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Agency of Human Services

Permanent Supportive Housing Assistance
FY25 Annual Report

The Vermont Medicaid Permanent Supportive Housing Assistance (PSHA) program was established to reduce the incidence and duration of homelessness in Vermont. Permanent Supportive Housing (PSH) is an evidence-based intervention proven effective in reducing homelessness, improving quality of life, preventing emergency department use and hospitalization, and reducing overall healthcare costs for individuals with high needs.

In January 2023, PSHA was authorized by Vermont's Global Commitment to Health 1115 Demonstration Waiver to leverage Medicaid to expand permanent services that support Vermonters with complex health and social needs to successfully transition into and maintain residency in permanent housing through intensive, person-centered services and case management.

The Program leverages a Conflict-Free Case Management (CFCM) approach to ensure that the PSHA services for each Participant are grounded in an independent, "conflict-free," person-centered care plan addressing the Participant's whole-person needs, as required by federal regulations. The Office of Economic Opportunity within the Department of Children and Families is responsible for verifying participant eligibility and providing this CFCM. Following this initial assessment, participants are enrolled into PSHA and receive intensive case-management provided by contracted service agencies while the CFCMs continue to ensure that whole-person needs are addressed.

Prior to project implementation, cross collaborative work was completed to ensure program design was aligned with community needs, other state and local initiatives, and policy and funding requirements, focusing on access and equity. Below is a timeline of key milestones in the development of the project.

Vermont PSHA Development/ Implementation Timeline

2023

- Approved for 1115 Waiver by CMS (Jan)
- TAC completed Community Needs and Stakeholder Engagement (Oct)
- TAC completed Research and Housing Policy Alignment report (Oct)

2024

- Development and release of PSHA RFI
- Development of PSHA Medicaid rates
- Development and release of PSHA RFP
- Development of draft PSHSA provider manual
- Posting for OEO staff
- Annoucement of first PSHA provider agency
- Hired PSHA program manager
- Development of conflict-free case management manual (Including oversight and mangament tools)

2025 January - March

- 1115 waiver updated and approved to inlcude additional Medicaid services and revised eligibility criteria
- Finalized PSHA provider manual and forms
- Contracted with 5 housing support agencies to provide services
- Hired two PSHA conflict-free case managers
- Vermont Medicaid system (MMIS) finalized infrastructure to include PSHA codes and rates
- Deepended community connections to support care coodination and team-based care

2025 April - Jun

- Training and Technical Assistance provided to contracted agenies
- Finalized reporting measures, completed program design within HMIS, developed internal documentation standards and procedures
- First participant is enrolled
- First participant moves into permanent housing

In fall 2024, Vermont's Department for Children & Families (DCF), Office of Economic Opportunity (OEO) issued a Request for Proposals. OEO launched this project mid-way through State Fiscal Year 2025 (SFY25) in five communities throughout the state: Chittenden County, Franklin County, the Northeast Kingdom, Washington County, and Windham County, creating a regional capacity to serve 106 individuals.

PSHA Community Partner	Staff Positions	Total PSHA caseload
Burlington Housing Authority	2 Positions	28
Capstone Community Action	1 Position	14
Champlain Calley Office of Economic Opportunity Franklin County Chittenden County	 1 Position 1 Position	28
Groundworks Collaborative	2 Positions	24
Northeast Kingdom Community Action (NEKCA)	1 Position	12
TOTALS	8 Positions	106 Participants

Program Report

Overview

SFY25 was spent building the foundation of a strong program. Contracted provider agencies were onboarded, policies, procedures, and state guidance were established, partnerships with DAIL, DMH, and DVHA were strengthened, and training was developed and shared. The PSHA team at OEO was formed, including the hiring of two conflict-free case managers and a program manager. Collaboration with provider agencies and community partners allowed us to inform communities about the purpose, process, and access routes of the program.

Most contracts with providers started on April 1, 2025. Since then, providers have been developing programming, documentation, and workflows aligned with the Permanent Supportive Housing Assistance provider manual. They enrolled as Medicaid providers for this project and most had to enhance agency policies and procedures to ensure HIPAA-compliant systems. Hiring and training new staff took longer than expected due to workforce constraints, but at the time of this writing, seven out of eight positions are filled. All provider agencies received support from the Training and Technical Assistance Collaborative through 6/30/2025, along with support and guidance from OEO. Live training sessions including Assertive Engagement, Motivational Interviewing, Harm Reduction, the role of Adult Protective Services in reducing abuse and neglect of vulnerable adults, and Person-Centered-Planning as were small-group process discussions.

Agencies are now beginning to work with participants. We continue to explore ways to balance rapid enrollment with thorough eligibility assessments and whole-person care planning and conflict-free case management. Collaboration with our community partners remains crucial to prioritize and seek engagement with individuals experiencing chronic homelessness. While this process can be extensive, these collaborations have allowed enrollments to occur in drop-in centers, health care settings, and in encampments. PSHA providers at contracted agencies utilize Assertive Engagement strategies to develop rapport and consistency with individuals who are often unsheltered, lack communication devices, and do not have a fixed place to sleep.

Some newly enrolled participants expressed renewed hope upon entering this program, feeling that previous services lacked permanence and dedication to housing. Others may have had access to housing navigation services that would have been discontinued after accessing housing increasing their risk of returning to homelessness. To date, one participant has moved into housing, and the housing sustaining services provided by their case manager has proven integral to maintaining their lease.

At the turn of the fiscal year, provider agencies expressed confidence about the services overall. They feel well-positioned in the work, as it aligns with areas where they have deep and broad experience and they are already well-connected to the homeless services, housing, and healthcare communities. They have shared that the collaborations with community partners as well as the PSHA case managers at OEO have been instrumental, particularly with program development and engagement.

One agency has leveraged this program to collaborate with their local housing authority to secure housing opportunities for their PSHA participants. They have signed an MOU for six units, which will become available upon completion of ongoing property rehabilitation, likely in the Spring of 2026. Other agencies plan to strengthen relationships with housing providers to explore future partnerships.

Data

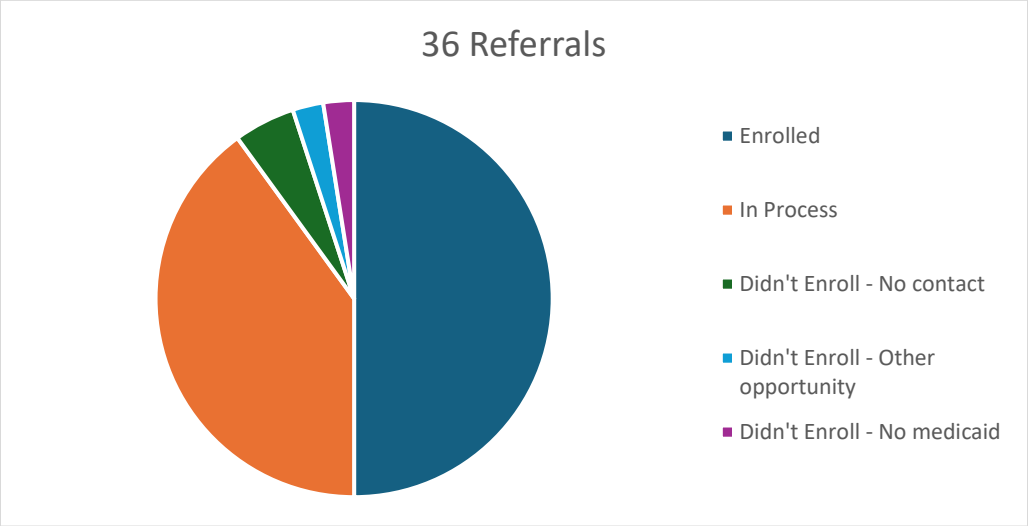
Enrollment Information

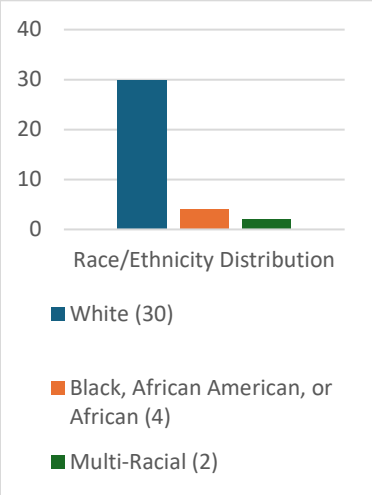
From April through June

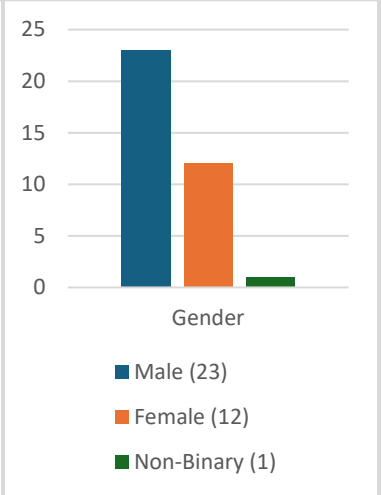
- OEO worked with **36** referrals.
- **20** individuals were fully enrolled with contracted providers.
    - **25** people were served including household members.

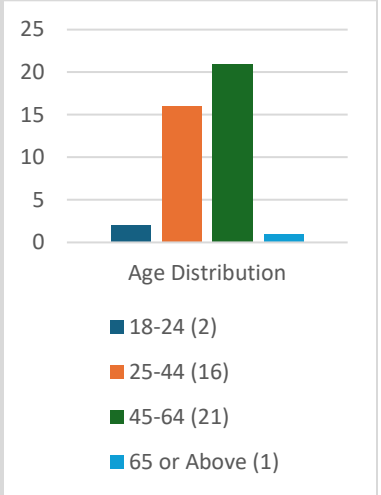
Of the 36 individuals referred,

- **4** did not enroll.
    - **2** due to no contact,
    - **1** was simultaneously referred to Shelter+Care which provides both a subsidy and permanent services, and
    - **1** was ineligible.
- **12** were still in the enrollment process as of 6/30







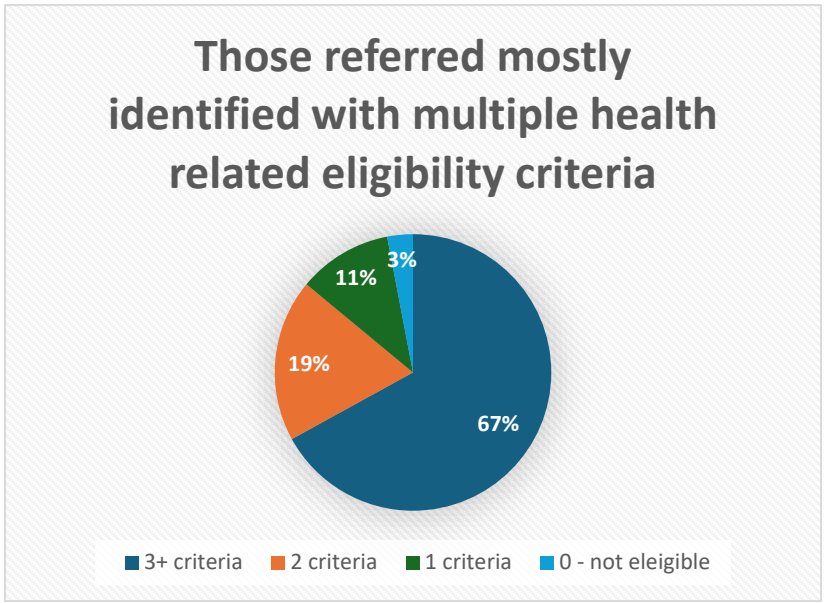


Average Time for Outreach and Enrollment

- Average time from referral to initial outreach: 1.37 days
- Average time from referral to service authorization: 16.5 days

Heath Conditions Identified by Referred Individuals

Most individuals referred to PSHA self-report living with multiple disabling conditions. One person did not and was not fully enrolled in the program.



Homelessness Status of Enrolled Individuals

One individual enrolled from housing insecurity. They were receiving housing support services in a program that was discontinuing and expressed concern about housing instability without ongoing services. We were able to enroll them the day they would have otherwise lost support. All others were literally homeless at the time of referral and enrollment.

Whole-Person Assessments and Care Plans

- 100% of enrolled individuals received whole-person assessments and care plans.

Exit Information

Over the past three months, two fully enrolled individuals exited the program.

- **1** transitioned to another opportunity that included housing, subsidy, and case management,
- **1** decided to discontinue engagement.

SFY26 Goals and Plans

The enrollment process for PSHA participants has taken longer than expected due to hiring challenges and elongated timelines in receiving referrals from Coordinated Entry. Our goal is to fully enroll 106 participants by December 30, 2025. To achieve this, we will continue working with community partners and CE teams to streamline processes and encourage team-based and Assertive Outreach in communities, as those prioritized for the program are often hard to locate.

Throughout this year, OEO will continue providing guidance and support to contracted agencies as they develop skills specific to this project. We will also seek feedback from agencies, participants, and other stakeholders about program successes and growth areas while exploring ways to adapt to shifting landscapes. The program remains committed to leveraging and building upon the state's limited resources to ensure access to permanent housing for Vermont's most vulnerable populations.