference. However, staff also noticed that people receiving grants and GA allotments are finding it nearly impossible to live on these amounts of money. Nevertheless, they said connecting services to housing is effective and is even more important in challenging economic times. Staff found an added benefit in the fact that when times get tough, landlords are willing to work with a GA pilot participant who has proven to be a good tenant.

Within the first month of starting their program, the Burlington GA Pilot received 32 referrals to fill their 25 ACCESS slots. They did not expect to fill so quickly. It was up to the participants to find their own housing and all the participants found housing within the 60 days that they were given to do so. The staff person mentioned that family reunification vouchers were not available at that time. ACCESS vouchers were only available to Section 8 for emergency situations. However, the staff member did not hear about the economy as the issue that brought people into the program. She said these are the same people BHA would have seen through the family unification vouchers.

More recently, the Burlington pilot has served two families with issues relevant to the economy. In one case, the father was laid off from his job. These cases are not the majority (so far two out of 25) but more than before. In any case, the staff person said Burlington has found that connecting services to housing seems to be working. Due to this success, Burlington is now trying a new program, building on the GA pilot model. The Burlington Housing Authority is partnering with the HELP fund to offer 25 vouchers for any referral that moves to the top of the waiting list and for all the family unification referrals. Early results are promising.

According to staff in Morrisville, more people are being referred to GA, and this is recently due to the economy. Initially, staff would typically have 12 cases, which doubled and grew to over 40. One staff member cited the following: In October 2008, Morrisville received over 356 applicants for GA, an unusually high number. Usual numbers include 26 ongoing GA clients and 13 pilot participants. Some of the applicants were on Reach Up assistance. Of these, 25 applicants were denied, either because they had not paid rent but could afford it, or because they already had a place to live but wanted a new place, were over income, or had not completed their 210A form (a medical form for single people). In the past, the Service Coordinator has helped clients with that form and now Economic Services offers to fax the form to the applicant's doctor for completion.

Morrisville staff have found that sometimes contacting banks or other agencies regarding payment plans can prevent someone from losing their home. According to staff, the $56 monthly personal needs allotment is "even worse than not enough," especially in this economy. Morrisville staff said they succeeded on making sure no one went through the winter homeless or living in a car. They were able to connect those at risk with at least temporary housing or place them with their families. One staff member said these economic times are very difficult for families and singles. She anticipated things would still get worse, perhaps hitting hardest in fall 2009. More middle class applicants are coming in who are behind on mortgage and utilities. Staff anticipate that people will "try to hold out" and when they cannot pay anymore or have gotten too far behind, they will come to Economic Services. Three more GA participants began during the week of the interview. The staff member was suspicious that the GA eligible population will increase. She stressed the importance of including SSI in their services.

Springfield staff said that out of the current 90% of applicants who are first time GA applicants, up to 60% are lower middle class working people who could previously support themselves. Small business owners had a difficult winter. Employees have suffered from layoffs, partial employment, and hours cut back. Many who are at risk of losing their homes are being referred to the Housing Task Force (HTF) for housing preservation assistance, and others are being referred to the Supported Housing Program. Recently, the HTF discussed 17 cases in one day, whereas they usually have eight cases. They meet twice a month.

Springfield staff members are also receiving requests from people from other districts, usually due to the economy. These are middle class people who are losing their jobs. One staff member shared a story of a man who hitchhiked from Springfield to another county for years. He was laid off for a few months, and could not pay rent. Although he knew it was temporary, he could not make it. According to the staff, people are living "close to the edge" financially. One woman, with a 13 year rental, experienced a cutback in her hours at her seasonal employment and had difficulty paying rent. She had a good history with the landlord and the HTF was able to help her with one month of rent. Having a car that is on the edge of breaking down without the money to fix it can create a 'domino effect' of other problems. For example, a single male with children could not work when his car broke down.

One staff commented on the importance of salvaging existing housing, knowing it is a temporary assistance and that economic times will hopefully improve. For one person, help with utilities meant salvaging existing housing. This person was a few months behind on the utility bill, then

the furnace broke and the oil tank needed to be replaced. Another staff member believed the economy had “turned a corner” and was seeing a trend where people were able to catch up with their bills. Fewer people are returning for assistance. Out of 100 people in a month, 90% are new whereas in the prior quarter it was 70%.

Staff members in St. Albans and Rutland said economic conditions were leading to reduced salaries and benefits, making it impossible for participants to make ends meet. Staff also discussed the cost of apartments, which were becoming prohibitive. However, they sensed that some landlords will drop the cost of rent for the “right” tenant. From the St. Albans caseworker’s perspective, the most challenging problems for the families she serves include helping them find good child care, obtain legal assistance, and access treatment programs. She also mentioned how it is nearly impossible to survive on the grants people have or on full time jobs that do not pay adequately or do not provide benefits.

The Rutland community has faced particular challenges as several of the better paying employers either closed their plants or dramatically cut staff. One possible good side effect of this economic downturn was that landlords mentioned they might be willing to drop their rents in order to keep people who have proven to be good tenants under the GA pilot. The program has had great success in improving relationships with private landlords, a trend which they expect will continue. Significantly, many landlords no longer require first and last month’s rent or security deposits from clients of the GA pilot program.

The on-line survey responses from field directors echoed much of what was revealed in the eleven interviews. All eight respondents indicated that demand is much greater than prior to September 1, 2008. Demand was actually somewhat greater (instead of "much greater") due to the economy. Changes in GA policy encouraged very flexible use of GA funds during the winter of 2008/2009. This winter found shelters and apartments in constant demand. People are staying in shelters longer. The demand is up in all districts. More and more people are looking at ‘keeping their head above water’ and trying to hold off being evicted so they are tapping into these services.

The economic downturn resulted in increased numbers. Staff are seeing more people, especially families and young people, who are homeless or housing-fragile. They are finding it increasingly challenging to help people find and sustain affordable housing, with costs of basic needs being high and income insufficient to support them. Also, the amount of back rent owed is much higher, which would indicate that people are waiting longer or waiting for an eviction notice before seeking help. Demand had quieted down in the late spring, but staff expect it will increase again next fall and winter. There is also less money in FY'10 than this year.

5) Staff Evaluation of the General Assistance Housing Scoring Index

Staff members had a range of thoughts about the Index, which was created to assist them in assessing needs and barriers across the state. Some staff used it as a check on their thinking and found that they already had a good sense of how to assess cases. One site used it as a training tool. Another site used the Index and found it accurate to some degree but did not find it

comprehensive enough. One site suggested an alternative to the Index. A few staff members were not familiar with it and were not using it.

In Burlington, the index has not been used by collaborating staff at BHA for the ACCESS program. One staff member in Morrisville saw it at a meeting, was not fully familiar with it and was not using it. Another staff member who used it briefly said it came close to their thinking. They thought it was a good tool if someone was unsure of what the GA rules were and how to issue money.

In response to the question about the Index, a Morrisville staff member responded that their team was clear that there were no rules, but that participants need to make a good faith effort to work on their issues. It was important for staff to ask the right questions and not in a demeaning way (e.g. how did you spend money this month?). They were able to help some families get through winter by paying back mortgage, help they would not have been able to offer under the traditional GA rules. The staff member said these families have not been back and are success stories. In the past, there was a tendency to deny applicants. The GA pilot now allows staff to look at each case on an individual basis and make “intelligent” decisions. For example, staff members assess the individual applicant and what is going on with their family component if applicable. They can help a hard-working person who lost a job but is going back to work soon.

Springfield staff with many years of experience did not find the index particularly useful. However, one mentioned its helpfulness in learning how to look at a case. The form helps staff separate facts from emotion. Springfield has not used the particular points because everyone is offered help in their district. Another staff member echoed that the form is not as necessary because of the GA pilot. In Springfield, everyone gets referred if there is a housing crisis.

The St. Albans Caseworker uses the assessment matrix and finds it works relatively well, but it does not have any priority listing for people who are doubled up and have no privacy. And there is not an effective way to judge substandard housing. She also feels the critical 30 days behind in rent is not stressed enough, nor the impact of serious medical conditions. Although the team uses the matrix to prioritize people for the program, she typically prioritizes with participants once they meet with her to develop their plans.

The team that determines priorities for the Rutland program meets weekly and also serves as an ongoing resource for the case manager. They have not found the assessment rubric very helpful and suggest a more in depth assessment to help people develop more effective plans. The staff member suggested an assessment developed by the Daniel Memorial Institute and provided a copy of it to the interviewer.

Field directors echoed some of these responses with their feedback through the on-line survey. The use of the scoring index to gather data suggested several issues with this initiative: Most offices have not used the Index. They see it as adding more work and unnecessary for decision-making. Some staff have utilized it somewhat. Not all Housing Solutions partners are "sold" on it, as yet. Staff are unsure if it will be the right tool when all is said and done. Money, rather than the Index, might drive the limitations of what can be done with GA. On the other hand, there is

not enough money to go around for everyone, so some tool like this will be necessary to narrow the gate to accessing GA, ARRA, and other funds.

6) Staff Perceptions of Most Effective Pilot Strategies

Several sites found that attaching case management and services to housing is a most effective strategy. Many have appreciated the change in approach to GA applicants, finding it more respectful, truly helpful, and satisfying. In addition, staff members valued the collaboration with other departments and agencies, which brings more resources together to resolve a challenging housing situation. The relationship between staff and clients is also seen as collaborative and strengths-based, a "hand up" instead of a "handout." Several mentioned the usefulness of structure and goals to help clients save money for housing and address personal and family issues. Staff also valued the flexibility inherent in the GA pilot approach, which allowed for more intelligent and cost-effective decisions.

BHA staff in Burlington said attaching services to the housing subsidy is the best place to start because it fixes the root of the problem. Connecting housing to services results in permanent affordable housing rather than money for temporary housing that usually creates cyclical homelessness. In Burlington, services include mental health, substance abuse, Reach Up, Vocational Rehabilitation, and Medical care (including following through with visits to doctor or hospital). Most of the Burlington participants receive Reach Up grants and many have substance abuse issues. Disabled participants with domestic violence situations are eligible for deposit assistance. Single participants usually do not qualify for this. BHA defines 'disabled' as a physical, mental, or emotional impairment that is long lasting, that impedes the ability to live independently, and that can be improved by sustainable housing.

In Morrisville, one staff discussed the pilot's approach toward GA applicants and how it is different from the old approach that was dictated by GA rules. In the pilot, staff members tend to believe more in the people who say they are homeless and have fewer requirements for them to get assistance. GA pilot staff members are more receptive to people and try to help them. Another staff member in Morrisville said the GA pilot approach allows for more tolerance and the ability to make good decisions. Staff have a clear plan of referrals of ongoing GA clients to VR and the SC, and no longer have to dread a GA applicant coming through the door. In addition, participants no longer need to come into the office every four weeks to reapply. The monthly GA allotment is issued automatically. Staff members see clients every six months but keep updated over the phone. Whereas before the GA clients were required to come in monthly and bring a new 210A medical form each time, now they can have the doctor mark the form for six months.

According to one Morrisville staff member, one of the best changes in practice that has been a huge benefit to the ongoing GA population has been the successful attempts to help participants qualify for SSI. This has involved frequent communication between VR, SSI, and the Case Aide who manages the ongoing GA population. It has also alleviated the caseload of ongoing GA clients who were not making progress. In addition, the staff person lauded the community partnership between United Way, Community Action, Family Services, Economic Services, Behavior Medicine at Copley Hospital, and the Deputy Commissioner of Field Services. This

collaboration pools resources to help those in need. According to this staff person, it has only enhanced the number of people they can help. She added that they were not helping applicants before the pilot. Even those who qualified were not sent for other services such as case management, VR, and SSI. Most could not apply on their own for SSI nor did they know they qualified for needed services. Essentially, they were left “hanging out on a limb.” This staff member said there are many more resources to utilize now.

Staff in Springfield described ways in which the GA Pilot program changed the expectations of clients and their relationship with staff. Instead of the staff serving as “parents with allowance,” now they expect responsible adults who are accountable behaviorally and financially. Participants are expected to have goals and are shown ways to attain them. The result is empowerment – teaching people they have control through their behavior. When they realize the benefit of saving money, they feel good about it. The program offers a learning process in which to learn constructive tenant behaviors, such as paying rent on time.

One Springfield staff member thought it was helpful that the GA pilot is presented as a program in which people learn to save and pay rent. One 17 year old who saved more money than his own parents was proud of himself. When it comes to paying 55% for fees and 20% for escrow during the three months of the GA pilot program, staff say most participants complain, but all do it. The one or two who did not want to pay at first, later changed their minds and were able to save. Staff have learned from early experience to warn people early on that this financial commitment for three months will be difficult. The program offers a clear message that participants are being given a “hand up" and not a "hand out."

Staff members in St. Albans and Rutland named a number of most effective strategies, including having apartments available, making home visits, using the contract review at each session as a way to stay focused on goals, collaborating with other agencies and staff members, and having flexibility to move furniture or take someone regularly for treatment. Case managers said they were not particularly aware of the GA rules.

Although the St. Albans Caseworker theoretically carries a caseload of 15, she also attempts to provide some level of service to people on the waiting list, and still remains available to those who have “graduated” from the program. She says she has found more effective ways to help participants plan their goals and keep their plans in the forefront. Sometimes her supervisors worry about the amount of time she spends doing logistical things with the families (e.g., looking for furniture, visiting apartments, doing house cleaning) but she feels these are an important way of modeling how to make progress. The caseworker hopes the program will continue, because she finds it to be very effective. She worries somewhat about the future of the program because some of last year’s supplemental funding was lost. Although staff members ask clients to pay their share of the program, they found the budgeted figure was not realistic.

In Rutland, participants are aware that they are in a program and that there are clear guidelines they must adhere to. According to Rutland staff, this provides participants with a sense of structure that is helpful. Similarly, participants understand they are required to contribute to their IDA, yet some have trouble making the payments and some find it difficult to understand the long term value.

Rutland staff discussed benefits and drawbacks of trying to "match roommates" when they place them in housing units. It can make housing more affordable but can also lead to difficulties. A successful match involved a mother who shares child care and cooking with her roommate. Divorce affects affordability as well, because two incomes reduce to one. Staff members are trying to address this problem.

Field directors who responded to the online survey noted that not all of the regional sites were GA pilot sites. Among those that were engaged in making changes in practice, the following observations emerged: Allowing people to participate who were not in priority populations (e.g., families with children) made it possible to serve urgent situations. The strategy that worked included a comprehensive assessment with the client of need and hopes, which resulted in a plan of action with enough support services in place to carry it out successfully. The end product, a Section 8 access voucher, was the reward that kept the process moving. Expanding the rules to include more individuals who were willing to engage in services was the most effective exception. However, staff emphasized that this was only effective when the worker was able to form a trusting relationship with the client.

Effective community strategies included shared decision-making on cases (e.g., prioritizing who goes into transitional housing), paying back-rent for disabled individuals, and making agreements towards reciprocity. One director believes there has to be a 'front door.' All homeless individuals in this region are referred to the Open Door Mission. If they do not have space, then staff find another solution. This has brought a layer of consistency to the region. Another director said GA was not implemented in their area, other than a change in rules. Eliminating the rule about causing their own situation and extending eligibility to single, able-bodied people were helpful.

Other procedural changes that did not require rule exceptions included implementing a weekly meeting to problem-solve difficult cases and to provide cross-agency information. Allowing for more time and supporting workers in a more interactive, strengths-based relationship with clients was also helpful. Gathering information on all cases on one spreadsheet allowed one or two people who knew the status of these cases to collaborate with other community agencies about next steps. Another director mentioned bringing challenging cases to the ESD District Director and Field Director, who often connected them to the 'Housing Execs/Shelter Review/Help Fund' for support. In the Help Fund, GA was often part of the solution to stabilize a person or family, rather than the last resort that did not meet the need in a meaningful way.

7) Overall Outcomes of Waiving GA Rules

Staff discussed a number of outcomes that have resulted from waiving the GA rules. First, they see an increase in permanent solutions to housing, participants resolving issues, and a consequent decrease in people returning for ongoing services. Second, the rule flexibility allows staff to be more helpful and accessible to people in need. Clients feel they are treated with respect and the agency's reputation with the community has improved. Staff roles are clearly defined to meet the actual needs of participants, resulting in more job satisfaction. Collaboration among staff and participants enhances the ability to combine resources to resolve housing problems. The program fosters responsible behavior, empowerment, and self confidence among participants.

Third, a program with case management has an advantage over a regular Section 8 program because it makes landlords more willing to rent to a tenant they would normally consider risky. The connection to services catches problems before they become insurmountable. There have been cases where the 'Catch 22' of incarceration due to lack of housing has been prevented, keeping families intact, and helping them re-establish stability in their lives. Fourth, staff members believe GA money is being spent wisely and relationships with landlords and clients have improved. One site suggested improvements to the way landlords are paid by the state. Fifth, none of the sites observed any negative outcomes from the pilots for clients or the agency. A few staff members were concerned about the impact of agency restructuring on the pilots, and would like to see the pilot program length extended. A few sites commented on ways the pilots had learned from each other, one suggesting that they formalize a process of sharing best practices.

Burlington staff described the GA pilot as a better way to spend money that makes sense. Participants are not coming back through the system or not coming back as often. In the traditional GA, people use their 84 days in a hotel once a year. If they are able to access permanent affordable housing through the GA pilot, they have that forever as long as they continue to follow the rules and qualify for the housing. Burlington modeled its service plan after a program in Brattleboro and otherwise figured it out on its own. The staff member said Burlington is a service rich community. While housing is an issue, there is a lot of support around it.

The Burlington staff believes the more people that can be housed, the better. She added that there is decreased availability of family reunification vouchers. BHA has a total of 1711 vouchers and the 25 for ACCESS cannot be used for regular people off of the waiting list. A program with case management, such as the pilot, has an advantage over the regular Section 8 program. The connection to services helps catch problems sooner, such as boyfriends or jobs that are not being revealed to the administrators of Section 8. Out of the 25 ACCESS vouchers, staff had to follow up with three. The offender reentry specialist at BHA worked with two of them. The Reach Up case manager notified the ACCESS administrator at BHA of concerns with the third participant. The administrator called a meeting with the participant and the director to discuss concerns. The participant realized they were there to provide support.

Staff in Morrisville viewed the GA pilot very positively, saying it was more helpful towards people. One staff member said the case load has increased because it is more accessible to people in need. More landlords are willing to rent to the homeless when the SC is involved. CA and ES representatives talk with landlords and make sure they understand what the program is doing for people who really need it. Clients are much happier with this program. One client said she loved this office because she is treated like a person.

Another Morrisville staff member attributed the decrease in homelessness to forming relationships with landlords, and negotiating with clients to access services they need. The results were that no one slept outside in the month of January. Paying 'back mortgage' helped prevent evictions. Clients who received this assistance have not been back and are considered a success story. The Morrisville program has not seen recidivism. They prevented two women from being incarcerated who were on probation because they were losing housing. The

Incarcerated Women's Initiative reviews cases, looks at resources, and tries to prevent a woman from going back to jail unnecessarily. The pilot helped one young woman find an apartment and pay for the rent. She and her two children are doing well and are on an upward trend. She did not have to go back to jail, and instead got a job, which she has not had in years. Various departments were involved in this case, such as ES, Family Services, and Probation and Parole. Rather than the divisions playing tug of war, they worked cooperatively to see what they could do to help this family. The staff member considered this a 'huge' success story.

Springfield staff said that, because of the GA pilot, participants spend less time on GA funding and benefit from longer term results. Recidivism is down. A Springfield case manager described a client who formerly 'used the system' to get money and now received a lead on housing and became committed to the program. In the past, some applicants learned the rules and structured their lives around them. However, they were not dealing with the root of their problems. People are now finding that learning to create a budget is less stressful than moving out of their home or having their heat shut off.

ES staff members appreciate the fact that they can work within their defined roles and resources, and that the case managers can work more intensively with clients. They feel fortunate to work with the housing case managers who have the expertise to work with the homeless populations in an intensive manner. Under traditional GA rules, many applicants were denied and ES did not know what happened to them after that. Now, with case management support, the GA pilot can help all who are willing to do their part to help themselves. For example, in the past a 17 year old on Reach Up did not qualify for GA. Now, the same 17 year old, who is a parent and functions as an adult, can qualify. Even single teens without children can get help. The flexible rules have improved the department's reputation in the eyes of the community who now see them as more realistic.

One staff member in Springfield said it was initially confusing to make decisions based on common sense. This process focuses on what is causing a person trouble with maintaining housing, and then decides which pieces the participant can work on and what help the program can provide. According to staff, this has changed the way the community works together to be helpful around housing. They work closely with Community Action to allocate money for housing issues where needed.

Another staff member expressed the view that the program empowers rather than enables people. It fosters responsible behavior and accountability. Those who do not follow through do not benefit but are welcome back whenever they are ready to do their part. In this way, limited resources of time, money, and services are spent where they will be most effective. The bar is set for each person at a level they can reasonably achieve. For example, for one person, it may be the goal of making it to an appointment on time. As clients become more stabile, they can settle into more steady employment and their children into more stabile schooling.

Another staff member echoed agreement that this program makes better use of staff time. Under the old rules, if a situation did not fit the rules, staff could not help. One staff member quoted an old saying about how people become self sufficient when they are shown how to fish rather than given a fish. Staff members now offer real help. They have learned to be relaxed with

applicants and ask how they got into their situations. They hold out a "stick" to pull clients up, rather than get in the "quicksand" with them. For example, if a utility bill is out of hand, staff can pool together money and collaborators to help. This has worked out well and money is being spent wisely. Staff described how this approach saved money after a fire in the Summer of 2007 displaced 14 households. The cooperation fostered through the GA pilot resulted in a cost of $2200 rather than a range of $30,000 to $70,000 to manage this disaster. Plus, only seven people were displaced for one weekend. The staff member called the GA pilot approach "humane realism." In other words, it is not just throwing money at a need. In reality, the person had a hand in their circumstances and needs to work on themselves. Pilot staff will help as long as participants seek assistance with their issues.

Springfield staff appreciated the ability to use the money, which under traditional GA rules could have been used for 84 days in a hotel room, to do what makes sense and is cost effective. They have been careful to stay within budget and were willing to share what they learned with other pilot programs. Another staff member noted that Springfield has remained in budget, even when using motels on certain necessary occasions. One administrator said she initially spent half of her time on housing issues when the pilot began, because it was new. Springfield staff anticipate a decrease in GA funding next year. They hope to work with Community Action using stimulus money. They also worry about consequences of restructuring in the ES department for the GA pilots and the Housing Task Force. They hope to continue to have flexibility to address problems of homelessness in effective ways.

One concern for the future is the change in ES staffing with modernization, and the potential loss of local ES staff. For example, Springfield staff members all worked together when there was a fire at a housing complex in 2007, and one ES staff person was on hand to break up a fight. One staff person expressed the importance of local knowledge of the homeless population and was nervous about how the changes will impact the program. Another staff member also worries about potential misspending without the watchful eye of the current ES director once the staff changes are implemented.

Case managers in St. Albans and Rutland were not clear on the overall outcomes of the GA pilots. However, they were certain that the increased trust with landlords has been a great plus. The St. Albans caseworker said the relationship with area landlords has improved dramatically as a result of the program. Many now call her when they have vacancies. She was aware that the rules had been modified to no longer require that people be homeless for reasons "beyond their control." However, since she does not manage the whole GA budget, she did not know what impact this had overall.

Rutland staff members have not waived too many rules but did waive the asset test and they would like to see more options to 'vendor' Reach Up payments. The asset test takes assets such as a home or savings account into consideration when determining benefits. It used to be very standard for most federal programs. Vendoring means paying a third party, such as a landlord, directly rather than giving money to the client to make the payment. Rutland staff would also like the program to be much longer than it is.

Field directors in three pilot sites (who responded to the online survey) indicated a reduction in homelessness. Other directors noted either an increase in maintaining permanent housing, increased shelter usage due to need, or some success helping people maintain the housing they had. For example, if someone experienced difficulty due to lost income or such, they were helped to stay in their housing because of the flexible GA rules and the financial assistance from various community agencies such as AHS Field Services and Economic Services, Interfaith Food & Fuel Funds, and Community Action.

Commenting on what they learned from each other, one field director said they have shared information virtually, but should probably consider formalizing their sharing of best practices. Another said they have not had ample time to do the sharing they anticipated, and learned much "on the fly" about handling specific cases, housing people in programs, and working with landlords. This person added that Springfield has been the "gold standard!" One field director wrote that there is not enough money to provide the help needed. Another person indicated that shifting resources toward the prevention end of the spectrum costs more in the initial development of the program and without the support services in place to keep folks housed, the cycle will just repeat itself and the cost will go up.

8) Impact of Pilot Programs on Costs of GA and Avoided Costs of Homelessness

Staff discussed the various tradeoffs and variables they consider when assessing the costs of the GA pilot programs. The pilot redirects funds from cyclical short term solutions to permanent long term solutions A month in a hotel buys four months of transitional housing in one pilot. When people are in crisis, more money is spent on hospitals, shelters, incarceration, and foster care. Plus, the social costs of substance abuse and mental illness are high. When people become more stabile, less money is spent on other services in the long run. The shift from GA funding to SSI has been important to the stabilization process for some clients. One staff member wondered how many GA clients were in foster care or involved in family services as children. What happens to similar children in the future? Will they become GA clients? While some staff shared concerns about the future, they also felt hopeful about the potential benefits of the McKinney Vento Act for homeless children. Several staff shared ideas on how to track costs saved by avoiding homelessness. A few success stories illustrate the staff sentiment that the GA pilot programs are very worthwhile.

Redirecting funds from cyclical short term solutions to permanent long term solutions: The Burlington staff member reported figures from Economic Services that a month of temporary housing in a hotel costs $2700 whereas the pilot spends between $550 and $650 per month per family. The use of funding sustains a family for four months rather than one. Those who secure permanent housing tend to reduce the amount of money spent on other services over time as they relax and work on other issues. Those in crisis due to ongoing housing instability need more services. With increased stability, there is a decrease in mental health and substance abuse services needed. According to the staff person, long hospital stays have been avoided. Without permanent housing there would not be a place to which to discharge a person from the hospital. Shelter costs are saved when fewer people need them. Offender reentry would have been increased without options for permanent housing.

Morrisville's program encourages participants to seek other sources of income. Many are not aware of SSI. Those that qualify are referred to a specialist for SSI who helps them apply. When participants apply for SSI, they sign a form to reimburse GA some of the money according to a formula. In addition, a lawyer receives 25% to 30% of the retroactive SSDI check. The staff person believes Morrisville is keeping its GA pilot costs reasonable. Less money is spent on hotels. If participants need health insurance, they receive an application which is processed the same day. That saves money.

Families in the general population served by ES move often because of lack of affordable housing. They move in with friends and family. In the GA pilot program they become more stabile with case management and assistance finding housing. They can go to someone and find answers to their problems. CA is often able to provide them with transportation, something ES cannot do because of insurance liability.

Another Morrisville staff member emphasized that the pilots are very worthwhile. Operating within the amount authorized to them for the GA pilot, they helped more people, including people they would never have helped before. This staff member has seen costs avoided as a result of the pilot. Qualifying for SSI is keeping males and females out of jail. She added that incarceration is approximately $35,000 per year and may or may not serve a purpose. Keeping people out of prison and helping them be successful serves a worthwhile purpose. The staff member said an opportunity in Morrisville is its smallness, which makes it possible to work more closely with partners and clients. It is also possible to do "some over and above stuff" to make things work.

The Morrisville staff member shared a concern about the increase in the "aging out" population in Family Services. These 18 year olds are a "lost group." The staff member is concerned that if these young people are not successful to age 21, they may have difficulty finding housing or getting a job. They need food stamps and health care. The staff member wondered if they will become future GA clients. She wondered how many GA clients have been in foster care or involved in Family Services as a child. If there is a trend, this may be a population to watch and work with closely so they do not fall into that "poverty trap."

In its second year, Springfield's GA pilot was under budget. The staff said there was a different formula and it has not cost more money. At the same time, there is an increase in applicants this year. This staff member hopes the need decreases or anticipates they will be short of funding next year. She also has concerns about staffing. One staff member sees the decrease in recidivism as a money saver for the district. Another staff member shared how upfront housing costs in Springfield have increased since the first year. For example, security deposits on the four transitional apartments require $3500 up front. In the future OEO in Waterbury will not be able to match savings for security deposits. Another staff member said first year pilot participants paid 38% monthly rents. In year two, this increased to 42%. The program helped a third more people with a fifth less money last year. Even with start up cash, they did better. Many variables such as utility bills need to be considered.

St. Albans staff said the pilot model saved a lot of money by avoiding placing homeless people in motels. The next step is to implement a policy of placements such that children do not have to

be taken out of school. Although some schools will keep children when their parents move, others will not. However, the McKinney Vento Act is expected to improve the situation for all homeless children. She suggested that it would be immensely helpful for case managers around the state to get together to discuss the strategies they have developed.

Considerations for Tracking Avoided Costs*:* To try to track some of the costs saved as a result of the pilot programs, staff suggested it would be important to look at multiple people and their history before participation in the pilot as well as how they participated and continued after the pilot. One Springfield staff member suggested tracking costs of family services intervention, hospitals, and emergency room visits for a list of participants before and after a period of time. In the past, this had to be done manually and was "eye opening." However, one staff felt finding a control group would be difficult in order to measure the avoided costs. The BHA staff person said ES may be able to track avoided costs using Medicaid and Food Stamp records. It is currently challenging for BHA to get information back from case managers. Asking for more information could make it harder.

Success Stories: One staff member shared a success story in Morrisville. A young man presented himself as very angry and demanding, and came with an attitude of entitlement to whatever ES had to offer. He was once told to leave because he was very loud and "off the wall." Then, staff started to form a relationship with him and kept working with him. Since he was not nice to women, he was matched with a male staff person. He was referred to VR, who helped him apply for SSDI. He is very pleasant now when he comes in to the office. He takes advantage of services he did not have before, such as mental health. His quality of life is better. He moved out of a boarding home and got his own apartment. Although he was very defiant, he went to his referrals. The staff member wondered if he might have been asking for help but did not know how to go about getting it. The new system worked for him. The staff member believes he would have landed in jail if he had not received this kind of help.

A Springfield staff member shared a success story about a young 22 year old woman with a daughter. She had been in an abusive relationship since age 16. Her partner put a gun in her mouth in front of her two year old. Now she is in subsidized housing with a restraining order against this partner. She realizes she was financially dependent on him. The staff member wonders what would have happened without her getting into pilot.

9) Barriers and Recommendations

Staff offered insights into the barriers they encounter when trying to address homelessness. Participants as well as staff made recommendations for improving the plight of the homeless and building on the successes of the GA pilot programs.

Staff observations of barriers to implementation of cross agency collaboration and positive outcomes: Staff pointed to various barriers they run into when trying to break the cycle of homelessness. Most often mentioned was the lack of affordable housing and long wait lists for subsidized housing or Section 8 vouchers. These programs are also not flexible enough to meet various levels of need. Staff had some suggestions for adding flexibility and saving money. Other barriers include lack of jobs, lack of transportation, and lack of child care. Neither Reach

Up grants nor minimum wage jobs provide enough money to afford housing at market prices. Inmates who are getting out of jail have difficulty finding housing. Landlords are afraid to rent to tenants they perceive as risky. Though sites discussed strong collaborations between departments and agencies, policies regarding confidentiality and sharing of information can pose a barrier. In addition, funding streams in different 'silos' can prevent collaboration. When there was turnover or restructuring, staff sometimes experienced interruptions in their ability to provide services and track client progress. Some staff also shared concerns about limited time and case management resources.

The Burlington administrator at BHA said staff turnover and the resulting transfer of cases at the service providing agencies is a barrier. Whoever made the initial referral may not be available and the new replacement staff may not be aware to follow up with a case. A few organizations, such as COTS and ES make an effort to preserve continuity and inform the BHA staff about changes in service providers. In general, the Burlington staff member shared the observation that service providers are overworked and challenged, making it hard to return paperwork. On the other hand, the administrator said strengths of the collaboration with other agencies include the ability to talk openly and honestly about situations in order to work together to help a family get back on track. The shared working philosophy is to do whatever it takes to help rather than a punitive approach. BHA is willing to be the one to hold participants accountable in order to allow the service providing agency to maintain a supportive connection with participants.

Morrisville staff members were grateful to have a very good rapport with Vocational Rehabilitation and Community Action, as well as churches and vendors (e.g., vendors of fuel for generators that are not covered by the fuel assistance program). However, they pointed out that housing is not readily available and when it is, it is expensive. The waiting list for subsidized housing is long. Another problem is that landlords are afraid of destruction if they rent to the chronically homeless. One staff echoed that there is a lack of affordable housing in the Lamoille Valley. Rents have increased more than the Reach Up grant amount. When the monthly GA allotment for rent is $198, participants have to negotiate with landlords and they tend to get more and more in debt. The Morrisville pilot staff members value and rely on their partnership with Community Action when it comes to landlord tenant issues. In particular, the housing case manager at Community Action acts as an excellent intermediary with landlords and has saved some participants from being evicted.

Springfield staff discussed the increasing "bottleneck" in applications for subsidized housing and Section 8 vouchers. There are not enough for the number who need them. One housing unit had a one year wait list. On the other hand, there are "tons of market rent apartments." The average wait time for vouchers in Springfield is 1.5 years. The state has decreased its wait time from five years to two years. A case manager added that it is impossible to pay market rent from a Reach Up grant or minimum wage. Another staff member said that there are proportionally more people than subsidized housing units. While rents cost $800 per month, most can only afford $400 per month. Rents on the supported housing units for the GA pilot participants went up $100 this year. In general rents have stayed up and higher oil costs exacerbate the problem for tenants.

Some homeless people are not eligible for Section 8 because they have been evicted out of subsidized housing. GA pilot staff help these applicants determine if they were legitimately

evicted, whether they have a case with which to appeal it, and what they might do to salvage the situation (e.g. set up a payment plan.) Sometimes the problem is income. Most of the applicants are on a wait list for subsidized housing. Temporary supported housing is set up for 90 days in Springfield, but it may take one year to get into subsidized housing.

The Springfield team hopes the stimulus package will help them continue to provide needed services. When increases in heating costs are added to increases in rent, it is challenging for clients. Staff members wonder what would happen without the Housing Task Force and the Supported Housing Program. One member was nervous about the changes in ES and wants to be sure the pilot continues. This person observed it is "a salvation" for a lot of people in the Springfield area.

Staff mentioned several barriers in St. Albans and Rutland, such as lack of child care, lack of transportation, lack of affordable and decent units, and lack of jobs that pay living wages. The St. Albans caseworker sees the biggest problem for the program being the lack of child care, transportation, and jobs. These three lacks interact to create a 'Catch 22' for the families she serves. Clients cannot keep stable housing without a job, cannot hold a job without child care, and cannot get their children to childcare and themselves to work without transportation. Rutland staff said the relationship between Economic Services and the Department of Corrections has always been quite good in this region, and the pilot has helped to improve it even further. However, it is still challenging for those leaving the facilities to find places to live.

Field directors who responded to the online survey discussed the persistence of "siloed" funding streams, restrictive policies, and workload as serious barriers to collaboration. Services, for the most part, are still limited to specific populations and clients. Time and case management resources are barriers. Sufficient skilled case management is critical, as well as the capacity to work with landlords. Staff members feel that positive outcomes for 'housing-challenged' people rely most on truly affordable housing and sustainability. Without livable wage income and housing vouchers, the struggle to achieve outcomes as a 'housing continuum' will continue.

Overall, collaboration around challenging cases and successful movement of shelter residents increased as a result of weekly shelter reviews this winter (now every other week). There are still some concerns about confidentiality and interdisciplinary teaming, especially from the community mental health partners. When working with local agencies, the lack of permission to share information remains a serious barrier.

Staff recommendations to the legislature for changes to the general assistance program and for plans for further implementation of the pilots: Staff made several recommendations to the legislature, including: 1) Fund programs that use the GA pilot model; 2) Increase the monthly GA allotment for personal needs and rent; 3) Increase accessibility to affordable housing; 4) Consider a state-funded Section 8 program; 5) Offer more housing vouchers of smaller monetary amounts; 6) Continue to strengthen the entire system of care and continuum of support; 7) Improve the processes for moving ongoing GA recipients onto other benefits such as SSDI or SSI; and 8) Increase the availability of health care, child care, and transportation. These are explained further below.

Fund programs that use the GA pilot model: Feedback indicated that the pilots were highly valued and should continue. For example, one administrator recommended that any money earmarked to a program like the pilot that results in permanent housing is a better way to spend money. Short term assistance is not helping. Others felt strongly that the GA pilot program with flexibility and case management capacity should be continued.

Increase the monthly GA allotment for personal needs and rent: Morrisville staff felt strongly that the GA allotment for personal needs and rent should be raised (currently $56 and $198 per month). One person suggested it be based on inflation. The $56 has not increased in many years and barely buys a bag of groceries. Staff recommended increasing the general fund and cutting out other costs in the overall budget without effecting programming. Another Morrisville staff emphasized that $56 is not enough for four weeks. Even understanding that GA is basic assistance, $14 per week is not going to go far, especially for a homeless person. A field director responding to the online survey also recommended that the legislature bring payment standards up to par with costs in 2009, stating that $160 for room rent is not reasonable for a month. Even when combined with other sources of support, the base is insufficient to support families.

Increase the accessibility to affordable housing: Staff recommended "getting something in place" to make housing more accessible for clients. Rents are extremely high in Lamoille County. A one bedroom apartment costs $700 plus utilities. Heating is also expensive. In Springfield, one staff asked what it will take to get more subsidized housing. The St. Albans caseworker is certain they need more subsidized housing and that Reach Up grants need to be brought up to date with the current realities of housing costs. She thought the HELP Fund worked extremely well and would strongly recommend funds set aside to help with the repair of apartments.

One field director, responding to the online survey, suggested increasing funding, particularly to expand single-room occupancy units. This person proposed retrofitting old industrial buildings with studio apartments intended for one to six months of occupancy as a transitional step to independence. These could also be used as alternatives to motel housing. They should have few amenities, to keep them inexpensive to build and to promote short-term use only. Some should be large enough to accommodate families. Others, for individuals, should be very small. The issue is funding, not rules. The field director urged the legislature to recognize that as the economy worsens, people already at the margin of society will need help to survive the crisis.

Consider a state-funded Section 8 program: More than one site said having a 'state-vendored' payment system (i.e., a state funded section 8 program) would be useful and could further enhance the improving collaboration with landlords. A Springfield case manager with a long history of working with the homeless suggested that a state voucher for subsidized housing would help. A housing choice voucher is best because it gives flexibility to match people to a housing option. Portable vouchers would also help. More Section 8 vouchers are sorely needed. Victims of domestic violence comprise 60% of those in need of the vouchers. For example, one housing complex requires good credit and seven years of rental references. In two cases, a woman's credit was ruined by her husband's actions. It would also be helpful to create a mechanism for a subsidy to go directly to landlords. This staff person suggested the state could

save a "bundle of money" by implementing a program like this rather than like the HUD voucher. He suggested it could still be administered through the State Housing Authority.

***Offer more housing vouchers of smaller monetary amounts*:** To save money on housing vouchers and help more people, an experienced housing case manager suggested additional vouchers that could be for less than the current formula for Section 8 that is based on rent and income. Just $200 per month and $100 per month could help a lot of people afford a unit.

Continue to strengthen the entire system of care and continuum of support: Another field director suggested that the system needs support for transitional housing and subsidy vouchers as opposed to more shelter beds or motel rooms. This would be a more costly investment upfront with less expense to the whole system in the long run. The director also recommended putting the needed resources into the support services that will keep people housed and tie Section 8 vouchers to participation and engagement. The Continuum of Care model allows people to move back and forth between housing options as they engage. This field director expressed enthusiasm about what could happen with "the resources to really pull this off." Another field director added that the system needs funding for staffing and additional case management. Adequate staff, especially at Economic Services, are necessary to make significant strides in helping people address the underlying issues that lead to housing crisis or homelessness.

Another field director echoed this idea that the system of care needs to move away from pilots and into a housing continuum of support, from emergency shelter through permanent, truly affordable options. This person suggested that "GA/TANF/RU" can be part of this, but cannot be the only resource. What is needed are housing vouchers, livable wage jobs, and case management resources that are flexible and front-end loaded. These need to be part of the system of care and connected to one another to promote holistic, well-informed, family-centered plans. The director recommended doing the study the agency plans regarding ongoing GA and what impact it is or is not having on homeless people. Then the agency can rethink how those funds are used in order to help people achieve better outcomes.

Improve the processes for moving ongoing GA recipients onto other benefits such as SSDI or SSI: Field directors recommended improving the eligibility requirements and processes for helping ongoing GA recipients move onto other benefits, such as SSDI or SSI. At the same time, when people are able to cross this threshold there needs to be ongoing case management until they are stable. Otherwise, the SSI may be wasted and individuals will again become homeless. This should have the highest priority for collaborative, interagency work.

Increase the availability of health care, child care, and transportation: Staff in St. Albans and Rutland suggested increasing the availability of health care, child care, and transportation.

Participant recommendations for decision-makers: Advice from participants to decision-makers included ways to make it easier for participants to help themselves. This included more affordable housing opportunities, more willingness to help those who are willing to do their part, and more funding for costs associated with program compliance and success. One place to start is by increasing the GA allotment so it meets basic needs. Another recommendation was collaboration among institutions to increase manageability of multiple program requirements and

income guidelines. These often converge, conflict, and become overwhelming for the participant who is already trying to cope with many challenging life circumstances. Lastly, participants hoped for increased understanding of homelessness among decision-makers as well as increased importance placed on resolving it.

Increase affordable housing opportunities: Participants suggested more affordable housing and less discrimination against those who need it, as long as they are willing to help themselves. They added that staff should be nonjudgmental and willing to help regardless of the situation in which participants find themselves.

Reduce conflicting policies and paperwork requirements of multiple agencies: One interviewee recommended that institutions work together to make requirements of their various programs more manageable for participants who are trying to comply with multiple programs simultaneously. Along with this, one participant finds it challenging to balance income guidelines for multiple programs, such as Medicaid, respite care, and scholarship eligibility. One person found that if she made an extra $200 at her part time job, she would lose $400 in services.

Increase the GA allotment to meet basic needs: Morrisville participants wanted to see an increase in the amount of money awarded for GA assistance and SSDI so that people can meet their basic needs. In addition, they suggest continuing to allow funding to be used flexibility so that true needs can be met. For example, one person suggested a telephone and transportation allowance, since both are needed for program compliance, especially when multiple appointments are involved. One recommended negotiating a discounted rate with phone companies. One person noted that SSDI requires compliance with medical advice, for example taking prescribed medications. Yet, without enough income, this person was unable to purchase the medications. In Springfield, one participant noted that multiple organizations need more help because they have high caseloads. They mentioned the supported housing program, the food shelf, the state office, and the shelters. In St. Albans and Rutland, participants like the idea of contributing, but the reality of it is challenging. They like the idea that their funds are growing but there are days when they need the money.

Fund program models that help those willing to help themselves: Many participants suggested more funding for programs modeled after the pilots, emphasizing helping those who are willing to do their own part: In other words, a focus on solutions and working with people who are accountable for their actions and willing to give back to the community. Not only do many people need this assistance, say the participants, but the model results in better self esteem for those receiving it. One person noted the pilot program's hidden impact on helping people to stay employed and to keep their children.

Work to understand homelessness and make it a priority agenda item: Several participants in different pilot programs made the point that there is a divide between those who have experienced the dire straits of homelessness and those who have been more fortunate. They recommend those in decision-making positions, such as the legislature, find a way to understand what it means to live on minimum wage, or what it means to be unable to work and to try to live on GA or SSI income. One person raised the idea of the "poor house" model, where a

community helps its neighbors. Another suggested that legislators and politicians work on solving America's internal problems, such as homelessness.

CONCLUSION

The findings indicate that the GA pilots have been a worthwhile experiment that should become a permanent model within a broad continuum of care approach. The combination of case management, transitional and permanent housing options appears to stabilize housing for the chronically homeless. The pilots give flexibility to solve problems resourcefully and collaboratively between staff teams as well as between staff and clients. Consequently, programs are able to reach more people in need. Landlords are more interested in renting to homeless participants who are receiving case management support and learning how to be responsible tenants. The pilots utilize general assistance funding more prudently, finding more cost-effective uses for the funds, and shifting client income sources to employment or social security income. They also involve clients in saving and contributing their own income towards housing. The GA pilots save financial and social costs of homelessness at a time when economic conditions are increasing demand. The approach has also improved the reputation of AHS with the community.

To strengthen the broader system of supports surrounding the pilot approach, further progress is urgently needed in several areas. This would begin with shortening the long waiting list for Section 8 housing. Suggestions from experienced staff include a state-funded Section 8 program and more housing vouchers of lesser amounts. Participants and staff all want to see more affordable housing options. Improvement is also desperately needed in shortening the process for eligible participants to qualify for social security disability income. More jobs are necessary, including those suitable for individuals with disabilities. Creative solutions to transportation barriers as well as more child care options will allow single parents to seek and sustain employment. Participants and staff urge decision-makers to increase the monthly GA allotments to meet basic human needs. In addition, Reach Up grants and minimum wage must be increased to keep pace with rising costs of housing. Agencies need to continue to work toward alleviating the impact of conflicts and duplication in requirements of multiple agencies on vulnerable individuals. They would also benefit from incentives to share funding streams in ways that resolve homelessness.

Appendix A

GA Pilot Evaluation

Phase 3 Staff Questionnaire

Since December 1, 2008:

1. What outcomes were reported for people who were homeless and what outcomes do staff believe ought to be reported for people who were homeless? (e.g., income, employment, keeping children in school, access to services, finding "stable" housing)?

2. How have the changing economic conditions affected demand for and outcomes for homeless people?

3. What barriers to implementation of cross agency collaboration and positive outcomes still exist, if any? (e.g., Lack of subsidized housing)

4. The General Assistance Housing Scoring Index has been proposed as a tool to assess needs and barriers across the state. Are you familiar with it? If so, how is this Index working?
    a. Have you used the Index to gather data?
    b. Are the data on Priority categories likely to be reliable?
    c. Are the data on Circumstances likely to be reliable?
    d. Are the data on Barriers likely to be reliable?
    e. Should any additional categories of data be added in order to assess Risk?

5. 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?)

6. 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.) Has the waiver of rules resulted in any negative outcomes for clients or families or the agency? Should any rules have been maintained? What have pilots learned from each other? Have any new pilots been implemented in other districts?

7. 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?

8. What are the current expectations among stakeholders and staff regarding cost neutrality and did the pilot operate within these limits of GA funding? Do you have any new thoughts about costs that have been avoided as a result of the pilot (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) and how to track them?

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!

Appendix C

GA Pilot Participant Case Studies

Fourteen participants across five sites described their circumstances before entry into the GA Pilot and their experiences in the pilot. They discussed the help they received, how they reciprocated, how they benefited, and what they would recommend to decision-makers as well as others in need. Presented here are the individual case studies. Names and other identifying information have been altered to preserve the anonymity of interviewees.

Case Study #1 (Sam): Sam is disabled. He won custody for his elementary school aged daughter after a two year effort. Being a father who is present in his daughter's life is important to Sam. He said he never met his own biological father. He and his daughter lived in five different shelters in another state while waiting for a Section 8 voucher. For several years, he visited close family members who live in Vermont. He was interested in a good school system for his daughter and starting his own life over. He eventually moved to Vermont, first living with family, and then in a shelter. He then qualified for a Section 8 voucher through the GA Pilot program and found a place to live for himself and his daughter. Sam added that he made wrong choices in his teenage life but had not been in trouble with the law for 10 years.

Describing the GA pilot as his route from "rags to riches," Sam spoke highly of the administrator who interviewed him to see if he qualified for the program. He said she seemed to want to help him get housed and did not give up on him. He appreciated her initiative, patience, reassurance, encouragement, and inspiration. Once he qualified, he had to find his own place within a certain budgeted amount. This was challenging, and he looked at a number of places he considered unsuitable. He eventually found an apartment in a new development and has been living there for eight months.

Sam hopes to keep himself busy and eventually get a job that he can do with his disability, since he can no longer work in his prior field. He would like to transition out of an apartment to a house. He describes himself as an independent, outgoing, and outspoken person who has always been a mentor to children. He wants to share his story with others. For example, he recently hosted a cookout and invited his daughter's classmates and their families. In addition, he said he is active in recovery with NA and AA, and is a sponsor. He gives talks at colleges and prisons, and sees himself being able to make a difference to others. Sam is willing to share his experiences if that will help others help themselves.

Sam expressed gratitude for the fact that Section 8 pays the majority of his rent and is still a self-sufficiency program. He would like to see more funding for single parents so they can help themselves. He says his disability check is limited and his food stamp allotment is inadequate. He would like help finding a way to make extra money to help himself. He expressed gratitude that he receives Social Security. However, he said he did not know where to start when he began looking for an apartment on his own.

Sam advises other people who are homeless or on the verge of it to reach out. He says it is only hard if one makes it hard for oneself. He believes if he can do it, any family can get housing if they put their mind to it. Speaking of serenity and surrender, he said how people respond and

interact with others makes a big difference in their home circumstance. He said he has slept in rough places such as an abandoned building, a cardboard box, a train, and a car. He said he was willing to take the necessary steps to get to where he is today and refuses to go back to his former situation. He reiterated that his daughter is his first priority. Recovery has been important to him. He said he first learned of it over 20 years ago and became serious about it three years ago. He believes success starts from the self - looking forward, staying vigilant, and being persistent and diligent to better one's life conditions.

Sam emphasized that there are many homeless people and he expects the number to triple in this economy. He suggested more affordable housing is needed and less discrimination against those who need it. Sam believes any family with children should be entitled to Section 8 housing as long as their background is not too negative. However, he added that only those willing to help themselves and take the necessary steps should receive help.

Sam recommends more funding for programs with the pilot model. He would like to see an end to joblessness and homelessness. He believes a program that works with people who are accountable for their own actions is a better way to resolve homelessness. He appreciates the focus on solutions rather than a focus on the past.

Sam said Obama is doing what he can to fix things he did not create. He thinks it is important to look at America's problems, rather than always focusing on problems in other countries. For example, he recommends looking at how the country and its government have affected people who are homeless and have lost their jobs. He believes greed in government is a problem. He believes the current problems in America are a wake up call for a land of freedom.

Case Study #2 (Jane): Jane is an older woman in her 60's. She has several grown children that she raised as a single mother. Having always been self-sufficient and an owner of property, she was surprised to find herself in an abusive relationship later in life. She still feels bewildered that this happened to her. Having lent her savings to her partner on a mistaken trust that it would be paid back, she was devastated to find her credit ruined. To escape this situation, she left everything behind. She moved to a nearby city and stayed with a variety of friends. Through the Committee on Temporary Shelter, she lived in a hotel for six weeks and a shelter for eight months, then began working part time at a minimum wage job she still holds. Having relied on public transportation, she recently applied for a car through Good News Garage with some money she borrowed from a family member. Jane began counseling with a therapist because she felt traumatized. She also began talking with a case worker at COTS. These two people eventually learned of the ACCESS program and thought she would be an ideal candidate. Out of 200 applicants, she was one of the 25 that were awarded a voucher.

Jane looks forward to a one week break from work to get a perspective on her current life and set some personal goals for the future. She wants to be sure she is using her skills in her work and volunteer activities. She also is focusing on reconnecting with friends and family from whom she had become more isolated while in her prior relationship. Jane described the plan she made with her caseworker, which addressed goals for many areas of her life that were important to her, including self care, volunteer activities, education, and hobbies. She appreciates the sense of direction she has gained.

Jane said her rent will always be two thirds of her income. She expressed satisfaction and gratitude for the help she received from staff connected with the pilot. She feels lucky to have found her apartment and found the landlord understanding of her voucher situation once she explained it.

Having been raised in an upper-middle class environment, Jane said she found it challenging to deal with her shame and embarrassment at having to tell potential landlords she had a voucher. If there was one improvement she could suggest, she would prefer to have a program staff member accompany her to look at apartments and advocate for her with the landlords. In her case, once she found an apartment she wanted, she did let the landlord know her situation and the pilot staff administrator informed the landlord about the program.

Jane's advice to others who find themselves in her situation are to swallow their pride and work with professional social workers who know what resources are available to help. Family members cannot always be supportive. She found the staff "wonderful", "non-judgmental" and "tuned in." She also added that not everyone can be helped. Some people do not let go of feeling helpless, hopeless, jealous, cynical or resentful. She thinks the program is very worthwhile as long as candidates are picked selectively so money is not wasted on people who do not want to give back to the community. She believes it is important that people have counseling and a support system so they can be rehabilitated, not just handed gifts. People feel much better if they can give back. No matter what their situation is, she says they can always give back.

Case Study #3 (Linda): Linda recently escaped a long term second marriage that had gotten into an abusive cycle. She said her ex-husband "tied up her money" and kept her isolated so she could not finish her education or work. When she left, she used up any money she had to rent and support herself and her children. All were suffering from panic attacks and PTSD. She and some of her children then lived in a family member's one room apartment for eight months while she pursued her own education and they pursued theirs. She then experienced an up and down period of moving into an apartment, saving money, working, running out of money due to job cutbacks, responding to court orders initiated by her ex-husband, trying to manage without child support, getting behind on rent, and borrowing money from her parents. Her landlord tried to be understanding because she was a good tenant, but without money she received an eviction letter.

Realizing she had to find other help, Linda began calling agencies in the phone book and stumbled upon Community Action. She found out about the GA pilot program through the caseworker at Community Action who listened to her story and encouraged her to apply, thinking she would be a good candidate. Linda then met with BHA, filled out paperwork, and agreed to the terms of the program, which included meeting with her caseworker, having her apartment inspected, and negotiating with the landlord to accept the Section 8 voucher. She then got approved but still had to wait a month and in that period, got further behind on rent. In the meantime, she learned of the back rent program at COTS. It took two months to connect with them after exchanging countless voice mail messages. Her case manager at CA stepped in as well and Linda finally received the required forms to fill out and qualified for $1000 to help pay back rent. This made it possible for her to stay in her apartment. It also prevented her losing custody of her children when her ex-husband brought her to court for having an unstable living situation. Incidentally, Linda said she had applied for regular Section 8 housing a year earlier

but was still on that waiting list. The Fast Track program made it possible for her to get help sooner.

To comply with the GA Pilot program, Linda agreed to meet with her caseworker regularly and to set attainable and measurable goals in different areas. These were essentially action plans to keep housing, which included keeping a budget, paying rent on time, making a plan for back rent, and continuing counseling and health related services for self and family members. She said the fact that she is educated and had been successful in other parts of her life made it doable. However, she said the paperwork and documentation requirements were formidable and had to be repeated for each agency involved (CA, BHA, Medicare, Food Stamps) since they cannot share records. She said she spent two full days a week going to meetings and filling out paperwork during this time. Linda said it was fortunate her children were in school and that she had a car and was not working full time. When she changed her last name after her divorce, she had to redo all the paperwork again. She said if she was not well organized, it would have been hard to be compliant. It was important to have accessible storage space in which to keep all the paperwork as well. Linda also mentioned that the wording on some paperwork was not always respectful and seemed patronizing.

Linda understands that agencies need accountability and realizes it will not be easy to solve this problem of so many programs, each with different rules for compliance. She would like to see it become easier for women in her position, so they do not have to take so much time filling out paperwork and attending so many appointments. She believes agencies could save money by not sending duplicate paperwork and by cutting down on forms and meeting requirements. She acknowledged that some have been addressing this problem and have increased the interval of time between required check-in points. For instance, now the Office of Social Welfare is connected to the Office of Child Support, so they know when the child support goes up or down and adjust benefits accordingly. She no longer has to submit a change report every time. Sometimes there is a month with three payments instead of two due to timing of paychecks and now that no longer requires explanatory paperwork each time.

Linda suggests one person to help a participant coordinate all the agencies. Trying to figure out how to work with multiple institutions can block access because it can be very frustrating to figure out which program has which rules and how to comply with them. She found it extremely helpful to have her CA caseworker as a stabile person to go to when difficulties arose. She also appreciated the flexibility of the caseworker that helped her keep her overwhelming schedule manageable. The caseworker coordinated multiple agencies and acted as a liaison where needed. She would like to see more caseworkers like hers available.

Linda described another barrier she encountered. Though she was fortunate to have Medicaid, she ran into difficulties when recertifying due to cutbacks at the state agency. When she went for recertification for Medicaid, the caseworkers were so overloaded that it took three months to get an appointment, and she lost coverage in meantime. Her caseworker there said the average worker's caseload had increased from 250 to 800 for recertifying food stamps and Medicaid. Luckily Medicaid was retroactive because she could not get an appointment to recertify for three months. She said it is ironic that the food stamps program is becoming more flexible but costs are being cut in the certification process to receive food stamps. However, she realizes there is a deficit the state needs to cover.

Linda discussed another barrier she encounters on a regular basis. If she works too much at her part time job and makes a few dollars more than allowed, she jeopardizes other assistance she gets. This becomes a balancing act that does not save the state any money and does not help the woman move forward. It will be important to reconsider policies like this that prevent women from moving forward and becoming more independent. In Linda's case, one of her children has disabilities and requires additional hired care. She cannot use personal care hours (through Medicaid for children with special health needs) to work or would lose the funding. The hours are meant for taking a break from the special needs child. Another child receives scholarships to attend college, which are dependent on keeping income at a certain level. She said these rules keep her in a position where she cannot work her way up to become more independent.

Linda emphasized the embarrassment and shame she experienced because of being in a domestic abuse situation and has been surprised to learn that it can happen to people at all educational levels and walks of life. She said domestic abuse happens in secrecy and that her own family did not know. Victims think it is their fault and the shame makes it hard to tell anyone. She thinks it is important for programs like this to reach out to women who are isolated, even though it may be challenging to reach them. She suggested outreach to doctors and community programs since many women experiencing abuse hide when they need the most help. She cited posters on the back of bathroom doors as helpful to women so they know who to call. However, she said some women do not have their own phones and need to find other ways to place a call.

Linda expressed a great deal of gratitude for the GA pilot program and said she does not know where she would have been without it. It has made a great difference in her life and her children's lives. She is no longer afraid of not having a place to sleep and is close to finishing her undergraduate education, a long time project. She values education and sees it as "the only way out." She now has full legal custody of her children, which has reduced the conflict with her ex-husband. Her children are doing well, and one is attending a prestigious college. She is also pleased to be living in a place she is not in danger of losing. Her current financial commitments are to pay her portion of the rent and pay her electric bill. She no longer needs to check in with CA. She considers her landlords as key because they treated her with compassion and respect.

Linda said she cannot express the gratitude in her heart for whoever thought of this program. She said nothing mattered because she did not have shelter. It did not matter how smart she was. She felt lucky that she walked into the CA office before all the slots were taken for the program. Without the GA pilot, Linda said she would not have been able to afford her rent and would have been 'kicked out' of her apartment, living in tight quarters with a family member, depending on public assistance for food, and making no progress in life in the way of a job, education, connecting and being out in world. She added that it is hard to give children hope when she is depressed, shamed, crying, and cannot sleep. Without this program, Linda believes her family would be too depressed, angry, sad, and without hope to move forward.

Instead, Linda said this program saved an entire family. In return, each of her family members will be contributing members of society. Her oldest child plans to work in the child abuse field in the future, having applied to college with an essay on domestic abuse and how the family overcame it. Linda said it is hard to measure when the human spirit is crushed. Human nature cannot be graphed all the time. Quality of life is hard to quantify. She said the program made all the difference in their lives.

Case Study #4 (Ralph): Due to medical and psychological problems, Ralph lost a job he had held for many years. He had some savings, which kept him going for over a year living very minimally. During this time, he tried to find employment without success and ran out of money. Ralph said he suffers from depression, which is exacerbated by the job seeking environment that needs a resume and interview instead of the job application is he finds more familiar. He separated from his wife. His house went into foreclosure.

Ralph had been working with VR and was seeing a counselor because he knew he could not go back to the same kind of work he had been doing. They connected him with Community Action and then ES. He learned that a family member had worked with a long time staff member there years earlier. Ralph was helped with advocacy for food stamps, and health care. He is on Medicaid now and receives GA funds ($56 a month for personal needs and $198 per month toward his housing.) His family helped him hold onto the family home and GA helps him pay for the light bill. He has filed for social security disability, which has been denied so far. He did not recall having to sign an agreement but believes applying for SSI was expected. He anticipates having to pay back the GA he received once he is awarded SSI.

Ralph finds every aspect of the assistance equally helpful, citing medical help and food stamps. He was very satisfied with his contact with staff. He recommends that others in need talk to someone who knows how the system works and what is available. He was not sure he would have gotten the same information or known what to ask if he had been on his own. A staff person could articulate his situation better. As an older person, he said he never had anything to do with the system and did not have the experience to negotiate it.

Ralph recommends more spending money be allotted for basic needs (i.e., increasing the $56 and $198). He says a few hundred dollars would be necessary to meet basic needs. The GA allotment of $56 for personal needs does not stretch far, given that his phone bill is $50 per month. He needs a phone to make appointments among other reasons. He needs to pay for gasoline to cover two trips a day to appointments. He added that he does not get a discount. Ralph suggested the possibility of negotiating with the phone company to get a better rate for people in his situation. He would like to see basic telephone service be an aspect of GA assistance as well as a transportation allowance that is based on someone's needs.

Ralph encourages decision-makers to consider their own monthly expenses when deciding on the monthly allotment. Though he realizes decision-makers try to work within budget, he urges them to establish what level of humanity they want to have. He suggests the legislature look at what it costs themselves to live (just the basics, nothing special), figuring the costs of telephone, transportation back and forth to the doctor every week (mental health, physician, psychiatrist), gasoline, registration, and inspection. Ralph also votes for more flexible use of funds to truly meet needs.

Ralph feels lucky he owns a vehicle. He pointed out what he considers a “Catch 22” in complying with rules without enough money to do it. For example, if a participant cannot afford prescribed medications and thus cannot take them, it does not help their SSDI case. Social security administrators need to see the client is actively complying with medical advice. He advised not expecting something of someone when they cannot comply due to lack of money.

Having been a taxpayer all his life, Ralph advocated for humanitarian assistance. He would like to see the community take care of people having hard time, neighbor helping neighbor. He talked about the "poor houses" from 100 years ago, which offered a bunk and meals in a building. He believed that was based on a community value that no one should be left in the street to starve to death.

Ralph is divorced now and single. In the future he hopes to continue to be living in his family home, which had been in his family for several generations. He is hoping to recover from his physical and psychological problems so that he can get involved in some kind of productive activities.

Case Study #5 (Elaine): Elaine found herself in a 'dire situation' when she was told by her doctor that she could not work anymore. She was in a management position. Experiencing depression, anxiety, PTSD and migraines, Elaine said she suddenly found herself with no means to support herself and no money. She started selling things to get money for rent. She did not know what to do and had used up the savings she had. Elaine said her grandfather raised her to not ask for help. She attributes her sense of integrity and inner strength to her grandfather. She said that she had always worked since a young age and had raised several children who are contributing members of community. Explaining that she has many skills and tried a variety of other jobs, Elaine found it difficult to continue or to plan anything because she could not predict when she would get a crippling headache.

Elaine spoke highly of the "incredible women" at community action. It took her six months to find them, but once she called, the caseworker said she would be at her door the next morning. She encouraged Elaine to take care of herself and promised that CA would help. Elaine said everyone in the CA office is "killing themselves" to make life worth living for people like herself. She emphasized that being poor and at a disadvantage were not what she had anticipated in her future. She adds that if she is lucky enough to get rid of the headaches, though her doctor says it is unlikely, she would love to be working. She finds being ill shameful and feels as though she is being punished. At CA, Elaine was encouraged to apply for SSDI which took almost two years and was very demoralizing. She would like to see the SSI application review process improved so it does not take two years. CA staff assured her that she paid into SSI and that if she qualified for it, she would be getting her own money back.

Now close to retirement age, Elaine said she felt fortunate that she had lived in her community for 40 years and had moral support from friends and others who had known her. For example, she appreciated that her veterinarian allowed her to set up a modest payment plan so she could keep her pet. It helped that she always maintained a good relationship with her local bank. It allowed her to keep her car, though she says she cannot afford to put gas in it. She also spoke highly of an attorney who helped her qualify for SSDI, although she said she could not afford to have him receive 33% of the back benefit. She added that her monthly benefit of $783 per month is not adequate to cover all of her expenses including rent and she feels she is being punished for being sick. When she was working, she made approximately that much in a week. She added that although she is grateful for her food stamp allotment, the $172 per month is also not enough. She had to sell things that were important to her in order to eat. She worries about the quality of food she can afford as well as consequent health and dental issues. She said while she was waiting to

qualify for SSDI, she was without dental care, although later she found out she had it all along. She added that people with bad teeth are the last to get hired.

When she was in the GA Pilot for two years, Elaine found the GA housing allotment of $198 towards rent inadequate for the apartments available in her area. The fuel assistance, $50 for groceries and $56 for personal needs money was inadequate to cover what was actually needed and she found it "incredibly demoralizing." When she first started receiving GA, she had to appear at ES once a month and plan to wait two or four hours. This has changed since then. Nevertheless, Elaine said staff at ES and CA were very supportive. She said her caseworker fought for her to get into federally subsidized housing. She appreciates the CA food shelf which offers fresh vegetables. She is concerned that their funding has been cut and staff are being asked to take pay cuts. She believes they are not paid enough in the first place.

Emphasizing that she found her situation terrifying, she considered her caseworker at CA to be 'heaven sent.' She said staff at CA supported her emotionally since she was suicidal by the time she called them. Her caseworker came to the house to see her, helped her find a place to live, and helped her to move. The GA pilot kept her and her dog from living in her car. Elaine was extremely appreciative of the support she received and also at a time of great challenges in this economy.

Elaine would like to see an increase in job wages, complaining that a good paying job in Vermont pays $9. Adding that most decision-makers are financially removed from the working poor, she believes they have no connection to a person trying to raise family on $9 an hour. Elaine recommends others try living on such a program to see what it is like. She has contacted her representatives and legislators in the past to share her views and offered to do so again.

Case Study #6 (Carol): Carol's husband had been self employed and was unable to continue working. Though he got an extension on unemployment, they had no savings and could not pay rent on an apartment. They moved from friend to friend and had a room in one motel which closed for the winter. At one point they had less than five days to find a place to live. A community drop in center helped them locate another hotel. Her husband got a part time job and they stayed there for several months.

Carol and her husband hunted for places to live without much success, getting what she called "many half hearted maybes." They were getting nervous. Other leads did not have anything available immediately. Eventually, a caseworker brought them to the intake appointment where they completed the necessary paperwork and documentation for the GA pilot. They were approved the same day. They signed a contract with the housing case manager and agreed to abide by the rules and pay what they could. This included paying 75% of their income for the three months of supported housing (55% for the expenses of the apartment and 20% in an escrow account). It was a little shocking at first but they managed it.

They worked with the housing case manager in the GA Pilot to complete the "arduous" paperwork for Section 8 and subsidized housing. These were 10 page applications that had to be completed 15 times. However, she said that for the first time in nine months they had a sense of security and were beginning to feel a sense of accomplishment. They felt they were building toward a future with the escrow account. Through the GA Pilot, they had an apartment with a

good bed and a kitchen rather than a one burner camp stove. They met with the housing case manager weekly. He came to their home and collected the fees and asked how they were doing. They benefited from three months in supported housing and help to find permanent housing. They appreciate that they can call the case manager anytime with questions and are still in touch with him. Carol said they will probably always be in contact somehow.

For the future, Carol hopes their situation will continue to improve. She and her husband have submitted job applications in a number of places, whether advertising or not. They are trying to meet new people, make new contacts, and stay busy. Some of their challenges have been medical issues that slow them down, and no vehicle. They are dependent on the bus system. It is hard to find jobs with the same schedule as the bus. However, without the program, Carol says they would have been under a bridge in a tent. There were no other options. She said it would have been colossal.

Describing the pilot program as "nothing but a positive", Carol emphasized that the support was there and it was a "godsend." She was very grateful to have a place to stay so they could gain a sense of security and know they were building money towards a future and a home. She could not see any way to improve the program, saying it was always there for them, giving them information when they needed it. She described it as a "positive attitude" and "can do" approach. She recommends that others in need call the housing case manager. She worries that the pilot staff, as well as staff at places like the local food shelves, state offices, and shelters are understaffed. She worries that it wears on them at the end of the day. She recommends that decision-makers keep the program going because it is sorely needed.

Case Study #7 (Bill): Bill was working at a fast food restaurant part time when his hours became very sporadic. As an older person close to retirement age, he did not see options for earning money or borrowing it. He had been looking for work, but was finding nothing full time. He had been laid off for years from work in his former field. Bill feels that as an older person, anything can happen with the economy and job situation the way it is. He explained that he used to get hired right away in the past and work was guaranteed. He said jobs are not what they used to be in his area. Factories are down and even the shoe store moved out. Bill is not on SSI or Medicaid, and is trying to get health insurance through Catamount.

With only himself to support, Bill lived outdoors for some time. His doctor's office recommended he speak with the housing case manager at the GA Pilot, which he did. The case manager offered him the opportunity to participate in the pilot program until he could get into permanent low income housing. He participated in the pilot program for 29 days. The case manager helped him fill out necessary paperwork for subsidized housing and recommended ways to look for work at the Department of Employment and Training. Bill called the pilot program "outstanding." He appreciated the education and knowledge he gained. Bill said not only did he not have time to get a place, he also did not have knowledge of where to go to get one. The housing case manager helped him find a place to live that he could afford. The case manager also helped him find some basic used furniture (a sofa, a bookshelf, and a used bed and frame). Bill said he offered to give it back if someone else needs it in the future.

Bill said he gained knowledge of who to go to if things get really tough in life, such as the Housing Authority. He appreciated the encouragement from the case manager as well. Bill has

kept a folder of advice the case manager gave him in case he needs it again in the future. He said the pilot staff were behind him 100%, telling him he can do it. They reassured him that his luck might change for the better if he kept at it.

Bill had no program improvements to suggest and said he thinks what the program staff do is fantastic. He would refer others without income, who could not afford a place to live, to go to the GA Pilot. He advises them to listen well to the housing case managers' advice. He added that they can offer suggestions on what a participant can do, but participants will have to push themselves to do them.

Bill believes those in decision-making positions would probably have to experience homelessness before they could really understand it. He said he never thought he would face such an "unbelievable" circumstance. Saying it makes a difference later in life, he added that he is glad there are people out there that care about somebody. He does not think anyone like him would ask for help or know what to do. In these later years, he believes employers are just looking at getting younger people to work. He is glad there was a program in which he could participate. It was a "do or die" situation.

Case Study #8 (Rita): Rita lived with her family off and on and stayed in a motel when necessary due to family conflicts. She had a job that offered her an apartment where she then lived with her children. She described conflicts with her family, including an argument that left her without a family babysitter. Consequently, she missed work. She did not know of other babysitters and could not afford child care so she lost her job. Without transportation, it was not possible to travel to other jobs. She found herself homeless with her children. Eventually one family member took her children temporarily and she stayed with friends for three months.

Rita found out about the pilot program through a friend and was referred by a worker at Economic Services. She could not stay with her friend anymore because the landlord found out she was there. She called shelters and there was not enough room for her and her children. She then met with the Housing Case Manager, filled out the application for the GA Pilot and was approved after waiting two days. She said they checked her landlord references and work history as part of the background check. She signed a contract to abide by rules of the program such as no drug and alcohol, no roommates, attending weekly meetings with the case managers, paying fees, and looking for employment. At first she felt overwhelmed by trying to pay the fees on a Reach Up grant, but then found that the temporary supported housing included all utilities so she could manage it on her grant. She ran into difficulties when she had to spend money to fix her car and was consequently late on her rent payment. She was grateful that the case managers caught this early and worked with her to resolve the situation.

Rita appreciated the support she received through the program for housing, employment, counseling, child care, and transportation. She said it provided the right path to the resources she needed. She signed up for an additional six months of supported permanent housing after finishing the pilot program. She also was thankful for help finding clothing as well as presents for her children at Christmas time and dinner at Thanksgiving. The case manager meets with her at her house twice a week. She receives help finding child care, after school care, and summer camp for her children. She added that her children especially like the case managers.

Rita said the resources and outreach she received from the pilot staff were very helpful. She appreciated their experience. Saying she suffered from depression, Rita found they were always there to talk to and the door was always open for guidance. They helped her get counseling services, which also helped her get depression medicine. She said the case managers boosted her confidence at many stressful moments when she wanted to give up. She advises the program staff to keep doing a good job at giving advice and making people aware of resources. She said the staff give 100% to helping people. If there was any improvement to suggest, she would extend the pilot program from 90 days to four months.

In the future, Rita hopes to get a good job. She looks forward to taking community college courses towards an Associates degree. She received some non-degree grants for school that she does not have to pay back if she cannot finish. She hopes to own a home one day.

Rita recommends funding more programs like this. She believes a lot of people need it. She values the approach where people do their part. She believes the result of this is that people feel better about themselves and increase their self esteem. However, she also thinks there are some who expect handouts and take advantage of the system.

Case Study #9 (Janice): Janice is a young mother from a middle class family in Vermont. She moved away and was married to a man in the military. They separated after their child was born. She became drug addicted and entered the opiate program during her second pregnancy. At the time she joined the GA project, Janice was ready to leave the hospital but had no place to go. She and her daughter had been living in a battered women's shelter which she found to be a very unsettling experience because it was so chaotic and disorderly, not a good place to be with a child. She had spent some time sharing an apartment with a friend who was house-sitting, but the situation had become abusive.

Janice was high priority for the project because of her high risk pregnancy, and was referred by her Reach Up Worker. It was the best thing that had happened to her in a very long while. She and her daughter now live in a safe, secure building and she has been able, with help, to keep most of her follow-up appointments and to not relapse.

The greatest challenges for Janice have been learning to budget, living in a very limited social sphere, maintaining her health, and trying to be a good parent. All of these are areas that she feels the project has helped with immensely. She said she is proud that she can make her own coffee now. She said her case worker helped her understand where all her money was going and how the little things, like buying a cup of coffee, add up. Janice said it has been hard for her to learn budgeting because her family was well off. Her grant was cut from $580 to $335, which she has found very difficult. She cannot buy things she wants for her daughter. She cannot afford cable TV or eating out. Yet, she anticipates things will get better.

Asked about setting aside the program's required third of her income, Janice commented that it was fair but very difficult to do. She explained that she is living one day at a time, one hour at a time. She knows it is good that the money will be saved for her in the future, but sometimes she wishes she had access to it now.

Although very hesitant to talk or think about the future, Janice did say that she had hopes to return to school someday (she already had 27 college credits) so that she could get a decent job to support her children. However, because she needed to travel to Burlington for her treatments and was just trying to "keep body and soul together," all Janice could really concentrate on now was taking care of her child and her own health. She felt that the plan she and her caseworker had made was extremely helpful in keeping her in a positive frame of mind, and that the weekly visits were her lifeline to a better world.

Janice loved the team (nurses, social workers, case managers) that were trying to help her and appreciated that they were a little flexible. For example, maintaining a car on such a limited budget can seem like an extravagance, but trying to get to Burlington on public transportation and get home in time to pick up her daughter from child care was almost impossible. Although Medicaid has a transportation program for this purpose, the drivers were not always dependable and missing her treatments was very dangerous for her health and for the pregnancy. So the team recognized her need for her own transportation. Janice also appreciated the work her team has done to try to find satisfactory child care, which is in short supply in the area where she lives.

She said the most helpful aspects of the program included having a safe place to live, learning to handle her own money responsibly, and being treated as an adult by members of the team. Her only other three options without the program would be going back to the shelter, living at a home for young pregnant teens (where she felt treated like a child), or dying on the streets.
Janice advised other people in similar situations to accept the help that was offered and to remember that children should be the priority, keeping them safe and giving them a good childhood.

Case Study #10 (Lisa): Lisa just turned 30, has been out of jail for two years, works full time and is in the process of getting her children back. She was so grateful to be part of the program because ordinary landlords would not rent to her. They would suggest she needed something bigger, or refuse because of her background or lack of good credit. Therefore, when Linda found a place to rent, she considered it a major accomplishment. The help she received on budgeting as well as the emotional support she sensed were critical. She said she hopes eventually to be able to move to another community where the schools are not so full of drugs, but for now is grateful to be close to her worksite.

Lisa appreciated the flexible approach to the program because she was unable to turn over the full 30% of her income and still make ends meet. So she negotiated an arrangement to pay $10 a week until she got a better job. She described in detail learning to budget by setting aside money in different envelopes. Sometimes she borrows from herself, for instance, to pay the taxes. Yet, she knows she will eventually pay herself back to stay in balance. She finds it very hard, but says her case manager shows her how to do it.

Although Lisa has a "team" of workers, she cannot meet with them because of her work schedule. So she is very grateful to her GA case manager who serves as the liaison, and who Lisa credits with much of the progress. Lisa described her case manager as someone who "glows with how much she loves helping people." She said that her case manager is both personal and professional, passionate about her work, as well as open and caring. Acknowledging

confidentiality, she expressed the wish to get together with others who had been helped by her case manager in order to thank her. She also thought they could help each other if they could meet occasionally.

Lisa said setting and reviewing goals was a very helpful part of the project, though she questioned it at the beginning. She felt respected since goals were reviewed in the context of a home visit. She had the sense that the process of reviewing goals was a path to a better life rather than an effort to catch her making mistakes.

Although Lisa has a steady job that she greatly enjoys, she would very much like to take some classes. She considers eventually working in an office setting or possibly doing some work to help others. She said she would like to give back to others in return for all the help that was given to her, since 'what goes around comes around.'

Case Study #11 (Valerie): Before joining the pilot program, Valerie was pregnant with twins and already had a toddler. She was staying with her boyfriend and his mother who kicked them out. She stayed for a while with her own mom and then was on the street with no job, no money, and the babies coming soon. After the babies were born, she, her boyfriend, and her children were placed in a motel, which was very challenging with three children. When Valerie found out about the GA Pilot, she met the case manager, completed the paperwork for the project and then moved into one of the apartments. Her boyfriend left shortly thereafter to go to jail. Valerie said the transitional housing situation feels like home. She appreciated that she could cook for her kids and count on some stability.

Valerie discussed the specific goals in her contract, and how helpful it was to have the caseworker come to her apartment to work on them. She spoke explicitly of the referral system (to Vermont Adult Learning, parenting classes, child care programs, and driver's education) and how grateful she was to have an ally help her coordinate things. When asked about her 'team,' Valerie felt that the people who were most helpful to her were her extended family, her sister, her mother, and her boyfriend's family. She also acknowledged (by name, role, and agency) a wide range of others and explained exactly the kind of help they were providing to her and her children.

Valerie was happy to talk about her plans for three to five years into the future, when she expects to be studying psychology at community college or cosmetology at one of the trade schools. She would eventually like to have her own home. The only thing she found challenging about the GA pilot program was meeting the savings requirement, although she understood the value of it. She would enthusiastically recommend that anyone else in her situation get in touch with the case manager right away. She felt that the program could be far better publicized than it is.

Case Study #12 (Joan): Joan is a mother with three children, of whom several have significant physical and emotional challenges. She explained that for many years, when she thought her son was dying, she said she just let everything go. She was so scared and depressed, she let him do whatever he wanted and his behavior was out of control. She also did whatever she wanted since nothing seemed to matter. She had no money and was evicted for non-payment of rent. Her

family took them in and then she was accepted at a Women's Shelter. After that she was accepted to the pilot program, which she said has made a great difference.

Joan reviewed a series of bad choices she had made with her life, and then detailed the long slow climb back out. Once she was convinced that her son was going to live, she started re-engaging with others; a process that was helped dramatically by becoming part of the GA pilot. Before her first visit from the case manager, Joan said she was scared, worrying if the case manager would like her and whether she herself was doing something wrong. She tried to reassure herself and eventually found that it was beneficial. The case manager helped her with many things, especially learning to handle money. Joan said she has not mastered it yet, but is learning to develop a system. The case manager taught her to think about the specific costs of what she needs and to plan for them.

Joan said at first she resisted the idea of having a contract with goals, because it seemed very intrusive and disrespectful. However, it helped her to articulate what kinds of treatment she and her children needed and it set in motion the paperwork and plans for making changes. Now she appreciates the way reviewing the contract at each visit helps her keep moving forward.

Joan is especially grateful that now she has stable housing for her children and herself, and that the large team of treatment providers and educators seem to be working together well. She is proud that things never got so bad that her children were taken away, although it came very close several times.

As she is beginning to feel stronger physically, emotionally, and financially, Joan is starting to think about the future. She dreams of being a lawyer, to help people in bad situations, and to give back some of what was given to her. However, she considers that a long way off; she graduated from high school ten years ago and has not been in class since. She also has not held a job for a long time. Joan said going back to work will be the first step. At the moment, she is just trying to do a good job taking care of her family and saving enough so they will never be homeless again.

Case Study #13 (Liz) Liz is a mother with three teenage children, and has always worked full time. She lost her home when she and her husband separated and she got a restraining order against him. For many months she and her children lived at a friend's place, but it was difficult, challenging, and crowded for everyone. Her friends heard about the program and applied on her behalf. She felt the approach and the paperwork were quite respectful and easy. She was very grateful that they were able to find a place in the same school district so the children did not have to change schools.

Lisa said she loves working with the case manager who has a good sense of humor and who her children enjoy. She described the relationship as emotionally healing because getting turned down time after time for apartments is a very discouraging, hurtful, and frustrating process. Lisa said the pilot experience had led to a hopeful time for her and her family. She was very pleased that just before Christmas, they found a house and each child has their own room.
Lisa has been depositing $125 per month into her IDA, which is going to be matched. She said this is extremely hard to do. Lisa said working on budgeting was one of the best aspects of the program. She came to understand why there never seemed to be enough money and where it

went. She found it difficult to say ‘no’ to her children and to herself when tempted to buy something. However, she said the case manager helped them all to understand its importance.

Lisa said she would definitely recommend the program to anyone since it helps children be the priority. She has long term hopes of returning to school in the evenings to get her nursing degree so that they would have more income. Then she would like to buy a small home in a more rural community.

Case Study #14 (Alice): Alice has significant psychological challenges. She had one child and was pregnant with another. Alice had difficultly finding an apartment because of her incarceration history. She had been living with the family of her mother’s boyfriend, but felt the environment (drugs, drinking, and violence) was bad for her daughter. She had been saving up for a security deposit but her boyfriend spent all the money. Alice applied for the GA pilot program but was put on a waiting list for a month. She was getting desperate because she was having trouble meeting the 20 hour work requirement for her grant and could not find a job or even a secure volunteer placement.

Alice said getting into the program saved her life. She expressed a lot of gratitude for the case manager who she describes as like a mother to her, very caring and available. Alice’s psychological challenges makes it difficult for her to remember appointments, understand what people are saying to her, and follow through on plans. She is grateful for the written contract because it provides some structure. Yet, she only remembers the rule against using or dealing drugs while in the program. Alice’s case manager helps her to coordinate a team of more than a dozen people, although Alice feels that many of them do not care about her. The case manager has helped Alice enroll in a day treatment program at the local hospital. She also accompanies her to many visits concerning her daughter. Alice appreciates the help with budgeting and going food shopping together. She also appreciates the flexibility in the requirement to put money into the IDA program. She said she does the best she can and that is working well so far. At the time of the interview, Alice was looking into many referrals to housing that her case manager had made and was worried that she would not find anything soon enough.

When asked about her future plans, Alice says she is taking life day by day, trying to be a good mother, and trying to do all the things she is supposed to do. However, she did mention interest in getting a nursing degree through CCV (Job Corps didn’t work out for her). She also wants to find a house or apartment so that she and her children will have a place to live when the program ends. Alice would recommend the program to anyone. She thinks it is a great asset that the program is located in a community action agency where people have access to the food shelf and other supports.