

**FAMILY SUPPORTIVE HOUSING PROGRAM:  
INTERIM REPORT  
JULY 1 - DECEMBER 31, 2014**

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Submitted to:  
Vermont Office of Economic Opportunity  
Department for Children and Families  
Agency of Human Services

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# TABLE OF CONTENTS

## Contents

|  |    |
|--|----|
| Executive Summary _____                          | 1  |
| Connection to Reach Up and Family Services _____ | 7  |
| Appendix 1: Contact Information _____            | 11 |
| Appendix 2: Regional Information _____           | 13 |

# EXECUTIVE SUMMARY

## Executive Summary

### ABSTRACT

The Vermont State Office of Economic Opportunity (OEO) administers the Family Supportive Housing (FSH) program to reduce the incidence and duration of homelessness. This report covers the first 6 months of state fiscal year ending June 30, 2015.

The FSH program expanded grantees from three Agency of Human Services (AHS) districts that enrolled 48 families in the previous year that ended June 30, 2014 to five AHS districts that enrolled 78 families. There are 150 children and 102 adults receiving services among the 78 families. Among the 78 families enrolled this year, 62 families that were placed in permanent housing with 119 children and 77 adults. There were 16 families enrolled with 31 children and 25 adults that had not been placed in permanent housing as of December 31, 2015.

### BACKGROUND - GRANTEES, PARTNERS AND PARTICIPANTS

The Family Supportive Housing (FSH) program aims to reduce child and family homelessness in Vermont. The grantees and their respective Agency of Human Services' (AHS) districts for fiscal year ending June 30, 2015 are:

1. Winston Prouty Center (WPC) for Child Development - Brattleboro;
2. Homeless Prevention Center (HPC) - Rutland;
3. The Committee on Temporary Shelter (COTS) and HowardCenter partnership - Burlington;
4. The Upper Valley Haven, Inc. (The Haven) - Hartford; and
5. Northeast Kingdom Community Action (NEKCA), St. Johnsbury.

Grantees (1-3) are in their second year of the pilot. Grantees (4-5) started their pilots, July 1, 2014. Families experiencing homelessness which include shelter and state-funded motel stay must have a parent in the household who agrees to services to be eligible. Families can receive up to 24 months of intensive case management and service coordination. Priority is given to families that meet one or more of the following criteria: the family has multiple stays in shelters or state-funded motel stays; the family has an active case with DCF Family Services; or the family has children under the age of six.

The Vermont Office of Economic Opportunity (OEO) provides administrative oversight, technical assistance, facilitation of in-person meetings and training sessions. Champlain Valley Office of Economic Opportunity (CVOEO), Financial Futures Program trains and provides technical assistance to the FSH grantees to assist families in achieving their financial goals. OEO contracts with Lynn Management Consulting to support the evaluation activities. These activities by design use a participatory approach to evaluate outcomes and processes.

# EXECUTIVE SUMMARY

The grantees employ service coordinators to provide service coordination and case management to all members of the FSH household. Each service coordinator works with 12 – 15 households on average. The types of services are customized to a family’s needs.

Each grantee submits a quarterly report, which records the outcome measures and indicators for all families. Indicators for housing, tenant engagement, child safety, family stability and self-sufficiency, family health and wellness, employment and financial stability are measured at 3, 6, 12 and 24 month post-enrollment intervals. This section of the report aggregates this data for the period of September 1 – December 31, 2014.

The FSH grantees as a whole worked with 78 families, within the expected range of 75 to 90 families. There were 79% (62/78) of the families placed in permanent housing (year-to-date) with 165 days as the median number of days a family was homeless.

The potential service needs for the 78 families comprised of 150 children and 102 adults were based on the following:

- 67% (52/78) of families are enrolled in Reach Up.
- 26% (20/78) of families have an open case with Family Services. This is one of the three prioritization criteria for enrollment into FSH.
- 23 % (23/102) of adults entered FSH in recovery of substance use.
- 25% (25/102) reported active substance use at intake. This had not been previously tracked.
- 64% (65/102) of adults entered FSH unemployed.
- 33 % (34/102) of adults entered employed.

The percentage and number of families enrolled in on Reach Up was 85% (41/48) last year (FSH Annual Executive Report, June 30, 2014, p.2). Five families graduated Reach-Up within 24 months.

## OUTCOMES AND INDICATORS OF PROGRESS

Table 1 shows the total number of families reaching 3, 6 and 12 month post-enrollment intervals in the program. Please see the full report for the details for each AHS district enrollment and sustained housing information.

| Table 1 Enrollment Intervals for Housed and Seeking Housing   |   | 3 Months  | 6 Months | 12 Months |
|---|---|-----------|----------|-----------|
| # of families <u>HOUSED</u> that have reached each post-enrollment interval (Program to Date)         | # | 49        | 36       | 21        |
| # of families <u>seeking housing</u> who have reached each post enrollment interval (Program to Date) | # | <b>18</b> | <b>8</b> | *1        |

<sup>1</sup> There were no families not in permanent housing by 12 months.

# EXECUTIVE SUMMARY

The indicator for active engagement is defined as families regularly participate in case management and program meetings. Among families that were housed, the results are:

- 98% (48/49) of the families were actively engaged at 3 months.
- 86% (31/36) of the families were actively engaged at 6 months.
- 90% (19/21) of the families were actively engaged at 12 months.

Families that are seeking permanent housing are measured for active engagement in regular meetings:

- 94% (17/18) families are actively engaged in regular meetings at 3 months. 1 family had not made the 3 month post-enrollment interval.
- 63% (5/8) of the families are actively engaged in regular meetings at 6 months.

## STRENGTHS – WHAT IS WORKING WELL?

- Housing Stability<sup>2</sup> - Sustaining permanent housing:
  - 88% (43/49) of families were stable at their 3 month interval.
  - 94% (34/36) of families were stable at their 6 month interval.
  - 95% (20/21) of families at 12 months.
- Tenant Responsibility – Current with Rent:
  - 92% (45/49) of families at 3 months.
  - 89 % (32/36) of families at 6 months.
  - 81% (17/21) of families at 12 months.
- Tenant Responsibility- No breach of Lease:
  - 94% (46/49) of families at 3 months while 3/49 had a breach.
  - 83% (30/36) of families at 6 months.
  - 81 % (17/21) of families at 12 months.
- Family Health and Wellness – 87% (103/119) of the children enrolled and housed, are up-to-date on their well child visits.
- Employment – sustained employment for adults entering the program employed:
  - 95% (21/22) of adults remain employed at 3 months.
  - 85% (11/13) of adults remain employed at 6 months<sup>3</sup>.
- Employment – Please see Table 3 (Challenges) for attaining employment for adults entering the program unemployed.

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<sup>2</sup> Stably housed is general. For example, one family may be in the same permanent housing while another may move into a new house or apartment.

<sup>3</sup> The percentage of adults who entered employed and remained employed at their 12-month post-enrollment interval is not included since the sample size is statistically small (less than 20).

# EXECUTIVE SUMMARY

## CHALLENGES – WHAT ARE THE OPPORTUNITIES FOR CHANGE?

The areas for improvement are:

- **Housing Stability** – 23% (18/78) of families are seeking housing. Challenges include finding affordable housing, which passes inspection and identification of subsidies that help to make the rent more affordable.
- **Financial Empowerment** – Steps have been taken by families towards each indicator.
  - At the 3-month post-enrollment interval, 11 families participated in a financial class or coaching session compared to 17 at 6 months and 10 at 12 months.
  - There were no improvements to credit score or increased savings.
  - However, 24% (5/21) of families at the 12 month post-enrollment interval reduced debt.
  - Credit history, financing and saving, reliable transportation, and employment opportunities are ongoing challenges. Families are living in “survival mode” for the first few months that detract from setting goals in this area.
  - To support increased savings for families, the Vermont Office of Economic Opportunity, Champlain Valley Office of Economic Opportunity and FSH grantees are exploring ways to work with local banks to establish savings accounts for families once enrolled.<sup>4</sup>
- **Resolution of Open Cases** – 10% (2/20) of open cases were favorably resolved while 85% (17/20) remain open. One family lost custody of a child.
  - There were no reports of family reunification within 12 months.
  - One grantee reported one challenge was to share and coordinate service plans in a timely manner with Family Services case managers.
- **Family Health and Wellness- Child and adult indicators**
  - There are 14% (17/119) of the children in the program, are not up-to-date with their well-child visits.
  - Maintaining sobriety at the post-enrollment intervals dropped at 6 months (see Table 2) but then rebounded by the 12 month post-enrollment interval.

| Table 2 Sobriety Over Time  |   | 3 Months | 6 Months | 12 Months |
|---|---|----------|----------|-----------|
| of those in recovery, the # who have reached 3, 6 and 12 months interval            | # | 22       | 17       | 8         |
| #/% of those in recovery who maintained their sobriety at 3, 6, 9, 12 and 24 months | # | 15       | 10       | 6         |
|   | % | 68%      | 59%      | 75%       |

- **Employment** – Table 3 shows the number of adults who entered the program unemployed and found employment at the 3, 6 and 12 months.

<sup>4</sup> The family’s contribution is matched by the program and would be automatic. Families will have to actively opt out of creating a savings otherwise.

# EXECUTIVE SUMMARY

- Challenges include a lack of public transportation and reliable transportation.
- According to one grantee, FSH participants may not be eligible for Vocational Rehabilitation or Vermont Adult Learning services but would benefit from an employment specialist

| Table 3 EMPLOYMENT   | 3 Months  | 6 Months | 12 Months |
|--|---|----------|-----------|
| # of adults enrolled and who entered program unemployed                  | 65<br>(includes adults enrolled less than 3 months) |          |           |
| of those who entered unemployed, # who have reached 3,6,12 and 24 months | 37  | 27       | 17        |
| # of those adults who secured employment during these time intervals     | 11  | 5        | 8         |
| % who secured employment   | 17%   | 8%       | 12%       |

## IS ANYONE BETTER OFF?

Families engaged in the FSH program show consistent progress among the housing stability, tenant responsibility and engagement indicators. The children’s health indicator (up-to-date on well-child visits) and adults in recovery (maintaining sobriety) show progress. Employed adults are able to sustain their employment while in FSH. There are examples of how participants have taken steps to improve financial empowerment, like attending a class. Five of the 19 households that were housed reached the 12 months interval and have reduced debt. Here’s what one participant said about the program:

*The FSH program has been the most empowering program I have experienced. Everyone has worked together to ensure my success on all levels. Compared to the frustrations associated with wait lists for housing while being homeless with a child and struggling to be self-sufficient on all levels, FSH has provided me more than that. They gave me peace of mind with helping to transit from homelessness to having my apartment. I’m forever grateful and honestly, words could never express the gratitude I have for this program.*

The areas to improve include employment stability for adults that enter the program unemployed. 17% are employed at 3 months; 8% at 6 months; and 12 % at 12 months. The other area is financial stability. There were no families with an improved credit score and increased savings. The Office of Economic Opportunity OEO and grantees are looking at other indicators to track progress of the small steps towards savings and debt reduction. The child safety indicator had 2 of the 22 open cases resolved. Along with maintaining sobriety, participants who are actively using substances (14/102 adults) may agree to treatment services in the future.

# EXECUTIVE SUMMARY

Grantees included examples of effective collaboration with local partners in their 6 month narrative reports. Specific examples included:

- There were new partnerships with private property owners.
- Grantees continued to collaborate with local housing providers to address the complex situations of families enrolled in the program.
- One pilot worked with the property owners, school and other partners to secure transportation for children as they transitioned from one school district to another as the family waited for an apartment to open in the school district.

Please refer to full report for additional analysis of service coordination and the collaboration process: Connection with Reach Up and Family Services staff.

## ACKNOWLEDGEMENTS

We extend our deep appreciation to the FSH directors and service coordinators. Thanks to the AHS district Reach Up and Family Services staff for participating in the interviews as part of the evaluation process. We also want to acknowledge the Champlain Valley Office of Economic Opportunity for their training and technical assistance efforts related to the financial empowerment efforts with families.

## Connection to Reach Up and Family Services

### INTRODUCTION

The Family Supportive Housing Program emphasizes alignment and coordination of services with existing Agency of Human Services programs and initiatives. The Memorandum of Understanding agreements support collaboration between the FSH, local housing, Reach Up (Temporary Assistance for Needy Families-TANF) and Family Services staff. This section of the interim report highlights themes based on interviews with Reach Up and Family Services staff in five Agency of Human Services' Districts, where the pilots are located.

### QUESTIONS AND METHOD OF ANALYSIS

The four key questions asked during interviews included:

1. What role did Reach Up and Family Services staff have when they worked with a family enrolled in FSH?
2. What was the interaction like between Reach Up and Family Services and FSH? They were asked to describe the type of interaction, communication and other collaboration activities that took place to share information, goals and plans.
3. What was a joint meeting like with the family, FSH and Reach Up or Family Services?
4. What does an extraordinary display of cooperation look like for a collaboration experience outside of program coordination with FSH? This was asked to inform improvement strategies for service coordination.

Lynn Management arranged to ask these questions during the regularly scheduled team meetings for Reach Up and Family Services. There were two interviews sessions with Reach Up and Family Services staff that were available to meet together in Hartford and Brattleboro. The Rutland and Burlington interviews were solely with Reach Up staff. In St. Johnsbury, interviews were done separately with Reach Up and Family Services teams meeting at different times the day of the interviews. A total of 18 Reach Up and 31 Family Services staff members attended the interview sessions but not everyone had things to say because they had not collaborated with anyone in the FSH program<sup>5</sup>.

The reason to collect views from Reach Up and Family Services is for analyzing program coordination with these two partners. The FSH service coordinators were asked about collaboration with the staff of these programs last year. They reported that collaboration and communication had improved but that there were some challenges. One-third (20/78) of the families has an open case with Family Services, which is one of the criteria that is prioritized for enrollment into the FSH program. Among the 78 families enrolled in FSH, 52 were receiving Reach Up services. Most adults in the FSH households are unemployed when they enter the program as well (65/102). By coordinating with Family Services and Reach Up, FSH

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<sup>5</sup> The Agency of Human Services' Field Directors were invited to participate with one accepting the invitation.

# CONNECTION TO REACH UP AND FAMILY SERVICES

participants receive services to help make progress with the employment and family stability indicators measured by the FSH program.

As a review the eligibility (1-2) and prioritization (3) criteria include:

1. Families must be homeless with minor children in a local shelter, domestic violence shelter, or state-funded motel.
2. The parent(s) must agree to participate in the FSH program and to engage in services, set goals and actively work towards them.
3. Prioritization will be given to:
  - a. Families that have multiple shelter or state-funded motel stays.
  - b. Families that have an open case with Family Services.
  - c. Families have children under age six.

## COMMON THEMES FROM INTERVIEWS

The interviews were recorded and lasted up to one hour. Lynn Management typed responses during the interview and went back to the recordings to complete the transcription. A combination of qualitative analysis techniques were used to identify themes of what was similar and different about the responses. The techniques included: word repetitions; compare and contrast; and pawing. For details of the methods go to the Ryan and Bernard's article (2015, <http://www.analytictech.com/mb870/readings/ryan-bernard-techniques-to-identify-themes-in.htm>).

Question 1 Role: The Reach Up and Family Services staff that had collaborated with FSH reported they had a role in referrals to the FSH program. One interviewee elaborated on this role to get the family connected and help them with the transition to the FSH program. The referral can happen one of two ways: either through the housing review team meetings that meet regularly or in the case of Reach Up when a case manager is stationed in the shelter where the FSH program is located.

Even though the role was clearly understood, Reach Up and Family Services staff said they were confused about the eligibility criteria for FSH and other housing programs. Comments included:

- It is confusing with the number of programs and what is what.
- Sometimes we are asked to make a referral but the family does not meet the criteria<sup>6</sup>.
- We have at least six different housing case management organization each with their own set of criteria.

Question 2 Types of Interactions: The most common interactions with FSH were attending meetings together about a particular family or sending and receiving telephone calls, e-mails or text messages. The housing review team meetings were the most common place for on-going updates about participants that were shared across programs. This was not the situation in Burlington, where two Reach Up case

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<sup>6</sup> Later during the interview, the team leader thought it was not a referral to FSH but rather another program related to a reunification voucher.

# CONNECTION TO REACH UP AND FAMILY SERVICES

managers are stationed at COTS, the grantee in this region. Instead COTS received the referral from the Reach Up case manager stationed there and the case manager responded to questions when the COTS team reviewed the application to the FSH program. The referral to FSH is not part of the larger housing review team meetings with all housing programs.

Most of those interviewed had positive comments about interactions and communication methods:

- We work very closely and there are lots of e-mails and text messages. I find it to be a great collaboration.
- It is a pretty open form of communication and timely. FSH is a wealth of information to help other families that did not qualify with resources.
- We have constant communication, attend each other's meetings and all of us attend the monthly county housing meetings.

There were some differences in regions on the effectiveness of communication. In general, the responses to the interview questions with the Burlington Reach Up team were different than other regions. Comments included concerns about a "serious lack of collaboration and communication". Communication difficulties had improved in Burlington but could be better:

- I would get information that they were accepted and not know who is doing what.
- I thought that the service coordinator was going to reach out, meet with the staff and talk to them, and pull a team together.

In Hartford, there was one concern with the promptness of e-mail responses. The Upper Valley Haven has two part-time FSH service coordinators to cover the full-time position which means a service coordinator is available on certain days of the week. The Family Services team in St. Johnsbury felt there could be better outreach so they would know more about the program. Among the twenty St. Johnsbury Family Services team members at the interview session, one person had direct contact with the FSH program because of a shared client.

Question 3 Joint Meetings: The interviewees reported teamwork and team meetings with the family helped their program because everyone was on the same page. FSH supported their goals by giving feedback and other help to families to make progress towards goals. For example, one FSH service coordinator helped a family get transportation back and forth to work. Having team meetings (inclusive of the family) was the best way to share information about the goals and plans. Team members were better informed about each program's mandated requirements and they can develop solutions when one requirement may impact another. "We were able to work out the services for this family and it would have been harder for the family otherwise," said one interviewee.

Question 4 Factors for Collaboration: This question identified the factors that Reach Up and Family Services staff said contributed to an effective collaboration. Those at the interview sessions were asked to think about partnerships and service coordination experiences outside of FSH that were effective. The contributing factors were: on-going communication; trust built by execution and follow through; and

# CONNECTION TO REACH UP AND FAMILY SERVICES

understanding of roles. What they would like to see was more opportunities to work together because it “helps us present the mission and philosophy of how we work with families, includes all perspectives and educates each other.”

The following interviewee statements illustrate the value they placed on teamwork, clear roles, communication, and follow through:

- It happens with individual players, but it is the exception rather than the rule and it has to do with the relationship.
- It is about consistency and what they say, they do and follow through.
- It helps that FSH is communicating with the family multiple times a week. That is beneficial because we could not do this. Someone on the team to do that helps.
- Understanding each partners roles, the work that is being done and how things are prioritized to get to the same understanding and intent is helpful.
- You have to go through the "you said you were going to do this" and I need to see you do it, a bunch of times.

The last question was: What would make a difference in future collaboration with FSH programs? The Reach Up and Family Services staff said they would like to see: regular meetings with the client, led by FSH; a caseload list or check in about who has which client; opportunities to train together such as a community training on service coordination; and more open communication and collaboration opportunities among case managers and education about the programs.

## LOOKING AHEAD – EVALUATION ACTIVITIES

The evaluation activities through the end of the year will continue to include progress with key indicators. Grantees submit data on a quarterly basis. The quarterly report was revised from last fiscal year. Grantees used the revised version starting in the second quarter (October 1 – December 31, 2015). The revisions were based on input from grantees that pointed out that the measures did not capture the full scope and depth of the work they performed. The revised quarterly report also captures services for the participants that are in permanent housing and families not housed but enrolled in the program. Some families wait six months for placement in permanent housing but they are still engaged in services making progress towards goals. The Vermont Office of Economic Opportunity and Champlain Valley Office of Economic Opportunity are exploring new ways of tracking indicators for financial stability to include small steps towards savings and debt reduction.

The annual report will include more qualitative data to analyze program coordination through the views of local housing partners, families that have one year or greater in the program and the OEO staff.

# APPENDIX 1: CONTACT INFORMATION

## Appendix 1: Contact Information

The following list includes formal partners under the local Memorandum of Understanding agreements with FSH by Agency of Human Services (AHS) districts. There may be other informal partners in their communities based on participants service needs.

### **Burlington AHS**

Julia Paradiso, LICSW  
Program Director  
Committee On Temporary  
Shelter  
95 North Street  
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(802)864-7402

Lori-ann Christie, LCMHC  
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Clinician  
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HowardCenter  
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Champlain Housing Trust  
88 King Street  
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### **Rutland AHS**

Deborah Hall, Director  
Kami Dayton and Ashley  
Greenfield,  
Service Coordinators  
Homeless Prevention Center  
(formerly Rutland County  
Housing Coalition)  
56 Howe Street, Patch Place  
Building A – Box 7  
Rutland, VT 05701  
802-775-9286

Housing Trust of Rutland  
County  
13 Center Street, 2nd Floor  
Rutland, Vermont 05701  
(802)775-3139

Rutland County Women's  
Network and Shelter  
P. O. Box 313 Rutland,  
Vermont 05702  
(802)775.6788

People's United Bank  
77 Woodstock Ave  
Rutland, VT  
(802) 773-3311

Rutland Turning Point  
141 State Street  
Rutland, VT 05701  
(802) 773-6010

Heritage Family Credit Union  
30 Allen Street  
Rutland, VT 05701  
(802) 775-4930

### **Brattleboro AHS**

Chloe Learey, Executive  
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Emily Clever and Crystal  
Blamy, Service Coordinators  
Winston Prouty Center  
20 Winston Prouty Way  
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(802) 257-7852 Christina  
Hart, Executive Director

Chris Hart  
Brattleboro Housing  
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Brattleboro, VT 05301  
(802) 254-6071

Windham and Windsor  
Housing Trust  
68 Birge St  
Brattleboro, VT 05301  
(802) 254-4604

Joshua Davis, Executive  
Director  
Morningside Shelter  
81 Royal Road  
Brattleboro, VT 05301  
(802)257-0066

### **Hartford AHS**

Sara Kobylenski, Executive  
Director  
Renee Weeks, Director of  
Shelter & Clinical Services  
Tory Emery, FSH Service  
Coordinator  
Heather Leavitt, FSH Service  
Coordinator  
Upper Valley Haven  
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White River Jct., VT 05001  
(802) 295-6500

Twin Pines Housing Trust  
240 S Main ST  
White River Jct., VT 05001  
(802)291-7000

THM Property Management  
129 Lincoln Ave  
Manchester Center, VT 05255  
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# APPENDIX 1: CONTACT INFORMATION

Central VT Community Land  
Trust  
105 N. Main ST, Suite 209  
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(802) 476-4493

**St. Johnsbury AHS**

Joe Patrissi, Executive  
Director  
Jan Rossier, NEKCA Parent  
Child Center Director

Lynda Davidson, Assistant  
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115 Lincoln Street  
St. Johnsbury, VT 05819  
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**State of Vermont Contact**

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# APPENDIX 2: REGIONAL INFORMATION

## Appendix 2: Regional Information

| Household Composition and Sustained Housing at 3, 6 and 12 Month Post Enrollment Intervals   |                     |               |             |  |  |   |
|--|---------------------|---------------|-------------|--|--|---|
| AHS District   | # Families Enrolled | # of Children | # of Adults | # Families Housed at 3 month post-enrollment | # Families Housed at 6 month post-enrollment | # Families Housed at 12 month post enrollment |
| Brattleboro  | 26                  | 55            | 37          | 14   | 13   | 6   |
| Burlington   | 12                  | 19            | 13          | 11   | 8  | 7   |
| Hartford   | 9                   | 12            | 11          | 3  | NA   | NA  |
| Rutland  | 24                  | 51            | 31          | 18   | 14   | 7   |
| St<br>Johnsbury  | 7                   | 13            | 10          | 3  | NA   | NA  |
| TOTALS   | 78                  | 150           | 102         | 49   | 35   | 20  |
| <p>Families are housed as soon as possible, contingent on availability of appropriate placement.<br/>                     This table does not include families housed but that have not reached the 3 month enrollment interval.</p> |                     |               |             |  |  |   |