

## Minutes -- DRAFT

August 7, 2025

### Act 69 State Housing and Residential Services Planning Committee

#### Committee members present:

Senator Ginny Lyons (legislature), Justin Davis (AHS-CO), Jennifer Garabedian (DAIL), Shaun Gilpin (ACCD), Ashlynn Doyan (Treasure's Office), Collins Twing (DDHI), Kirsten Murphy (VTDDC), Max Barrows (GMSA), Jenny Hyslop (VHCB), Sarah Mearhoff (AGCVT).

#### Committee members absent:

Rep. Anne Donahue (legislature), Gloria Quinn (VCP)

#### Others present:

Karen Topper, Beth Davis, Jenn Townley, Susan Aranoff, Mary Gyori, Rebecca Silbernagel, Katie Tormey, Marla McQuiston, Michael Kasper, Ellen Riley.

Welcome  
Establishing quorum  
Review agenda

The meeting started at 2:02 pm.

The Chair welcomed committee members and members of the public

There was a quorum present.

Senator Ginny Lyons introduced herself as this was her first meeting.

#### Housekeeping

- The Chair reported that meeting announcements with links are available on the Department of Libraries calendar (<https://libraries.vermont.gov/public-meeting-calendar-state-agencies>) and on the home page for the Vermont Developmental Disabilities Council's website (<https://ddc.vermont.gov>).
- Shaun Gilpin reported that the Agency of Commerce and Community Development hoped to have a dedicated website for this committee's meeting materials up by the end of this week.

Family & Self-Advocate  
Voice

The Chair explained that short videos were being used as a way to bring a variety of voices from self-advocates and family members into the room. While videos are reviewed for positive, respectful messaging, there is some language that is not going to be comfortable for everyone on the committee.

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|                                                                | <p>The group heard short reflections on housing challenges that were recorded by self-advocate NV and by parent LM.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p>Estimated Housing needs by Service Provider and County.</p> | <p>The Chair gave a short presentation about data on estimated housing needs broken down by service provider agency and by county (See Attachment #1 and #2. Please note there is also a table translating the abbreviations for each provider agency.)</p> <p>VTDDC estimated that Vermont would need 602 units of service supported housing in a report published in 2023. This estimate is based on a formula created by the <a href="#">Corporation for Supportive Housing (CSH)</a>. CSH's research indicated that:</p> <ul style="list-style-type: none"> <li>• 10% of individuals living with family members migrate to other housing if made available.</li> <li>• 33% of individuals living in group homes or shared living arrangements migrate to other housing if made available.</li> <li>• People living in their own apartment were not considered in the CHS estimate.</li> </ul> <p>Since this estimate was calculated, the number of people receiving HCBS through the Developmental Disabilities Services (DDS) has grown slightly. Also, DDS now identifies people in its service system who are unhoused (27 people currently). 100% of this group are in urgent need of housing.</p> <p>Emma Rose McCadden from DDS provided a current estimate of how many units of housing are needed based on the most recent residential services report. The total is 645 or an increase of about 7.5% over two years. She broke this estimate down by agency, and then by county. (See attached slides for these tables).</p> <p>Jennifer Garabedian explained that the addition of 27 people identified as currently unhoused explains the higher an expected increase over two years.</p> <p>Kirsten stressed that these are estimates and may not accurately reflect the need in Vermont. There are several ways to refine our understanding of future housing needs for this population. These include:</p> <ul style="list-style-type: none"> <li>• Surveying a random sample of DDS participants to test the validity of the 10% and 33% estimated migration pattern.</li> <li>• Further segmenting regional housing needs based on the level of support needs, with SIS-A scores serving as a proxy for staffing patterns in residential settings.</li> <li>• Directly surveying all DDS participants through the State's two new case management entities.</li> </ul> |

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|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Barriers – working draft       | <p>Collins Twing reviewed Attachment #3. This is a working draft that lists barriers to creating more housing options for DDSD.</p> <ul style="list-style-type: none"> <li>• Most of the identified barriers are based on regulations that the State can change.</li> <li>• Kirsten added an additional barrier: Service participants are often not encouraged to sign up for Section 8 vouchers; some are actively discouraged from doing so. However, recipients of HCBS benefit from signing up for Section 8 because the waiting lists are long and the individual may not know what their future housing needs will be.</li> </ul> <p>There is also a lack of accurate information about the Section 8 Program. For example, Section 8 can be used more flexibly than service participants realize. Flexibility includes allowing 2 individuals to share an affordable 2-bedroom unit when both have Section 8 vouchers. It also includes having a caregiver living in an affordable unit as a housemate.</p>                                                                                                                                                         |
| Housing Models – working draft | <p>Kirsten and Jenny Hyslop reviewed the attached document #4. This is a working draft of the housing models used in the DDSD system.</p> <ul style="list-style-type: none"> <li>• Max Barrows pointed out that any one of these models could be used by a DDSD service participant regardless of their support needs. What matters is how a residential model is staffed. For example, in other states, a person with higher support needs might live in their own apartment with a support provider. Having higher support needs should not dictate what type of residence a person lives in.</li> <li>• Max Barrows ask the group not to use the term “peer residence.” This is because the term “peer” implies that people with disabilities have full decision-making rights. Max said that some housing models do not give residents with disabilities full decision-making rights.</li> </ul> <p>The group agreed that a better term is “service supported housing,” which could apply to any of the models where DDSD service participants live. Moreover, service supported housing is a term widely used across many populations with complex housing needs.</p> |
| Public Comment                 | <p>Mary Geory asked that the slides from this meeting be made available. They will be posted on the committee’s website.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Committee Time                 | <p>Committee members were assigned to separate rooms to meet in subcommittees. The Chair asked each subcommittee to identify a point of contact for their group and to make a plan for meeting as a group before the end of August.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

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|         | <p>The full group reconvened and reported the following:</p> <ol style="list-style-type: none"> <li>1. Subcommittee on Financing: <ul style="list-style-type: none"> <li>• Jenny Hyslop will be the point of contact.</li> <li>• This group will meet on Monday, Aug. 11 and again for a half-day retreat on Sept. 3.</li> </ul> </li> <li>2. Subcommittee on Barriers: <ul style="list-style-type: none"> <li>• Jennifer Garabedian will be the point of contact.</li> <li>• The group will use a scheduling survey to set a date to meet.</li> <li>• Jennifer will ask Commissioner Bowen if DAIL would be willing to ask the State's 2 case management entities to survey service participants about their current and moderate term housing needs. This group had a helpful conversation about the fact that people receiving services may not feel comfortable saying what they prefer for housing if they are asked in front of providers and/or family. This may compromise the data, especially as service participants are just getting to know new case managers.</li> </ul> </li> </ol> |
| Adjourn | The meeting ended at 4 pm.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

Notes prepared by Kirsten Murphy, [Kirsten.Murphy@Vermont.gov](mailto:Kirsten.Murphy@Vermont.gov)

# Preliminary Regional Data

Presentation for  
Act 69 State Housing & Residential Services Committee  
Kirsten Murphy, Vermont Developmental Disabilities Council  
August 7, 2025

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## Where did we get the number 600?

1. The Corporation for Supportive Housing (CSH) estimates that:
  - 10% of HCBS recipients living with family members would migrate to other housing.
  - 33% of recipients of HCBS living in shared living, staffed living, or a group home would migrate to other housing.
2. This assumes that people living in independent or supervised living would not migrate to other housing.
3. Additionally, we have people receiving DDS who are identified as not housed.
  - 100% of this group needs housing.



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## Estimate updated based on current census

| HCBS Recipients | Agency       | 100% Vulnerable* | 33% Vulnerable*             | 10% Vulnerable**   | Not Vulnerable*                 | Total Estimated Vulnerable (rounded)                 |
|-----------------|--------------|------------------|-----------------------------|--------------------|---------------------------------|------------------------------------------------------|
|                 |              | Unhoused         | Group, Staff, Shared Living | Living with Family | Independent & Supervised Living | Unhoused + 33% Group/Staff/Share + 10% Family Living |
| 82              | CCS          | 0                | 36                          | 33                 | 6                               | 15                                                   |
| 148             | CSAC         | 0                | 65                          | 66                 | 23                              | 28                                                   |
| 79              | FF           | 0                | 42                          | 24                 | 24                              | 16                                                   |
| 72              | GMSS         | 0                | 62                          | 6                  | 10                              | 21                                                   |
| 295             | HCRS         | 4                | 154                         | 120                | 69                              | 67                                                   |
| 751             | HC           | 10               | 253                         | 283                | 183                             | 122                                                  |
| 96              | LCMH         | 0                | 53                          | 31                 | 4                               | 21                                                   |
| 74              | LSI          | 0                | 26                          | 39                 | 11                              | 12                                                   |
| 273             | NCSS         | 4                | 112                         | 113                | 18                              | 52                                                   |
| 361             | NKHS         | 4                | 178                         | 137                | 49                              | 76                                                   |
| 250             | RMHS         | 0                | 138                         | 97                 | 35                              | 55                                                   |
| 68              | SCC          | 0                | 54                          | 10                 | 3                               | 19                                                   |
| 160             | UCS          | 1                | 67                          | 66                 | 43                              | 30                                                   |
| 198             | UVS          | 0                | 123                         | 52                 | 22                              | 46                                                   |
| 258             | WCMH         | 4                | 127                         | 84                 | 26                              | 54                                                   |
| 68              | T-II         | 0                | 0                           | 59                 | 13                              | 6                                                    |
| 3233            | TOTAL        | 27               | 1490                        | 1220               | 539                             | TOTAL DS VULNERABLE in VT                            |
|                 | % Vulnerable | 27               | 496.17                      | 122                | 0                               | <b>645.17</b>                                        |
| Notes:          |              |                  |                             |                    |                                 | OUT OF:<br>3276                                      |

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## Estimates based on county

| County     | #      | % Total Vulnerable per County |
|------------|--------|-------------------------------|
| Addison    | 28     | 4%                            |
| Bennington | 37.84  | 6%                            |
| Caledonia  | 17.42  | 3%                            |
| Chittenden | 137    | 21%                           |
| Essex      | 17.42  | 3%                            |
| Franklin   | 38.22  | 6%                            |
| Grand Isle | 38.22  | 6%                            |
| Lamoille   | 31.12  | 5%                            |
| Orange     | 22.895 | 4%                            |
| Orleans    | 17.42  | 3%                            |
| Rutland    | 55     | 9%                            |
| Washington | 87.735 | 14%                           |
| Windham    | 41.54  | 6%                            |
| Windsor    | 45.89  | 7%                            |
| ALL VT**   | 25     | 4%                            |
| TOTAL***   | 640.65 | 100%                          |

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## Next steps with data

- Test the assumptions

For example, based on surveying a randomly selected subset of service participants living with parents, that % are living with parents older than 65?  
What % report they want to change their living situation?
- Stratify the regional housing needs by SIS-A scores as a proxy for the type of housing that would be appropriate.

For example, of the 27 people currently not housed, what are their SIS-A scores (de-identified)
- See if Case Management Entities could ask a standard question about housing needs in the next 3-5 years.

## Roster of Designated and Specialized Service Agencies

| Abbreviation | Agency Name                                  | Primary Office          | Counties Served <sup>1</sup> |
|--------------|----------------------------------------------|-------------------------|------------------------------|
| CCS          | Champlain Community Services                 | Colchester              |                              |
| CSAC         | Counseling Service of Addison County         | Middlebury              | Addison                      |
| FF           | Families First                               | Brattleboro             |                              |
| GMSS         | Green Mountain Support Services              | Morrisville             |                              |
| HCRS         | Healthcare and Rehabilitation Services       | Springfield             | Windham & Windsor            |
| HC           | Howard Center                                | Burlington              | Chittenden                   |
| LCMH         | Lamoille County Mental Health                | Morrisville             | Lamoille                     |
| LSI          | Lincoln Street, Inc.                         | Springfield             |                              |
| NCSS         | Northwestern Counseling and Support Services | St. Albans              | Franklin & Grand Isle        |
| NKHS         | Northeast Kingdom Human Services             | St. Johnsbury & Newport | Essex, Orleans, & Caledonia  |
| RMHS         | Rutland Mental Health Services               | Rutland                 | Rutland                      |
| SCC          | Specialized Community Care, Inc.             | Middlebury              |                              |
| UCS          | United Counseling Service                    | Bennington              | Bennington                   |
| UVS          | Upper Valley Services                        | Randolph                | Orange                       |
| WCMH         | Washington County Mental Health              | Barre                   | Washington                   |
| T-II         | Transition II                                | Burlington              | Statewide                    |

Black type = Designated Agency

Blue type = Specialized Services Agency

Red type = Supporting Intermediary Service Organization

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<sup>1</sup> Seeking guidance from DDSD to fill out this column for specialized services agencies.

## Barriers Overview

This document summarizes an initial analysis of possible barriers that could impede the development, implementation, and sustainability of service-supported housing (SSH) for adults with intellectual and developmental disabilities (I/DD) in Vermont. It includes actionable recommendations and areas requiring additional review.

1. **Problem - Agency and non-agency models are not funded at the same rate. Even when the same services are provided, payment and rate structures differ for administrative capacity, housing coordination, and/or staffing.** This unequal support contradicts the CMS emphasis on autonomy, choice, and integration—and discourages the creation of innovative, community-based housing options.

Solution - Move new models towards policy and funding parity, so that agency and non-agency operated models are funded at the same rate when equivalent services are provided, to cover expenses and ensure sustainability.

- Work with Medicaid and DAIL administration to compare and find ways to create parity of rates across housing models and support services (Note: currently Deputy Director of Payment Reform, DDSD Director and JA meeting with VDDC Exec. Director and DDHI Funding Committee on this topic)
- Need understanding of cost structures of non-agency housing and service providers, and how Medicaid Reimbursement Rates are defined in Payment Reform.
- Parity of Limitations on provider enrollment, billing, or administrative capacity for small providers

2. **Problem - Operational Funding - is not available for permanent service supported residences.**

Solution - Project ongoing maintenance costs of building expenses

- Project a reserve fund or a state tax free bond for capital replacement of roofs, windows, walkways, etc.

3. **Problem - Appropriate licensing category for new service supported housing serving a group of residents does not exist.**

- No clear licensing path for CMS-compliant residences for a group of 3 or more individuals with I/DD.

- Historical over-reliance on the TCR license, which was not designed for permanent homes.
- Lack of licensing tools that balance safety with autonomy in small group/shared housing
- Regulatory compliance and licensing burdens disproportionately impact small nonprofit or family-led developers
- Licensing application is not clear, understandable, and no dept support available.
- All regulations and TCR licensing are not presently in compliance with CMS settings rules
- No regulatory recognition or support for home ownership by individuals with I/DD or co-op, or nonprofit-led I/DD housing models.
- Medicaid service structures assume that agencies own and operate the residence, creating conflicts for alternative ownership models
- Non-agency housing groups lack clear pathways to contract for Medicaid services or DSP support
- Need to analyze Residential Care Home licensing for any direct conflicts with CMS Settings Rule or any other potential barriers created by this licensure level.

Solution - Develop a flexible oversight and protection licensing category for service-supported housing, that is broad enough for the variety of models to be created. requiring compliance with all CMS settings rules.

- Develop and provide clear specific guidance and support systems for completing applications.
- Ensure the cost of licensing and application process is simple and not prohibitive.
- Provide templates/ documents to guide development of processes and procedures.

**4. Problem - No data available for how many individuals with I/DD and HCBS live in each county of state, how many will need housing within 10 years, level of need of support, and type of housing needed.**

- There is no central system that tracks where adults with I/DD live, including those living informally with family or in unsupported arrangements
- State does not collect or publish consistent outcome data (e.g., satisfaction, autonomy, integration) for individuals in different housing models

- No statewide waitlist or documented demand tracking system for individuals seeking service-supported housing - (example -<https://dodd.ohio.gov/your-family/community-living>)

Solution - Create a measurement system for tracking the # of units developed by model type and the level of support needs and by service provider and state region, - Align systems to meet data needs for projecting and tracking of housing development, monitoring to make sure the units developed are fulfilling the plan and staying on track.

- Require AHS and DAIL to do data collection using methods that allow collation of data across all agencies.

**5. Problem - Technology has been used to support residents and supplement in-person staffing but no funds are available.**

Solution - Expand Medicaid funding to include Technology as a staffing supplement, with statewide solution for use and delivery instead of separate DA/SSA solutions.

- Make policy changes in Medicaid regulations and Vermont waiver statutes to fund and provide resources- (example(<https://dodd.ohio.gov/about-us/resources/tech-first/tech-first>))

**6. Problem - No current staffing system for DAIL DAs/SSAs for developing and operating service supported housing besides SLP.**

- Inability to pool or braid staffing resources across homes under current Medicaid reimbursement systems
- Persistent shortages in Direct Support Professional (DSP) wages and benefits
- Lack of training specifically designed for individual-directed, autonomy-based residential support.
- Current workforce development plans don't include community-integrated housing staffing needs
- Gaps or ambiguity in service definitions (e.g., for housing navigation, tenancy support, or on-call staffing)
- Misalignment between service definitions and what is needed in residential settings serving a group of individuals with I/DD.

Solution - DAIL administration to create standards and develop staffing models that meet the residents' support needs. Shared staffing for a residence with staff committed to the residence using a team approach.

- Research a certification program to provide a career path for direct support professionals
- Investigate the cost and use of technology with remote support to help reduce the demand for DSP
- Review billable Medicaid codes to ensure future staffing for service-supported housing is in place (i.e. shared staffing as one example)
- Create DA/SSAs programs to support individuals to find housing. Create state website reflecting housing options. Provide information and strategy to clients on the choices available, the methods of application, and how to access possible resources, such as Section 8 vouchers. (example - <https://dodd.ohio.gov/your-family/community-living>).

**7. Problem - no state funding presently designated to fund housing options for people with I/DD.** Note: This problem is being addressed by the Financing Subcommittee.

- Difficulty accessing LIHTC and other housing subsidies for smaller I/DD-focused housing projects
- Zoning or permitting restrictions on clustered or shared housing (e.g., duplexes, ADUs)
- VHCB and VHFA funding criteria do not prioritize or accommodate I/DD service-supported housing.
- No accessible capital, predevelopment, or reserve fund strategies for service supported housing for the I/DD population.

Solution - Create Capital Funding Sources (federal, state, private, grants, etc.) including long term funding streams for housing with I/DD a priority in VHCB/VHFA funding criteria.

- Investigate how other states have funded this type of housing
- Coordinate private funding sources with state/federal funds
- Identify Policy changes, if needed
- Create long term funding streams for housing - see IDEAS list from other states.

- 8. Problem - People with I/DD are passed over on the Coordinated Entry list because they are technically housed, although it is either because they have high medical needs and would not survive homeless, or inappropriately housed in hospital emergency rooms or nursing homes.**

Solution - create a separate entrance method for Coordinated Entry that would give individuals with I/DD opportunity to receive support for locating housing.

- 9. Problem - several regulations in System of Care Plan and DDS policies contain barriers to the creation of service supported housing, especially housing for a group of individuals.**

- Exiting limits for number of adults with I/DD that can live together

Solution - Change the System of Care Plan 2-person rule to allow more than 4 adults to live in a dwelling unit in a residential setting. Change other policies to support creation of permanent service supported housing.

NOTE: Add barrier - - lack of information about Sec. 8 and the flexibility within the Sec. 8 program.

Attachment #4

DRAFT WORKING DOCUMENT – Revised based on input at 8/7/26 committee meeting.

Could include other columns identifying financing opportunities for each type of supported housing.

| Number    | Name of Model                                              | General Description                                                                                                                                                                                                                                                     | Example(s)                                                                                                                   |
|-----------|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Model 1-a | Shared living 1                                            | Service participant lives in a home owned or rented by the Shared Living Provider (SLP). Can support up to 2 service participants. Resident(s) pay room and board (tenant with lease). Oversight is provided by DA/SSA . SLP is paid a stipend for providing 24/7 care. | Current Shared Living arrangements throughout Vermont                                                                        |
| Model 1-b | Shared living 2                                            | Shared home(s) owned by non-profit, a trust, housing authority, or a private individual. Houses up to 2 service participant(s)and SLP(s). SLPs and residents pay rent (tenants with lease). Oversight provided by DA/SSA.                                               | Black Mountain Assisted Family Living in Brattleboro, other homes owned by parents and rented to their son/daughter & to SLP |
| Model 2-a | Supported apartments, dedicated residence                  | Affordable apartments in a complex dedicated to housing people with I/DD. Service participants rent individual units and share some communal spaces. Owned by non-profit. Staff on site 24/7.                                                                           | 322 St. Paul St. in Burlington                                                                                               |
| Model 2-b | Supported apartments, mix use complex                      | Affordable apartments set aside in a complex that houses other individuals & families. Service participants rent individual units. May have limited communal space shared by all residents. May have sleeping space for overnight staff.                                | Marsh House in Waterbury                                                                                                     |
| Model 3   | Intentional Community -- Currently overlaps with Model 4-a | Shared home(s) owned by non-profit. Houses service participants and staff. Services & programs reflect a shared set of values. Typically higher level of staffing.                                                                                                      | Riverflow, Yellow House, Heartbeet                                                                                           |

Attachment #4

DRAFT WORKING DOCUMENT – Revised based on input at 8/7/26 committee meeting.

Could include other columns identifying financing opportunities for each type of supported housing.

|           |                                                      |                                                                                                                                                                                                                                                                                                       |                                                                                                          |
|-----------|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Model 4-a | Group Setting, Therapeutic Community Residence (TCR) | Shared home owned by non-profit, typically the service provider agency (DA,SSA), but may be other nonprofit entity. Houses service participants and staff, including overnight staff.                                                                                                                 | Riverflow, Yellow House, Heartbeet ADD TO LIST                                                           |
| Model 4-b | Group Living, Residential Care Home                  | Shared home owned by non-profit, typically the service provider agency (DA/SSA). Houses service participants and staff, including overnight staff. Often used for people with high medical needs.                                                                                                     | Pennington (Burlington), Atwood House (Burlington), Kingdom Way (Newport), Parkway House (St. Johnsbury) |
| Model 4-c | Peer Residence, Licensing TBD                        | Shared home owned by nonprofit. Houses service participants and staff, including overnight staff.                                                                                                                                                                                                     | No current example                                                                                       |
| Model 5-a | Independent Living                                   | Defined by DDSD as “no paid home supports.” Can be living in an affordable unit using Sec. 8 voucher if qualified. Most commonly this is a single service participant in a 1-bedroom unit. Could be a couple or a 2-bedroom unit shared by 2 service participants. The home could be rented or owned. |                                                                                                          |

Attachment #4

DRAFT WORKING DOCUMENT – Revised based on input at 8/7/26 committee meeting.

Could include other columns identifying financing opportunities for each type of supported housing.

|           |                   |                                                                                                                                                                                                                                                                                                                  |  |
|-----------|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Model 5-b | Supervised Living | Defined by DDS as “less than 24-hour home supports.” Can be living in an affordable unit using Sec. 8 voucher if qualified. Most commonly this is a 1-bedroom unit with a single service participant. Could be a couple or a 2-bedroom unit shared by 2 service participants. The home could be rented or owned. |  |
| Model 5-c | [not named]       | Independent 2-bedroom apartment. Service participant has full tenancy rights. Second bedroom is occupied by service provider. Can be a Section 8 apartment where the provider gives support in exchange for being able to live in an affordable unit. The home could be rented or owned.                         |  |