

**Bennington County  
Unaccompanied Youth**

**NEEDS ASSESSMENT REPORT:**

**Connecting the Dots in Youth's Circle of Care**

**2022**

Prepared

by



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<sup>1</sup> Natalie Basil, Laura Boudreau, Bill Colvin, Ethan Anderson-Chapman, Leitha Cipriano, Callie Fishburn, Emily Hakkinen, Megan Herrington, Kyle Hoover, Madison Kremer, Denise Main, Aelish Nealon, Jonah Spivak.

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## EXECUTIVE SUMMARY

This Needs Assessment was conducted to provide an unbiased and quantifiable perspective on what the immediate needs are within the youth homeless community in the Bennington, Vermont area. The Needs Assessment collected a significant amount of new information from three sources of information including in-depth interviews and online surveys from representatives from community organizations that provide services to homeless youth and young adults and from online surveys from homeless youth and young adults, themselves. Thirteen in-depth interviews and twenty-one surveys representative of 14 community-based organizations were completed. Ten surveys of youth and young adults were completed.

These interviews and surveys underscored a clear and critical deficiency at a system-level, with service providers reporting limited avenues to respond to youth homelessness, and a lack of a regional strategy to address the needs of this subpopulation. Short-term, intermediate, and permanent housing needs were consistently identified by all parties as the area of top concern. A lack of access to services, including medical healthcare, mental healthcare, and behavioral health treatment, were also identified as important concerns.

The population of unaccompanied youth experiencing homelessness, is an underserved, vulnerable population, deserving of a rapid response to ensure access to safe shelter and emergency services when needed, access to short-term and long-term housing options including rapid re-housing, and access to healthcare and education. A notable asset of the Bennington community is the existence of a working partnership between community organizations, most formidably realized in the formation of a Continuum of Care (CoC) and the steering committee that was devised to conduct this study. However, the strength of this relationship is precarious with many of the participating organizations reporting that while they are well situated to amplify efforts that address youth needs, they are unable to do so because they are resource poor, overextended, and in desperate need of funding to expand their capabilities. An overarching system level implementation response needs a multi-level buy-in, as noted by one provider:

*“...So, I think the challenge is getting people to realize the magnitude of the problem getting people to realize that it is not going to go away if we ignore it, and that we really need to start investing in it as a town at a higher level. We are tiny little nonprofits, we can't fix homelessness in Bennington County, without buy-in from the legislature, without buy-in from local town government. Without everyone making it a priority. It's just not going to happen.....”*

## Summary of Findings

- All three sources of information highlighted that the number one need is stable affordable short-term and permanent housing
- The in-depth interviews with service providers identified the need to improve awareness and knowledge of the problem of youth homelessness, the problem of limited existing resources for them, and the problem of limited access to resources for them
- The in-depth interviews with service providers identified the need for a regional strategy to address the needs of youth and young adults experiencing or at risk for homelessness
- The in-depth interviews with service providers identified the need for increased professional training for providers to enhance interactions with youth and young adults experiencing homelessness
- All three sources of data showed that youth, and young adults, have the closest relationship with schools and family services systems
- All three sources of data showed that youth and young adults need increased access to:
  1. Medical services
  2. Mental health services and substance abuse treatment
  3. Other community services such as transportation, hygiene needs, and food
- All three sources of data showed that youth and young adults need increased access to:
  1. School and community programs to support unaccompanied youth's well-being including employment and income support
  2. Supportive family engagement and reunification management
  3. Opportunity for positive youth development
  4. Funding to enhance existing community organizations' capabilities
  5. Reduction in barriers to health care and services that include:
    - Transportation
    - Youth accessibility
    - Age requirement
- Providers' assessment of the characteristics of the unaccompanied youth population and data from the youth and young adult population suggest special attention should be paid to youth on the margin of society, including youth of minority race and gender identifications

## Summary of Recommendations

By incorporating data from multiple sources, including background discovery to identify what needs to be known, in-depth interviews with service providers and subject experts, follow-up surveys from the in-depth interviews, and survey of youth and younger adults, a variety of themes, relationships, and ideas that may provide new pathways for addressing the needs of youth and young adults in Bennington County, Vermont were identified. Including needs to:

**Act on evidence and collect evidence.** Develop community plans that exhibit clear action steps that are based on data, and that track data to be used in the development of additional plans and continued evaluation and timely updating of plans

**Approach the problem through a systemic lens.** Acknowledge the connections between youth homelessness and its relationship to the overall affordable housing system, advocate for the needs of youth when planning to address future housing needs, and seek ways to incorporate unaccompanied youth focused solutions into upcoming projects related to affordable housing

**Take a health equity approach to improve outcomes.** Given the general needs related to healthcare that were identified in this assessment, special efforts to improve equitable health access and to address the needs of racial and ethnic minorities and the LGBTQIA+ population should be included when planning for and seeking funds related to case management, community outreach, and education

**Break down approaching the problem from “silos” to a collaborative effort.** Establish a formal setting for cross-system collaboration of local agencies and partners that meet regularly to review the status of projects and can approach the issue in a more systematic and collaborative manner

**Develop a plan for financial and programmatic sustainability.** Be most effective in using funds to implement solutions and prevent the duplication of efforts across agencies

**Create a primary entry point for entry into the youth homeless.** Work to develop a drop-in center, complemented with a case management apparatus that can quickly identify, assess for needs, and provide unaccompanied youth and young adults with a coordinated plan for handling their immediate and long-term needs

**Develop a plan to ensure seamless accessibility to mental health services for transition-aged youth and young adults.** Age is a big barrier to accessing needed health. Consider working with the appropriate state agencies to adopt policy to allow unaccompanied youth to be designated transition-aged youth where it might open up doors to increased access and utilization of services

**Improve connections to efforts outside of the region.** Organizational leadership should be encouraged to take part in regional state level efforts, including the Vermont Coalition of Runaway & Homeless Youth Programs, and incorporate best practices from those perspectives into programmatic and financial planning efforts

**Seek youth specific grant opportunities.** Work together to apply for youth specific grants, especially those related to health, minority statuses, including youth with multi-racial identifications and youth with mental health and substance abuse treatment needs



## INTRODUCTION

Approximately, one in 30 adolescent minors ages 13 to 17 endures homelessness in the United States (U.S.) [1]. Youth and young adults' homelessness is a serious concern [2] along with the awareness that vulnerabilities and increased risks are experienced by certain groups of youth and younger adults such as: females; Blacks; youth of color; or those who self-identify as lesbian, gay, bisexual, questioning, or another sexual orientation (LGBQ+) [3]. Evidence shows that homeless youth and young adults are at a high risk of negative physical health [4], adverse mental health disorders [5] violence [6], early pregnancy [7], and substance use [8].

In 2021, the Greater Bennington Community Services (GBCS) identified an increase in the number of 15-to18-year-old youth experiencing homelessness who lack parental, foster, or institutional care. Local intake of youth increased to 18 individuals from August 2021-December 2021 compared to eight during the entire last full academic year (August 2020-June 2021). The needs of unaccompanied youth in this age range are significant, and the population is exceptionally vulnerable. Such a substantial year-over-year increase prompted Bennington County's Continuum of Care (CoC) – an association of health and human services providers – to consider the underlying dynamics of the increase, and how to best gain visibility into the population.

Unfortunately, southwestern Vermont is the only region of the state currently without representation among the Vermont Coalition of Runaway & Homeless Youth Programs; the standard data collection and reporting on unaccompanied youth available elsewhere in Vermont is not available in Bennington County.

Existing programming among CoC service providers is tailored to adults or children with parents/guardians who can provide consent, thus rendering unaccompanied youth ineligible for many services from those organizations. Staff at these organizations therefore cannot provide support services around essential needs: housing, physical safety, medical services, transportation, school enrollment, among many others.

Though the statewide count of precariously housed youth did not occur in 2021, community partners, including Southwest Vermont Supervisory Union (SVSU), are sounding the alarm that an increased number of minors are unaccompanied and are “couch-surfing”

or otherwise precariously housed. Relying on social connections rather than formal service systems for help means that some of these youth are not included in any formal data relating to health outcomes, housing, or otherwise. Previous services in our community for homeless youth, which comprised one youth bed at our local homeless shelter staffed by United Counseling Services (UCS), have been discontinued. There are no health or other essential services for this vulnerable population in Bennington County, and our region is one of just two in the state with no organizations taking part in the Vermont Coalition of Runaway and Homeless Youth Programs.

Since a needs assessment is valuable to assess the true extent of the homeless youth problem, and to identify possible interventions to address the issue, GBCS partnered with the Bennington County Regional Commission (BCRC) to find funding for the development of an Unaccompanied Youth Needs Assessment. Proscenium Data Solutions, a public health research and data science firm based in Albany, New York, was contracted for this purpose.

## METHODOLOGY

Because of the complexity of homelessness, there is no singular solution to ending homelessness. However, by understanding the population of unaccompanied youth experiencing homelessness (YEH) and younger adults experiencing homelessness (YAEH), in Bennington County, and what their needs are, it will be possible to make changes that fit these populations and move closer to a solution.

This Needs Assessment was conducted to survey local institutions and community stakeholders in Bennington, Vermont, to identify key needs for the unaccompanied youth population, to provide evidence-based strategies and actionable solutions that can be implemented to address homeless youth needs-including health needs, particularly in the southern half of the county (south shire) and the town of Bennington. The needs assessment was conducted over a four-month period. A multi-method approach comprising the following was employed to address these goals:

1. An overall background research analysis of the Bennington County communities to discover and document verifiable demographic data on the community, including housing, poverty, unmet needs, and health disparities of the youth population, particularly in connection with homelessness
2. Implementation of in-depth interviews to collect expert opinions from relevant stakeholders and service providers in the Bennington County area who support unaccompanied YEH and YAEH, to gather information on needs, relevant support programs, gaps in services, barriers to needs such as health care services, and capacity to improve service delivery
3. Implementation of survey/questionnaires to collect information from relevant stakeholders and service providers in the Bennington County area who support unaccompanied YEH and YAEH, to gather information on needs, relevant support programs, gaps in services, barriers to needs such as health care services, and capacity to improve service delivery
4. Implementation of survey/questionnaires to collect information from unaccompanied YEH and YAEH in the Bennington County area, to gather information on needs, challenges, barriers to relevant support services and other information

Currently, there is no single federal definition of homelessness. Instead, definitions of homelessness applied to youth are typically found within the federal departments of Education, Health and Human Services, and Housing and Urban Development [9]. The term

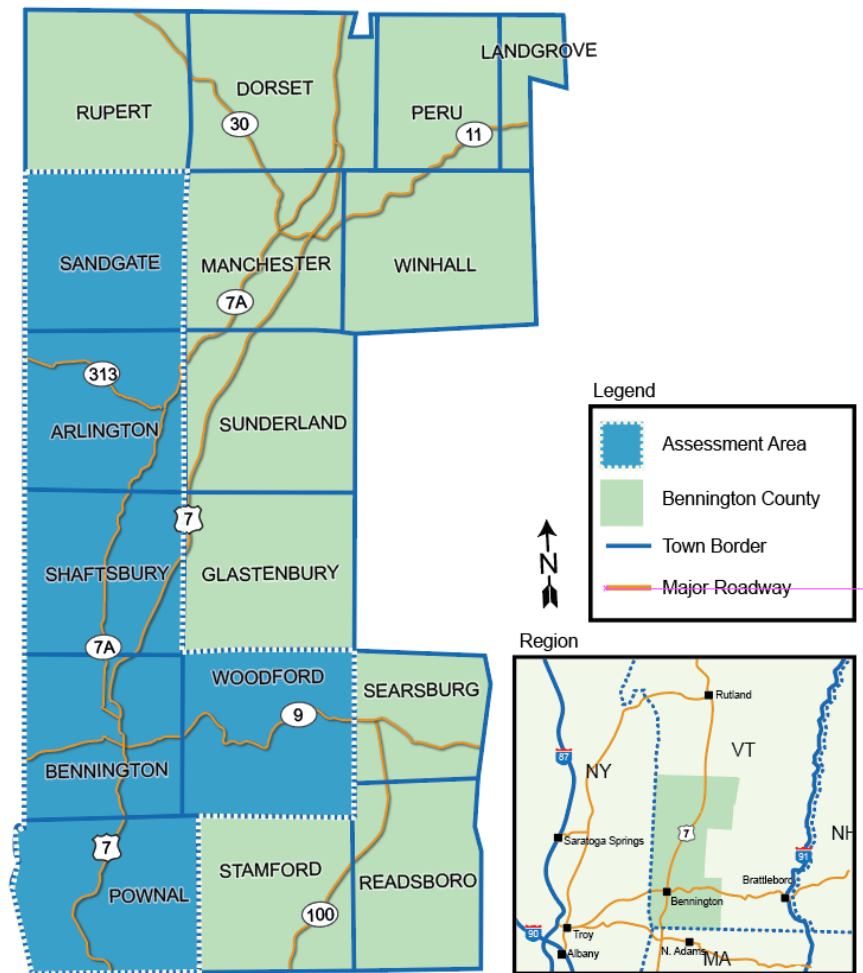
“Unaccompanied Youth” used in this assessment was established under the direction of the project steering committee, is defined as, “special homeless youth sub-populations that are especially vulnerable to homelessness and which have been shown to experience homelessness, including pathways to homelessness, in ways that are distinct from the general population of youth; these sub-populations include: lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth minors (under the age of 18), pregnant and parenting youth, youth involved with juvenile justice and foster care systems, and victims of sexual trafficking and exploitation.”

Before embarking on further data-gathering research, we explore what information is already available about the place of interest--Bennington County, Vermont, the people of interest-unaccompanied YEH and YAEH, and the factors most strongly associated with homelessness, including poverty, unmet health care needs, housing insecurity, and any other valid measure of county health or homeless status. The supporting data included county documents, US census information, as well as health and housing information.

## ASSESSMENT CATCHMENT AREA

Figure 1:

### Needs Assessment Catchment Area Bennington County Vermont Towns and Major Roadways



Bennington County Unaccompanied Youth Needs Assessment Report  
Prepared by Proscenium Data Solutions and Bennington County Regional Commission, 2022

The assessment geography catchment area included the Vermont towns of Arlington, Bennington, Shaftesbury, Sandgate, Woodford, and Pownal. This area was chosen chiefly because it is contiguous with the SVSU. SVSU is often the first institution to identify and/or offer services to unaccompanied YEH. Service providers from community-based

organizations that operate in the catchment area and provide services to YEH and YAEH were contacted and asked to take part in the assessment.

## **DATA COLLECTION PROCEDURES**

### **Service Providers Interview Procedure**

An interview guide was developed based on prior studies, other similar assessments, expert opinion and experience within the assessment team, and input from the steering community. Agencies offering youth and young adult services were purposefully selected for participation in the interview (the guide is provided in Appendix C). In-depth interviews were conducted via Zoom video conferencing platform with volunteers from these agencies. Team members from Proscenium Data Solutions conducted qualitative interviews. After verbal consent was obtained from each interviewee, interviews were recorded. The interviews took place from August to September 2022 and lasted 45-60 minutes each. Video transcripts were compared with recordings to ensure accuracy. Analysis of the interview transcripts was conducted using Atlas.ti 22 (Scientific Software Development, Berlin, Germany) software for systematic content analysis of qualitative data. A total of thirteen individuals representing 12 organizations in Bennington County were interviewed.

### **Service Providers Surveys/Questionnaire Procedure**

After completing the in-depth interviews, participants were invited to complete an online survey (see Appendix D for survey questionnaires) to collect descriptive information about YEH and YAEH in Bennington County. Participants were also encouraged to share the survey link with others in their organization. There were 36 questions in the survey that covered organization information such as size, location, and budget, information about homeless or at-risk youth, as well as services provided to YEH and YAEH in Bennington County. The 36 questions included open-ended questions to capture responses beyond those provided by the close-ended questions. Twenty people representing 14 organizations in Bennington County completed the online survey/questionnaire.

## **Youth Surveys/Questionnaire Procedure**

The voices of youth and young adults play an instrumental role in understanding YEH and YAEH in Bennington County and examining community needs to address it. Unaccompanied youth and young adults who are experiencing homelessness were invited to complete an anonymous online survey (see Appendix E for survey questionnaires) to capture their experiences and perspectives on youth and young adult homelessness. There were 39 questions in the survey, including some open-ended questions, covering a wide range of topics such as housing, health, well-being, needs, and their use of and barriers to services. It also included opinions and recommendations about how needs can be met.

To reach unaccompanied YEH and YAEH in the community, BCRC staff worked with personnel from the Southwestern Vermont Supervisory Union who may have regular contact with them. Additionally, BCRC staff distributed flyers with QR codes that, when scanned by a mobile device, would take users to the online survey. The staff provided copies of the fliers to homeless service providers in the area, as well as at four common areas/locations where people without housing congregate; along the downtown paths commonly used by individuals as walking paths; and at a known homeless encampment. As an incentive, youth and young adults were given \$25 gift cards for completing the surveys. There were five unaccompanied youth and five young adults who completed youth surveys.

## RESULTS: SECTION I

### Insights from background research analysis of the Assessment Area

Bennington County is a county in the U.S. state of Vermont. The U.S. census population estimate in 2021 was 37,321 [10] In 2021, the racial makeup of the county was 95.2% White alone, 1.4% Black or African American alone, 0.4% American Indian or Alaska Native alone, 1.3% Asian American alone, 0.1% Native Hawaiian and other Pacific Islander alone, 1.6% two or more races (Multiple races), and 2.6% Hispanic or Latino [10].

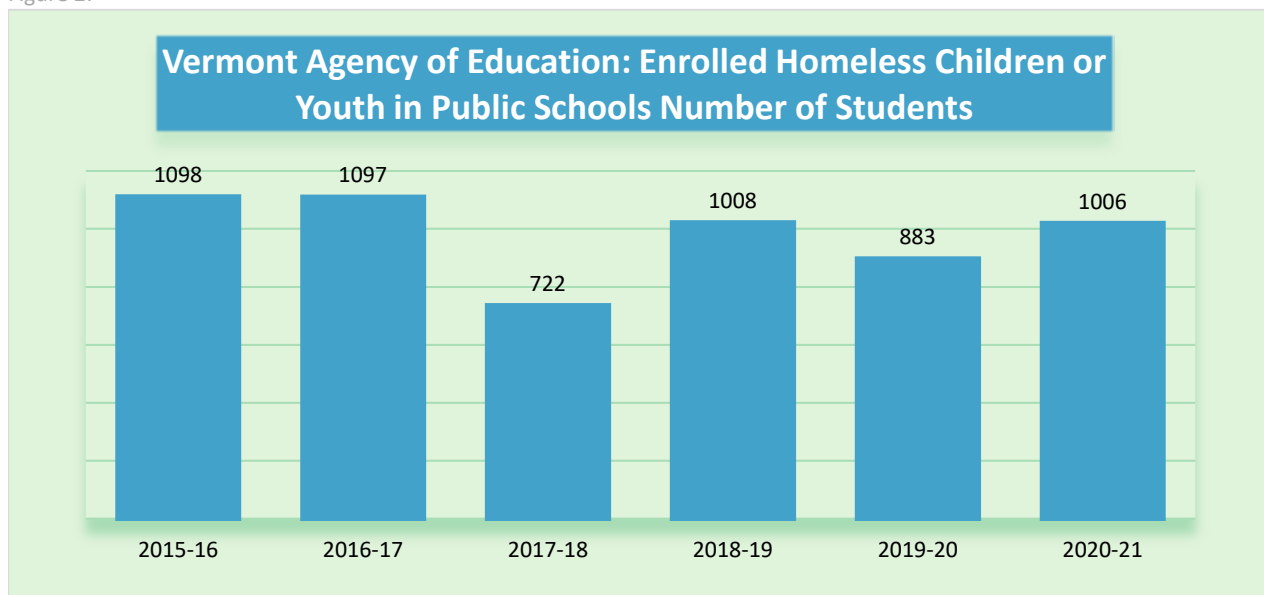
Poverty is associated with poor housing, homelessness, food insecurity, inadequate child care, and negative physical and behavioral health outcomes (American Psychological Association, 2009). In 2021, the percent of people in poverty in Bennington County was 10.4%, which was only slightly higher than 10.3% in all of Vermont, but much lower than and 13.2% in Bennington census-designated place (CDP). Nationwide, the poverty rate in 2021 was 11.6% [10]. A report from Henry J. Kaiser Family Foundation revealed that in 2021, 25.9% of American Indian or Alaska Native people living in the United States were living below the poverty line. This is compared to 21.7% of Black people, 17.6% of Hispanic people, 10.2% of Asian people, and 9.5% of White people. Interestingly, in the same year, the poverty rate among people of two or more races (multiple races) was 14.1percent [11]. This suggests a growing need to pay attention to the poverty related needs of people who belong to two or more races.

Data show that Bennington County has a need for affordable housing. According to a Vermont Housing Needs Assessment: 2020-2024 report, since 2010, Bennington County's total occupied non-vacation housing stock has been declining at an annual pace of 0.25%, compared to a growth rate of 0.16% for the state and this decline is expected to continue to 2025 [12]. In 2021, 15.4% of the population of Bennington, County was living with severe housing problems [13]. In addition, the percent of household units that were cost-burdened (the percentage of households that spend 30% or more of their income on housing) in Bennington County between 2014 and 2018 was 32.2% [14]. Just under 49% of households in Bennington County, who pay rent are "rent overburdened," they pay over 30% of their gross income in rent [15].



According to the Vermont Agency of Education, there were 1006 homeless children and youth enrolled in public schools statewide in 2020-21 (Figure 2 below), up from 883 in 2019-20 [16]. The Voices of Youth Count national survey, which examined the prevalence of youth homelessness in America revealed that urban and rural youth experience homelessness at similar rates. There was a prevalence rate of 9.2% of homelessness among young adults in predominantly rural counties, compared with 9.6% of homelessness among young adults in predominantly urban counties. Household prevalence of homelessness among adolescents aged 13-17 was 4.4% in predominantly rural counties and 4.2% in primarily urban counties. In addition, Voices of Youth Count discovered that youth experiencing homelessness in rural counties were twice as likely to live with others instead of in shelters or on the streets as their counterparts in medium and large-population counties. These findings indicate that the prevalence of homeless youth and young adults in rural settings may be underestimated, and that more creative approaches must be taken to identify and support such individuals.

Figure 2:



## **RESULT SECTION II**

### **Insights from Service Providers in-depth interviews**

An analysis team comprising two independent researchers read the transcripts and identified codes and categories from the data. Transcripts were coded and analyzed using an adapted grounded theory approach. The team used open-coding and independently developed codes, signifying a category or theme. Codes were reviewed and compared, and discrepancies resolved through discussion and consensus. Axial coding was used to identify connections between emergent themes and subthemes. Findings presented below are organized in the key areas of interest. Thirteen service providers identified as providing or potentially providing services to unaccompanied youth and or young adults from 12 community organizations were interviewed. Time in their respective roles or related engagement in Bennington County ranged from one year to 35 years.

### **Major Findings**

#### **Homelessness among Youth in Bennington County**

In all the interviews conducted with service providers, homelessness was described as a major problem in Bennington County. Despite this, their perceptions of homelessness among youth ages 13-17 varied. While housing insecurity and homelessness were deemed to be significantly more prevalent among young people living in the area by some stakeholders, others were unsure of the extent of homelessness among this age group because of their limited contact with them. A majority of respondents said homelessness is an escalating problem affecting youth in Bennington County and is exacerbated by other ongoing challenges in the region (e.g., housing and drug crises, inflation).

**Provider insight:**

**“We have a chronic, homeless population in Bennington County that includes youth, dependent on the family dynamic.”**

**“Youth who are a little bit older are harder to place into a foster home.”**

**“LGBTQIA+ youth in our community are probably more likely to experience being kicked out of their house”**

**“When you have repeated requests for help and support, and it feels like there's nothing you can do, that is a crisis.”**

## **On Homeless Youth in Bennington, County.**

Homelessness is prevalent among youth living in families experiencing difficulties and instability. Older children who may be difficult to place in foster care are more likely to become homeless than their younger peers. In addition, the risk of homelessness is reportedly elevated among youth who are racial and ethnic minorities in the area, and significantly higher among Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual (LGBTQA+) youth who may be forced to leave their homes due to conflict relating to their identity as a sexual or gender minority.

### **Factors Contributing to Homelessness among Youth in Bennington County**

Young people may become homeless for a variety of reasons, and these reasons are often complex. Youth homelessness is not caused by a single factor, but by a combination of structural and systemic failures. According to service providers, the predominant causes of youth homelessness in Bennington County fall into four interconnected categories:

- Economic Problems and Lack of Resources
- Family Problems
- Housing and Residential Instability
- Lack of Adult Support

### **Economic Problems and Lack of Resources**

Many providers believe youth homelessness in the region is primarily caused by economic problems resulting from generations of poverty and the subsequent chronic instability of families. In addition,

financial crises may result from limited employment opportunities, insufficient wages, or lack of resources. The link between economic issues and inadequate resources in the home, particularly generational poverty, and youth departure from their homes, was a strong continuous theme in interviews. One long-time provider stated, *“A contributing factor (to youth homelessness) that I have seen over the years is generational poverty.”*

### **Family Problems**

Family challenges were cited as a key reason young people leave their homes. Besides generational trauma and a history of abuse and neglect, providers noted many youth leave their homes because of strained family relationships caused by adverse childhood experiences (ACEs), including abuse, parental conflict, behavioral health problems (addiction, mental illness) or family members' incarceration. Traumas related to ACEs in families were commonly mentioned in all interviews, another provider said, *“...definitely those with family history of some kind of trauma, abuse, addiction, mental health. We have a lot of kids...their family.... parents, mother, father, who have a lot of mental health issues.”*

Besides parental behavioral health issues, providers also described substance abuse and mental health issues as predictors of youth leaving home or becoming homeless. Many youth who experience homelessness reportedly exhibit more behavioral problems prior to leaving home. And once they become homeless, youth are more likely to be depressed and to have mental health or substance abuse problems. Higher risks of exposure to violence or trauma can contribute to behavioral health problems among homeless children and youth. Two providers observed:

*“Teens...are struggling with substance abuse themselves. And you can imagine that leads to issues at home...and sort of crashing on friends couches or just being M.I.A. (missing in action) essentially.”*

*“We've had youth that have been in our custody who are on run from foster homes who have been using heroin, fentanyl, cocaine, even at the age of 15.”*

### **Housing and Residential Instability**

The housing shortage and lack of affordable housing in Bennington County were commonly identified as the reason for housing instability and homelessness among youth from lower-

income families. Providers revealed that residential instability is common among these families, with fewer resources, who generally move often for a variety of reasons, including eviction and financial difficulties. Youth may become homeless due to lack of space in the living situation, separation from their families related to housing insecurity, or fleeing an unstable living environment. A few providers shared their views on working with people experiencing homelessness:

*“Sometimes, no matter what you do, there's just no place to put people, and these kids have no place to go no matter how old they are...parents try to find housing, which there isn't any, and then it just snowballs from there.”*

*“And I think pretty much every family that we have some sort of... involvement with... housing instability is part of it. So, they are either teetering on an eviction process or they just don't have enough space”.*

In addition, some youth living in residential or institutional placements such as foster care, become homeless because they have issues in their foster homes, or are discharged or emancipated with no housing or income support. Essentially many of them end up experiencing housing instability of some sort after aging out of the foster care system. Some providers shared:

*“I imagine all of the tentative moves... in housing and parental care, with foster homes and other things that are not great options...lead kids to try to take care of themselves... and put themselves in the situation of being homeless versus other options”.*

*“We deal with a lot of kid's youth that have been in foster care. And maybe they don't age out of foster care, and are not successful in staying there until age18. Or the system can't accommodate them after age18”.*

According to other providers, youth with unstable placement histories (e.g., multiple foster home or custodial care placements) were also reportedly more likely to encounter the juvenile criminal justice system and subsequently become homelessness. For example, a provider stated, *“Older children...especially if they're experiencing a lot of traumas, they're more likely to have picked up a criminal charge, and that would make them even harder to place in a foster home”.*

### **Lack of Parental/Adult Support**

Discordant parent-child relationships and lack of parental/adult support causing young people to leave home, was a persistent theme in interviews. Several providers reported that families in turmoil experience stressors that impede critical parenting processes, especially the provision of support. A dysfunctional parent-child relationship and a lack of parental support may cause behavioral health issues (such as depression, substance abuse, and acting out) as well as poor decision-making skills, resulting in children leaving their homes and living in dangerous environments on the streets. Two providers remarked:

*“A lot of these youth don't have the resources, or relationships to maneuver through those difficult years and find themselves out. And they leave, or a parent or parents say ‘get out’ of whatever kind of living situation”.*

*“So, what we have with youth of a lot of times...is youth who say ‘I have nobody, I can't call anybody, nobody cares”.*

### **Gaps in Housing for Youth in Bennington County**

The lack of housing available for youth in Bennington County was frequently mentioned by providers in interviews, who universally said that there are no housing options for youth in the county. Some providers cited the ongoing housing shortage and lack of affordable housing in the county as the problem. As one noted: *“I don't know of any that exist. I don't even know of any affordable housing for adults that exists in Bennington County”.* Another provider shared similar sentiments: *“Unfortunately...we don't have a lot of resources in Bennington County available for specifically targeting youth”.*

When asked about the housing options missing for youth experiencing homelessness in the area, service providers identified the following housing needs for youth:

- Emergency shelter for specifically for youth ages 13-17
- Safe, transitional housing
- Affordable housing
- Short-term rental units
- Residences for youth (efficiencies, studios, apartments)
- Rental units with looser regulations for youth
- Places with rooms and physical spaces for youth
- One-stop-drop-ins where youth can sleep

Providers also asserted that housing options must include services for youth such as onsite and wraparound services (e.g., case management, academic support, counseling, etc.) and other essential resources that help promote youth well-being, independence and empowerment. A provider described an example of an “all-inclusive” housing program for youth in California, “*San Diego...has specific apartment complexes...students in this age group can get their own efficiency. They have on-site services...and there is wraparound service that goes along with it*”.

### **Challenges for Youth Experiencing Homelessness**

Providers were asked a series of questions about challenges youth who experience homelessness face in housing, important care needs, and care needs for youth with mental health, substance misuse or other chronic conditions. The most frequently reported barriers in interviews across all categories were related to age, navigation, and transportation.

#### **Age Barriers**

Several challenges faced by underaged youth experiencing homelessness when trying to access existing housing services were identified by service providers in all interviews. In general, priority is given to adults and families when it comes to housing resources. In addition, most housing resources for example, temporary shelters and apartments, have an age restriction that makes them inaccessible to youth under 18 years of age. As a result, a guardian signature may be needed to sign up for housing and other state resources. A provider detailed many homeless youth’s plight when seeking housing:

*“Having to have an adult with you, somebody over the age of 18, that’s a barrier. The housing companies that I’ve connected with, you have to have credit, and you need references to get a place to live, which obviously if you’re 15 you don’t have those things.”*

Another provider highlighted similar age-related barriers that youth experiencing homelessness seeking medical or mental health services may encounter:

*“We’re trying to make some gains, but our mental health agencies have actually said that they will not see a youth without parental permission, or sometimes without a parent bringing them, and that’s a barrier.”*

### **Navigation/Information Barriers**

Navigation was identified as a significant access barrier for youth experiencing homelessness seeking health or mental health care, economic services, education, or housing. One provider reflected: *“With a lot of systems, you need someone who knows people to advocate for you. If you are younger and don't have as wide of a network, it's more difficult to succeed”*. Although Dr. Dinosaur, Vermont's Children's Health Insurance Plan, provides youth with health insurance until age 18, most providers believe that youth's inability to navigate the health system is a major barrier to access to health care. A youth service provider remarked: *“I'm sure there are kids who don't have access to health care because they don't have an adult to show them how to access the system. They don't even know how to go to the doctor or the free clinic”*.

### **Transportation Barriers**

Transportation was cited as a key barrier for youth experiencing homelessness to attend school, seek and maintain employment, and procure medical care, housing or other services. Some providers said the rural geographic location of Bennington County is spread out, and creates access barriers to resources in some areas. For example, some motels and housing resources are located substantially farther from the center of the downtown area. Although Bennington County has public transportation-Green Mountain Express, many providers said its limited routes and hours of operation hindered homeless youth in the area because they require consistent and continuous transportation to secure essential needs. One provider commented: *“We are a rural area. A lot of the kids that I support are on foot, and that's often a barrier to them getting jobs, so they can take care of themselves”*.

### **Temporary and Long-Term Housing Barriers**

In addition to age, navigation and transportation barriers to housing previously mentioned, providers identified additional barriers that youth experiencing homelessness face when seeking temporary or permanent housing. These included access, affordability, and availability. Many providers noted that there are few housing options for minors, and some providers and other stakeholders discussed challenges associated with coordinating the



homelessness and social service systems. There was also a lack of understanding of one another's programs among providers, as well as a need for strategic planning for housing services for youth. Some sample quotes from providers:

*"There is no access. Their only option in this area is to get captured or if they're placed into foster care through the Department of Children and Families. Those are the only two options."*

*"There are barriers: availability, affordability, and being able to maintain it, once you get it."*

*"I also think another barrier I see is when a lot of these big apartment buildings go up... so 5% or 10% need to be affordable housing, but my clients aren't getting those apartments, because they're going to pick cherry pick the best possible candidates who have great landlord references, great credit and no criminal charges and aren't staying at a shelter. I'm not finding that those apartments become available to the populations that I work with. Imagine when you're dealing with unaccompanied minors, you have a plethora of other challenges ..."*

### **Barriers to Important Care Needs**

When asked if they noticed any access barriers to important care needs for youth experiencing homelessness, providers described a variety of different unmet and common health needs of youth experiencing homelessness. Inadequate access to medical care is the most commonly cited barrier, primarily due to shortages of primary care and specialist providers, resulting in long wait times. A provider shared, *"One of the biggest barriers we have is that we are under-resourced in primary care providers so it's hard to get appointments. It can be eight months before you get your appointment."* Other providers mentioned barriers to oral care as youth's dental hygiene may lapse because of competing concerns. In addition, youth may avoid seeking care to prevent involvement of the child welfare system. Or they wait to seek care until their health concerns are severe.

### **Barriers to Important Care Needs for Youth with Special Needs**

Both youth and adult service providers identified a lack of available behavioral health services and providers for youth experiencing homelessness. Reasons for this include a severe shortage of behavioral health providers in the area, resulting in long wait times. Untreated mental health and substance misuse was cited as a common unmet need for youth

with behavioral health concerns. One provider noted, *“Yes, there are barriers. Unfortunately, in Bennington County, we see a significant amount of youth with mental health and substance misuse issues... not connected with the appropriate resources to help.”* Most providers linked unresolved trauma with mental health issues and substance misuse among youth experiencing homelessness.

### **Essential Resources**

In addition to behavioral health needs, staff cited food and nutrition insecurity and lack of transportation to get to appointments and reach services that provide food and other essential resources, as key barriers for youth experiencing homelessness. Maintaining personal hygiene is another challenge because of the limited places to shower and clean up in and around Bennington County for youth experiencing homelessness. One provider noted, *“There's no public center catering to the needs of those who can't stay at the shelter...it's a huge unmet need”*. As previously mentioned, lack of transportation is a barrier for some youth seeking employment. Most providers agree that youth experiencing homelessness generally face multiple barriers simultaneously, and when the barriers are stacked on top of each other, they may seem insurmountable.

## **RESOURCES**

### **Resources to Find Stable Housing for Youth**

Most providers reported difficulty locating resources to assist youth in finding stable housing. Several factors account for this, including a lack of knowledge, a lack of housing, and unaffordable housing. Many providers revealed a lack of knowledge of housing resources for unaccompanied youth ages 13-17. However, when asked to identify at least three resources that assist youth in finding stable housing in Bennington County, the most frequently mentioned resources identified by providers in interviews were:

- The Vermont Department for Children and Families (DCF)
- Sunrise Family Resource Center (Sunrise)
- Southwest Vermont Supervisory Union (SVSU)

Of these, DCF was cited as the leading resource for finding youth stable housing. This is because the agency has significantly more financial and other resources than other organizations. Therefore, they are able to help more children and families into stable housing environments. One provider said, *“I would say that DCF overall...they really do their utmost to get these kids into stable housing by getting families out of motels into apartments, or any homeless kid who looks like they're going to lose their housing, getting them someplace safe or a home-like atmosphere.”*

Several providers have pointed to Sunrise as a viable resource for finding youth housing. This is because the organization has been in existence for a longer period of time, has established pathways, and has a higher level of connectivity than other organizations. Providers report significant progress and some success with Family Engagement Specialists, despite the fact that it is a new program. Some providers believe that the school is most effective at identifying youth experiencing homelessness or at risk of homelessness. This is because they are often the first point of contact for students seeking assistance. Other resources mentioned include Economic Services and GBCS given their access to resources and the Homeless Coalition because of their connections.

### **Resources to Prevent Youth Homelessness**

When asked to name at least three resources in Bennington County to prevent homelessness among youth, the most frequently cited resources were:

- Schools
- Sunrise
- DCF – Youth Development Program

Many providers pointed to the school system, including the district, elementary, middle and high schools, as the most effective means of preventing youth homelessness in Bennington County. In addition to being on the front line of identifying and intervening with students at risk of experiencing homelessness, providers felt that programs and resources in the school allowed for early detection and intervention. In schools, homeless liaisons are able to quickly provide assistance to students in precarious housing situations, as a result of their proximity to these students. Additionally, there is a family engagement specialist program that connects families in need of assistance with resources.

Due to Sunrise's organizational structure, programming, and experience working with youth who have exited the foster care system, many providers recognized Sunrise as a resource to prevent youth homelessness. While some providers report being uncertain of the age for service, they believe Sunrise has the capacity to offer services to youth between the ages of 13 and 17. Several providers identified DCF youth development as a key resource for preventing youth homelessness because the program can address the immediate and concrete needs of youth. As an example, providing youth with gas cards for transportation to school, clothes, and financial assistance.

### **Resources to Assist Youth Experiencing Homelessness**

A number of providers expressed difficulty in identifying resources in Bennington County that provide assistance to youth experiencing homelessness. In spite of this, providers most frequently mentioned the following resources:

- Schools
- Economic Services
- Center for Restorative Justice (CRJ)

Many providers believe that the school system offers the most effective resources and services for youth experiencing homelessness. Multiple providers noted that schools could provide free meals to students while mental health services were available, and social workers and guidance counselors could "triage" students experiencing homelessness. Some pointed out that the relationships students develop with their teachers can be invaluable tools for identifying problems and getting the help they need. Funds are also provided to the school system to help homeless students.

As a key resource for youth experiencing homelessness, Economic Services were cited by some providers due to the variety of services they provide. These services can assist youth with meeting basic essential needs. The Center for Restorative Justice and its resources/services were discussed by other providers. Threads, for example, is the organization's free clothing boutique for teenagers and young adults to wear on job interviews. Also discussed were school-based initiatives, the lounge after-school program, and life skill development and mentoring programs. Though less frequently mentioned,

providers also spoke of United Counseling Services and their mental health programs and groups for teens, Sunrise, and GBCS and their programming.

## **ORGANIZATIONAL CHALLENGES**

Providers were asked about the challenges they are experiencing in trying to address youth homelessness in Bennington County. The most common organizational barriers mentioned by providers were:

- Lack of resources
- Staffing challenges
- Funding issues

### **Lack of Resources**

Many providers said their organizations did not have enough resources to help homeless youth. A variety of resources were mentioned, from housing information to financial assistance. These resource limitations kept many providers from making substantial progress in helping homeless youth. In the words of one provider: *"You know, when our Planned Parenthood closed, it would have been amazing for us to ...do some gap filling...we're really not set up for that structure...we're always waiting for our community partners to ... fill the gaps... it's ...just slow moving...like the Titanic."*

### **Staffing Challenges**

Throughout the interviews, staffing issues emerged as a recurring theme. For many providers, the most challenging issue was the lack of sufficient employees to provide services to unaccompanied youth. Further, providers reported there was communal fatigue within their organizations and among employees, as many were "overextended," "overburdened," "overwhelmed," and working "overcapacity."

Several providers report that shortages of staff result in delays and gaps in service. For instance, a provider described the impact of staffing shortage on mental health service provision: *"...we, like everybody else, have a shortage of staff. We have about 60 kids on our clinical list waiting for clinical care. So, there's always a shortage of staff... and getting the kids the services that they need."* Another provider lamented *"I think being able to pay the people*

*that do this work a livable wage is a problem...people don't stay in this work, because they can't afford to".*

### **Funding Issues**

A common organizational barrier mentioned in interviews was financial constraints. Several providers identified programs that offer "cutting edge" programming in Bennington County such as United Counseling Services. However, they also noted that funding shortages were a major challenge for many of the programs which are grant funded.

### **Lack of Knowledge**

Lack of knowledge among unaccompanied youth practitioners was a strong underlying theme in interviews. Many providers felt youth-focused practitioners need to be more knowledgeable about unaccompanied youth, professional development, and insight into supporting unaccompanied youth to effectively serve them.

## **COMMUNITY PLAN**

In the interviews, providers were asked to share knowledge of a community plan in Bennington County. The majority of providers said they had limited or no knowledge about an existing community plan in Bennington County. A few providers said they were aware of discussions to create a plan in the near future. One provider reflected: *"Different entities and sectors are trying to find solutions try to create some kind of working plan to address this (homelessness among youth)".* However, the lack of knowledge of a community plan in Bennington County is a strong underlying theme in interviews.

## **DETERMINE UNMET NEED**

When providers were asked for the best means for determining unmet needs for youth experiencing homelessness, the majority stressed the importance of soliciting input from youth experiencing homelessness. One provider stated: *"having real lived experience of youth is going to be key. The idea of 'nothing about us without us' is important."* The idea of determining unmet needs of unaccompanied youth by centering them in the assessment process and ensuring their voices are heard is a strong recurrent theme across interviews.

## NEEDS

- **Housing.** Youth-specific housing is the most important need identified by providers in interviews. Most providers identified the need for transitional housing services for youth in Bennington County. The need for other forms of safe, affordable housing were also identified including efficiency apartments open to renting to youth, rooms or some form of communal housing with comprehensive resources, and shelters and beds specifically for youth.
- **Financial Support.** Funding to support programming, staffing and other service provision was a commonly mentioned need by providers. Several providers said many existing youth-related programming in Bennington County is dependent on grant-funding. As a result, alternative funding schemes and additional funding mechanisms to support existing programming and expand services for youth experiencing homelessness are necessary.
- **Resources.** Lack of resources is a salient theme across interviews. Types of resources needed varied by agency. For instance, shelters reported needing more beds and staffing; healthcare organizations reported needing more staffing and providers. However, the overall need for resources to deliver and expand specific services for youth experiencing homelessness was commonly cited by providers in interviews.
- **Programs and Services.** Many providers expressed the need for additional programs and services geared toward youth experiencing homelessness. Types of programs and services mentioned were places to maintain hygiene, safe spaces, and job skills and training to help youth become independent. The need for all-inclusive and wrap around services was mentioned in most interviews.
- **Behavioral Health.** Specific programming to treat mental health and substance misuse disorders among youth is a key need cited by many providers in interviews. Specific

program needs identified include counseling and group services and inpatient programs for youth.

- **Awareness.** Several providers also believe that there should be increased awareness of unaccompanied youth in Bennington County, and the problems they face. To raise awareness of this problem, it may be worthwhile to organize information-sharing events in the community.
- **Knowledge.** Many providers were not aware of the resources that are available specifically for youth experiencing homelessness. Some service providers for adults and youth alike described being unable to provide information about youth resources. In addition, some providers were unclear about other agencies' services. Broader awareness of each other's services is needed among providers.
- **Single Point of Entry.** Several service providers stressed the need for a single point of entry for youth experiencing homelessness or at risk of homelessness to access services and supports in the community, given the lack of information about youth-centered services in Bennington County. It will simplify the process of obtaining information, screening, care coordination, support, and referral to appropriate care supports and services for youth.
- **Street Outreach.** Street outreach programming designed to reach youth experiencing or at risk of homelessness in Bennington County is an important unmet need. Outreach plans should reach those youth and young adults who have difficulty accessing services. People who are homeless and experiencing mental illness easily fall through the cracks because they may be harder to engage in services. The goal of outreach is to reach people who would otherwise not be reached.



## LESSONS LEARNED FROM COVID-19

Most notably, providers said that the pandemic exacerbated the severity and prevalence of the need in some areas. Some providers said that COVID-19 pandemic shed light on issues. For example, there was extra money, and people moved into motels from bad, abusive situations. However, many ended up out of stable homes with fewer resources and having to handle landlords who were resistant to the CDC rental eviction moratorium. Some of the sample quotes from providers, specific to the youth population.

### Provider Insight:

**“I think the level of poverty in Bennington County is very high, which makes our families transitory”.**

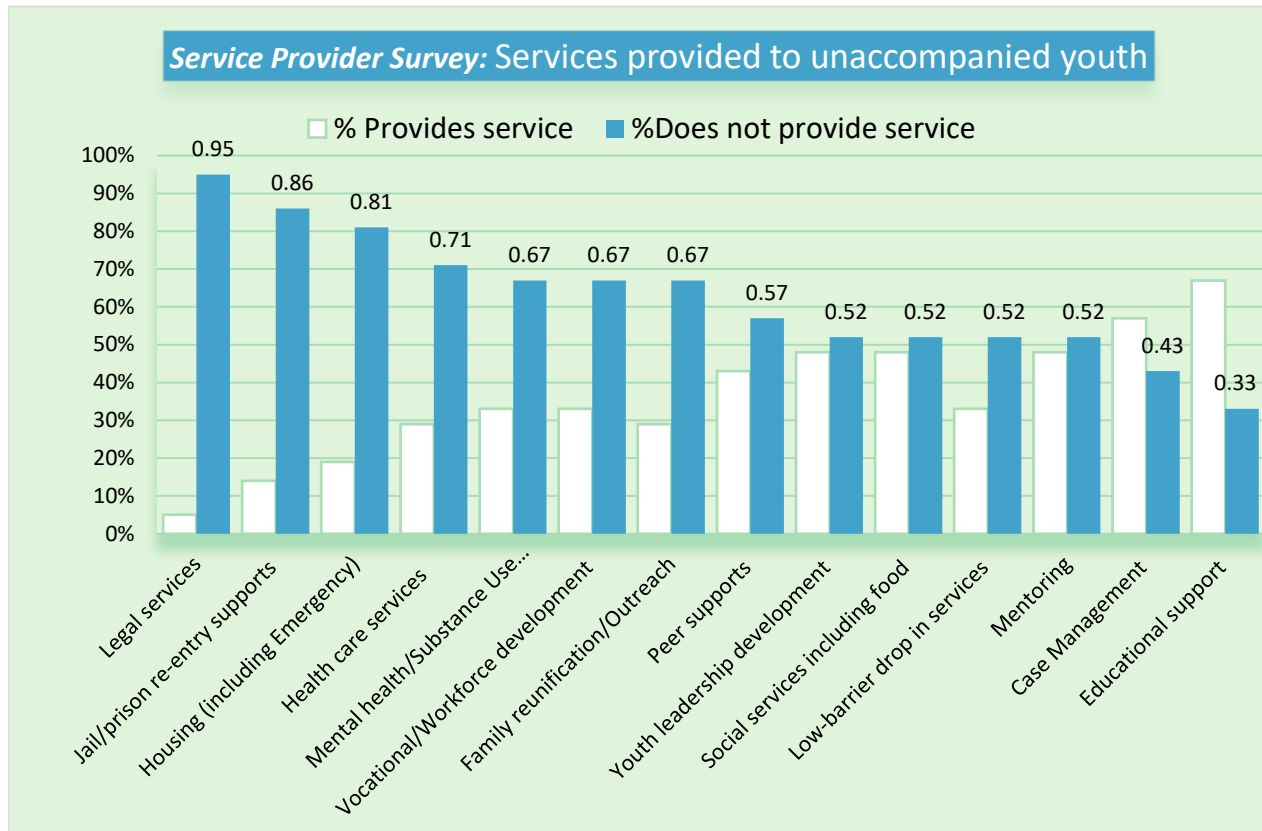
**“There are a lot of family structures and units in the county facing generational trauma that is unidentified, who are under-resourced, and for a variety of reasons youth in particular are vulnerable”.**

**“It’s a prime time to self-medicate...if you don’t have access to resources, and you are in pain, for whatever reason, it seems like a viable option.**

Reasons for  
Youth  
Homelessness

### RESULTS: SECTION III

Figure 3:



Bennington County Unaccompanied Youth Needs Assessment Report  
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## Insights from Service Providers Survey

### Organization characteristics

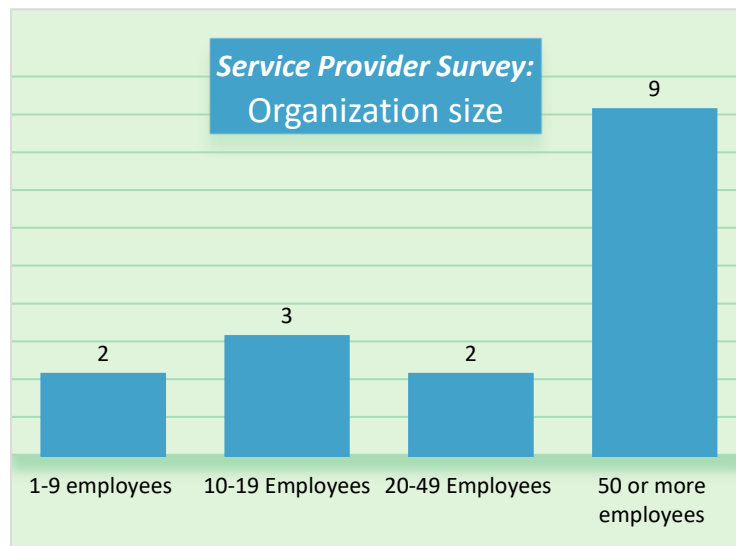
Service providers, normally in leadership administrative roles, completed confidential surveys administered online, but employees from all levels of agencies, including social workers, direct service providers, family engagement personnel, and educators, also completed surveys. About half of the organizations represented in the survey have fewer than 50 employees, showing that many are smaller organizations, which makes sense in a rural and small-town regional community. In reading the charts, please note that an estimate of one hundred does not mean that this many youth sought services in any month at any organization. Rather, it more likely reflects the same group of young adults repeatedly seeking services throughout the month.

Seventy-one percent of the respondents said that their organization serves Bennington County residents only, while the remaining serves Bennington County residents, as well as residents outside the county including residents from other places in Vermont and residents from New York or Massachusetts. Seventy-six percent of respondents said that they work with youth (ages 13-17) or young adults (ages 18-24) experiencing or at risk of homelessness (i.e., YEH and YAEH). Nineteen percent said that they only work with young adults (ages 18-24) experiencing or at risk of homelessness.

Many of the services that unaccompanied youth need are not provided (Figure 3). Noticeably, the three top services that are not provided are legal services, jail or prison re-entry services, and housing, including emergency shelter and or host homes. There is also a scarcity of provision for mental health and substance use treatment, general health care services including eye care, dental care, and gynecological care, workforce development, and family reunification. Educational support and case management services are provided to this population.

When respondents were asked whether their organization has any programs or services that are specifically designed for youth (ages 13-17) experiencing or at risk of homelessness, 52% said that their organization did. When respondents were asked whether their organization has any programs or services that are specifically designed for young adults (ages 18-24) experiencing or at risk of homelessness, 38% said that their organization did.

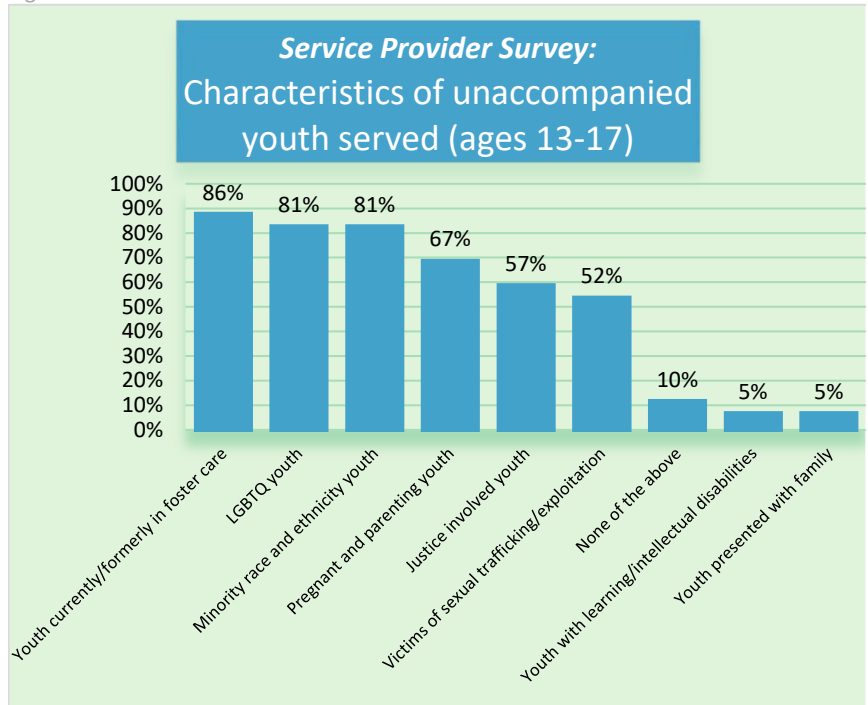
Figure 4:



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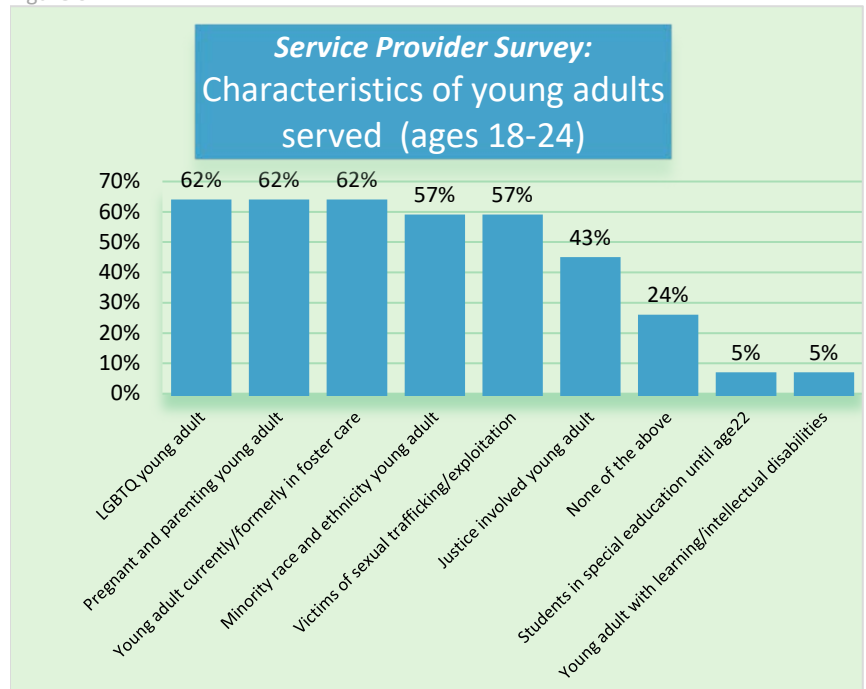
The characteristics of the youth (ages 13-17) population that respondents reported their organizations serve show that the population of unaccompanied youth can be identified as individuals living on the fringes of society (Figure 5). Of note, the characteristics displayed are not mutually exclusive and an organization can provide services to unaccompanied youth who fit into more than one category. As seen in the figure 5, 86% of the respondents identified the youth they served, as youth currently or formerly in foster care, 81% identified lesbian, gay, bisexual, transgender, and questioning youth, and 81% identified minority race and ethnicity youth including Black, Hispanic, Immigrant or refugee youth. These three categories represent the three most commonly identified categories of youth served by an organization.

Figure 5:



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Figure 6:



Bennington County Unaccompanied Youth Needs Assessment Report  
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Likewise, the characteristics of the young adult (ages 18-24) population that respondents reported their organizations serves show that the population of unaccompanied youth can be identified as individuals living on the fringes of society. Of note, the characteristics displayed are not mutually exclusive and an organization can provide services to unaccompanied youth who fit into more than one category. As seen in figure 6, 62% of the respondents identified the youth they served as youth currently or formerly in foster care, 62% identified pregnant and parenting young adult, and 62% identified lesbian, gay, bisexual, transgender, and questioning young adults. These three categories represent the three most commonly identified categories of young adults served by organizations.

Forty-three percent of respondents said that their organization collected information on youth (ages 13-17) experiencing or at risk of homelessness. For example, the school district conducts intake reports for any student reported as or potentially becoming homeless. One organization tracks the number of intakes each half of the year and reports

Figure 7:

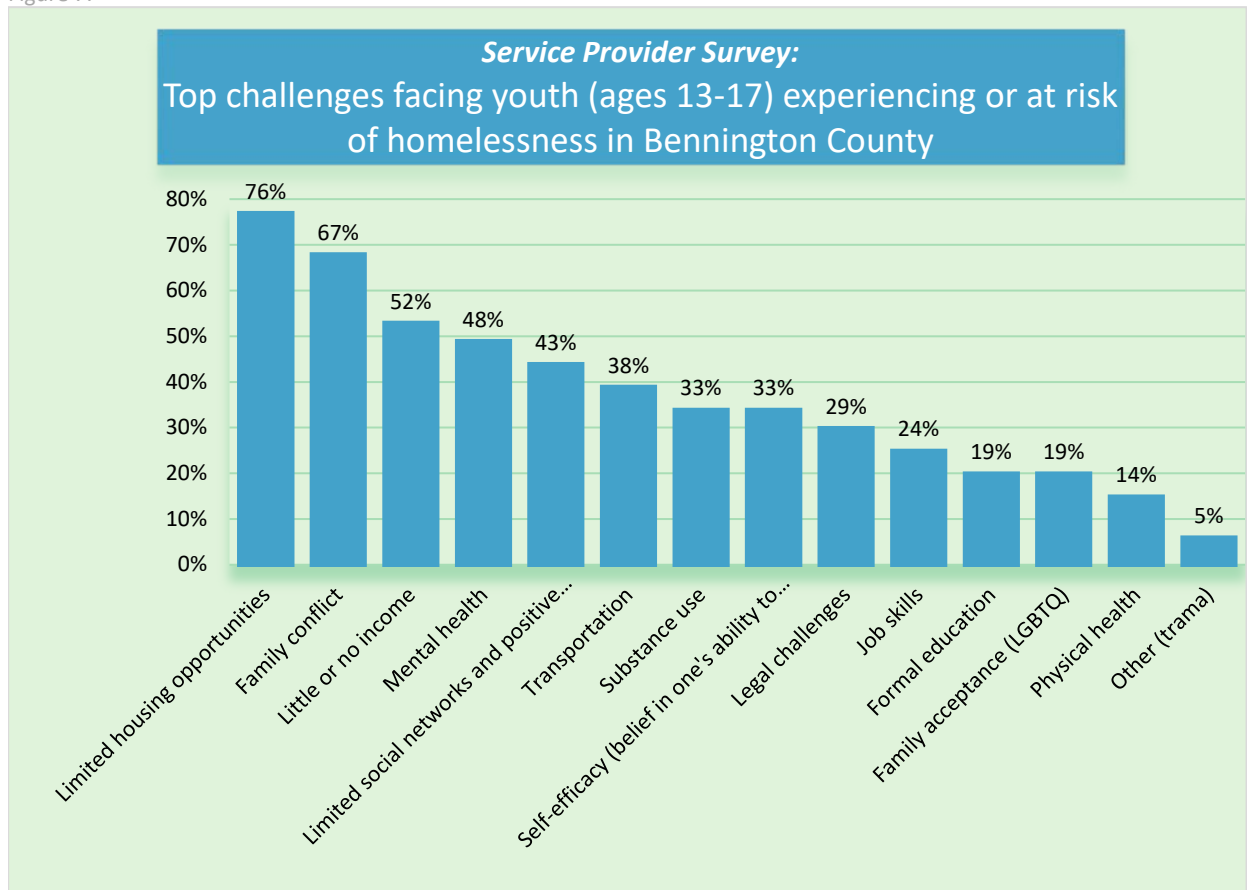
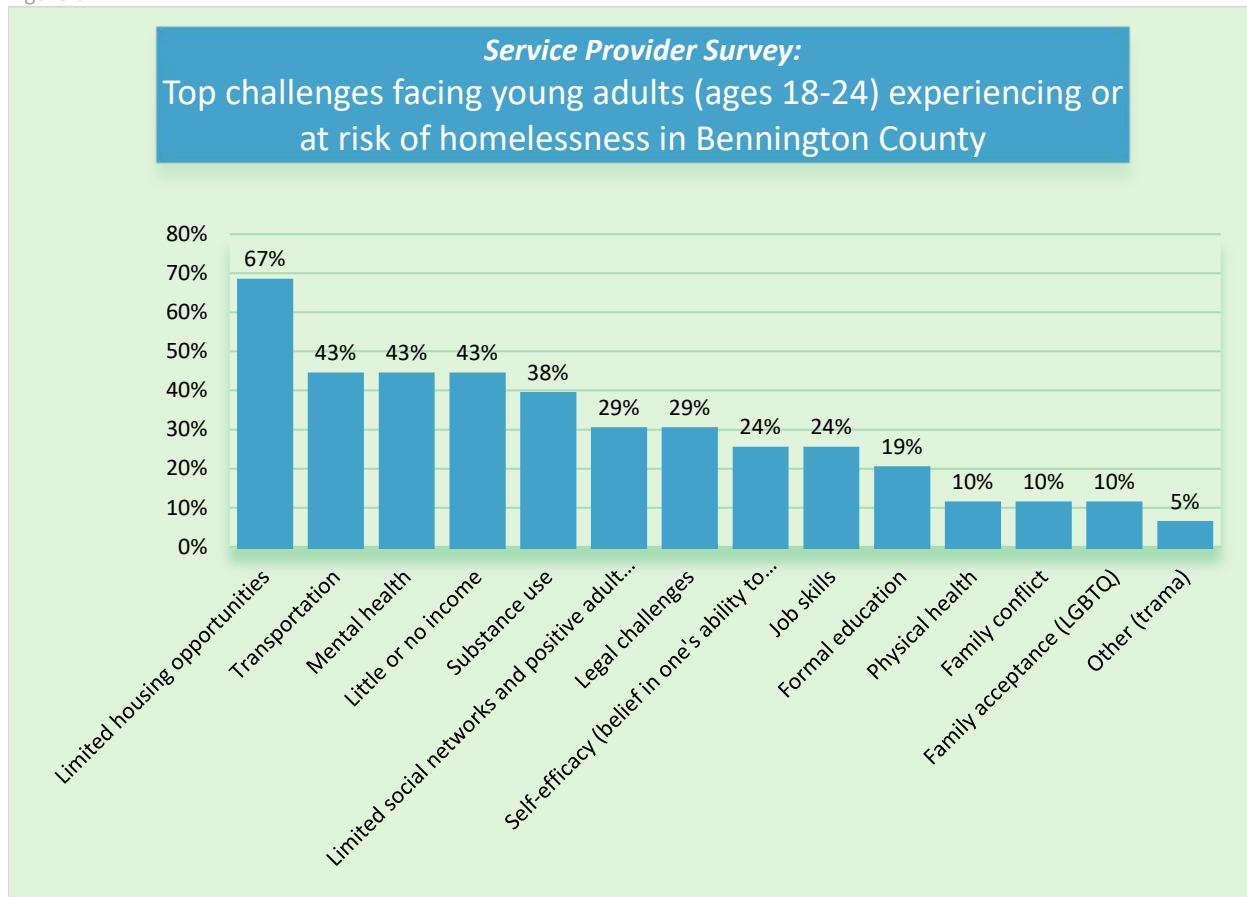


Figure 8:

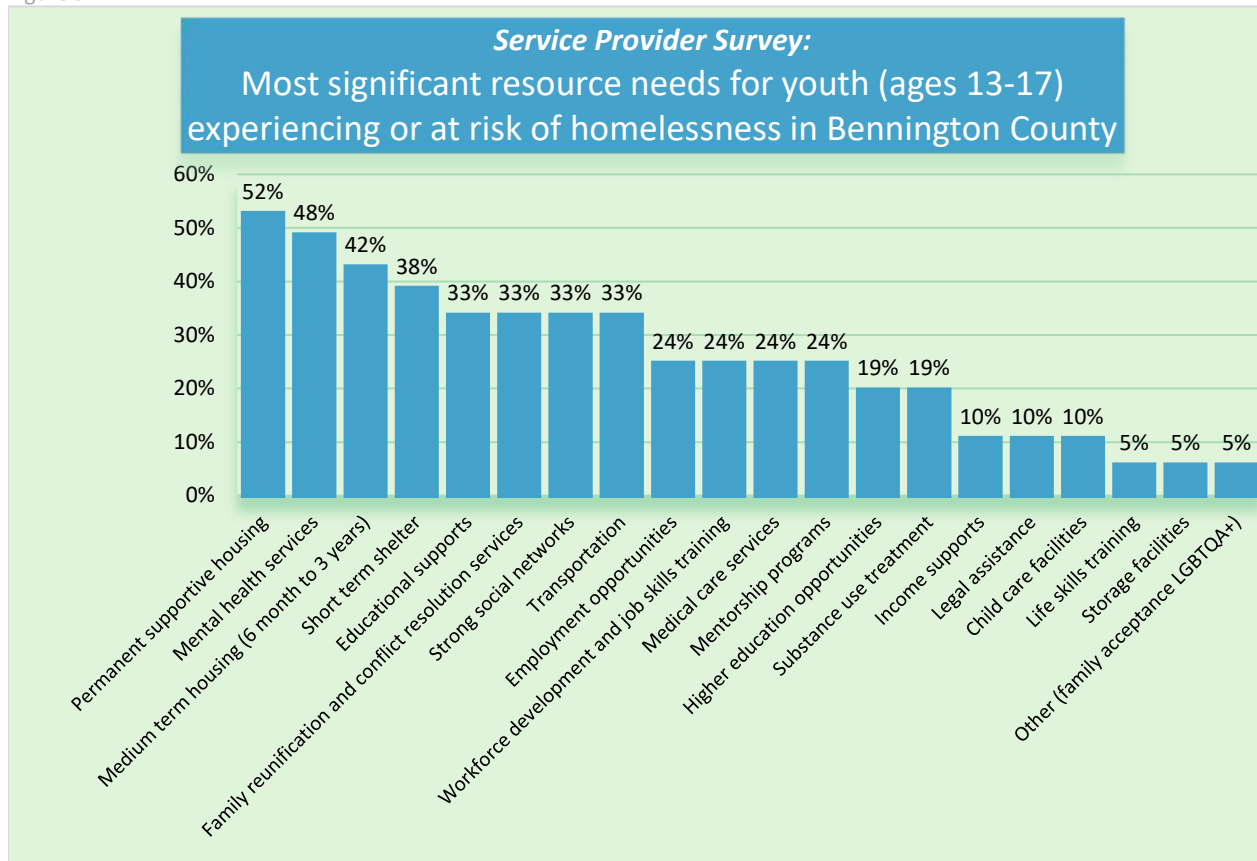


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the total number of homeless students a year pre-kindergarten to 12 grade to report to the state, while another tracks such information as a requirement for McKinney-Vento assessments reports. When asked for estimates of the number of unaccompanied youth (ages 13-17) experiencing or at risk of homelessness their organization served in the last 30 days, estimates ranged from zero to 684 with an average of 107 provided by 16 respondents. The high estimate of six hundred and eighty-four does not mean that these many youth sought services in any month at any organization. Rather, it more likely reflects the same group of youth repeatedly seeking services throughout the month.

Thirty percent of respondents said that their organization collected information on young adults (ages 18-24) experiencing or at risk of homelessness. Two respondents commented they assumed there was a source of collection of information for their agency and the other one suggested the Homeless Management Information System (HMIS) as a source. When asked for an estimate of the number of young adults (ages 18-24) experiencing or at risk of homelessness their organization served in the last 30 days, estimates ranged from zero to 100, with an average of 38 provided by 17 respondents.

Figure 9:

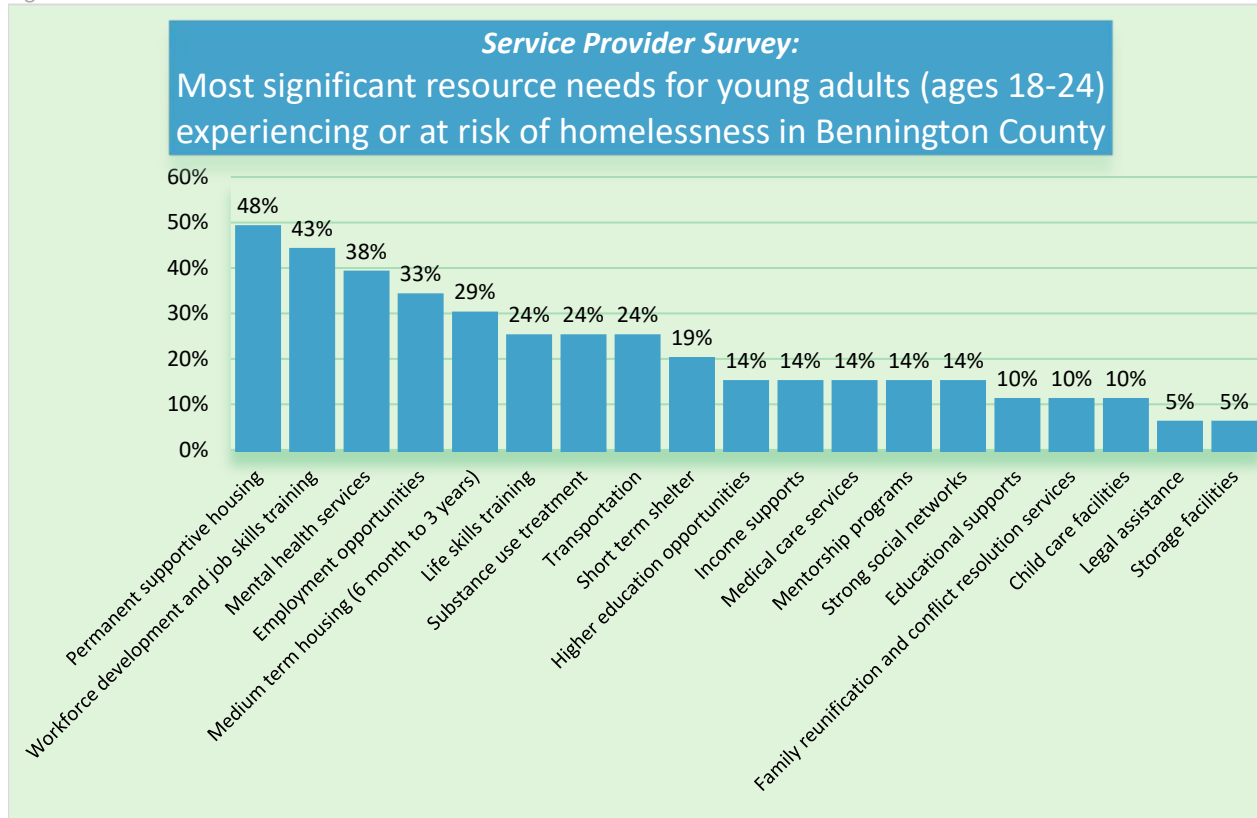


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As shown in figure 7, the three top challenges facing youth (ages 13-17) experiencing or at risk of homelessness in Bennington County are limited housing options (76% of key informants/ service providers identified this as a challenge) followed by family conflict (67% of key informants/service providers identified this as a challenge) and then, little or no income (52% of key informants/service providers identified this as a challenge).

As shown in figure 8, the three top challenges facing youth (ages 18-24) experiencing or at risk of homelessness in Bennington County are limited housing options (67% of key informants/ service providers identified this as a challenge) followed by little or no income (43% of key informants/ service providers identified this as a challenge) and then, mental health (43% of key informants/ service providers also identified this as a challenge).=

Figure 10:



Bennington County Unaccompanied Youth Needs Assessment Report

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As shown in figure 9, the three most significant resource needs facing youth (ages 13-17) experiencing or at risk of homelessness in Bennington County are permanent supportive housing (52% of key informants/service providers identified this as a challenge) followed by mental health services (48% of key informants/service providers identified this as a challenge) and then, medium term housing (6 month to 3 years) (42% of key informants/service providers identified this as a challenge).



As shown in figure 10, the three most significant resource needs facing young adults (ages 18-24) experiencing or at risk of homelessness in Bennington County are permanent supportive housing (48% of key informants/ service providers identified this as a challenge) followed by mental health services (43% of key informants/ service providers identified this as a challenge) and then, medium term housing (6 month to 3 years) (38% of key informants/ service providers identified this as a challenge).

## RESULTS: SECTION IV

### Insights from Youth Voice-Surveys

A snapshot of the youth and young adults. Ten brave unaccompanied youth and young adults identified as experiencing homelessness took part in our Needs Assessment to give voice to the problem of youth homelessness in Bennington County, Vermont. Although, the information provided was self-reported. The age category for the unaccompanied youth was independently verified. The sample comprised five unaccompanied youth ages 13-17 experiencing

homelessness at the time of the assessment (YEH), and five young adults ages 18-24, who were individuals experiencing homelessness at the time of the assessment (YAEH).

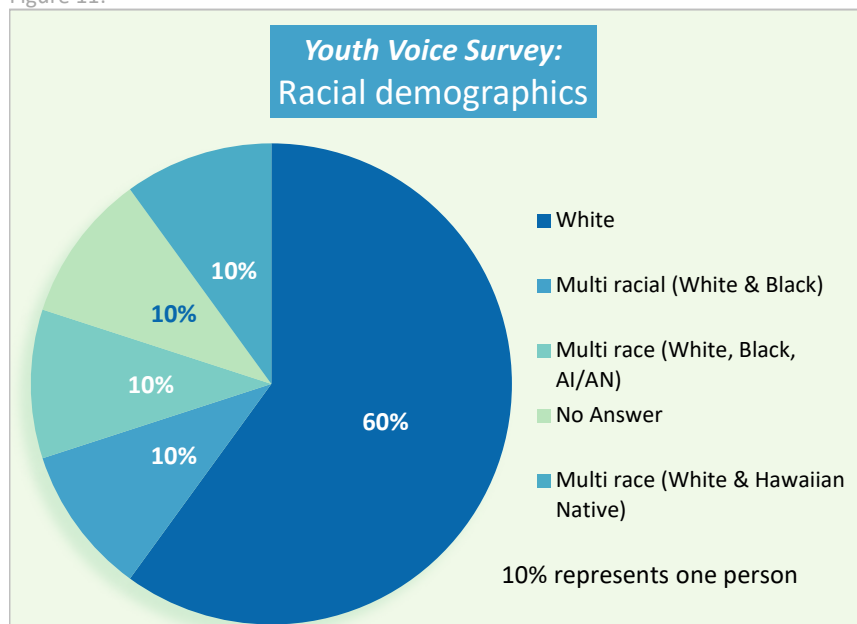
#### Demographics

In terms of race and ethnicity, nine YEH and

YAEH participants identified as White and one as White Hispanic. Three identified as multi-race, including one who identified as White/ Black/American Indian or Alaskan Native, one who identified as White/Black, and one who identified as White/Hawaiian Native or Pacific Islander. In terms of gender and personal sense of one's own gender, two of the YEH and YAEH participants identified as male, six female, one trans-gender, and one non-conforming gender.

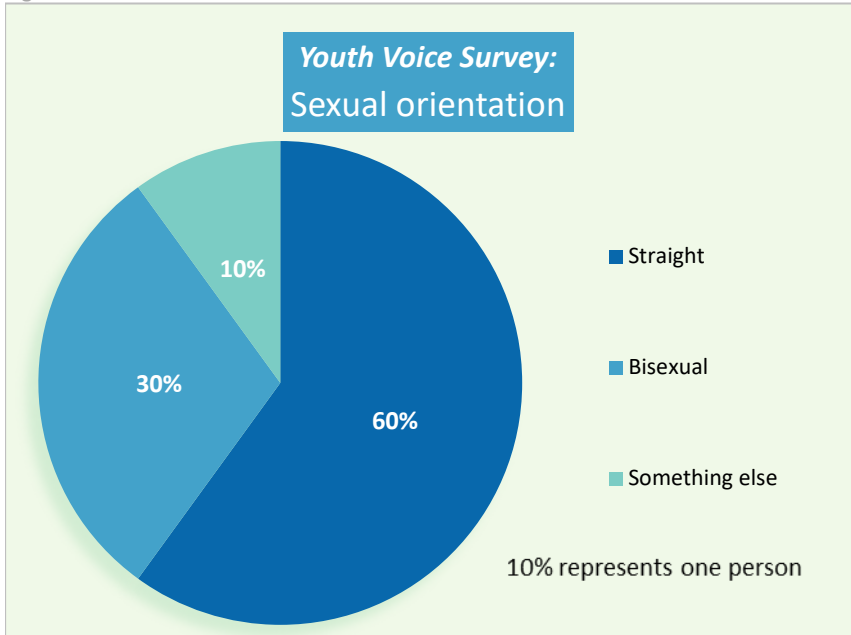
And, six as straight, three as bisexual, and one as something else.

Figure 11:



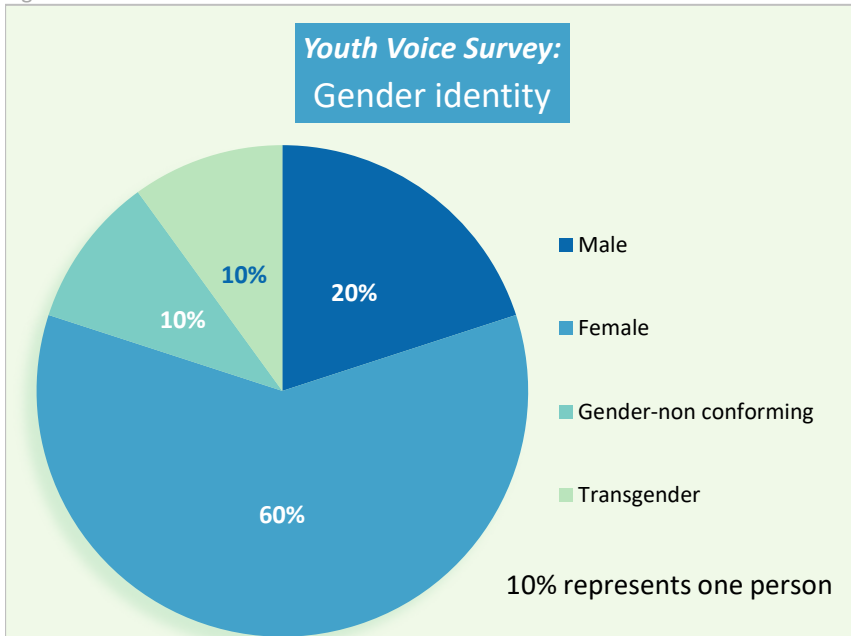
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Figure 12:



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Figure 13:



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## Housing

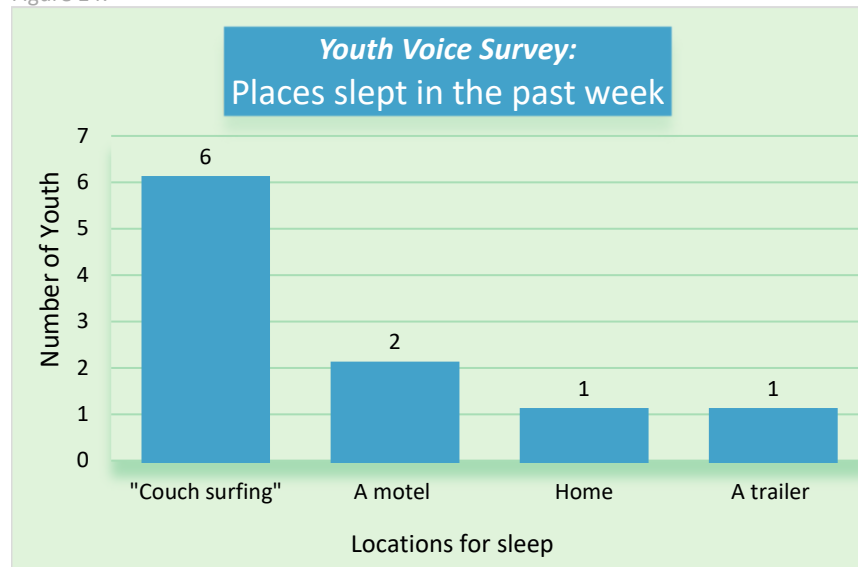
According to the YEH and YAEH who took the survey, the primary reason they left or lost last stable housing situation was because they had to leave. Only one-person (a bisexual non-conforming gender youth ages 13-17) chose to leave. In response to the question, “where did you sleep in the past week?”, six of the ten YEH and YAEH that took the survey reported “couch surfing”, temporarily staying with a friend or family. Two stayed at a motel, one at home, and one in a trailer. The length of stay in the current place where YEH and YAEH was staying ranged from two days to 100 days.

Specific places where YEH reported they stayed in the past included staying at their mother's place, staying at an ex-boyfriend's home, staying at an aunt's place, and staying at a motel. Specific places where YAEH reported they stayed in the past included staying with a sibling, staying at a motel, and staying with family.

None of the YEH and YAEH reported staying in an emergency shelter, safe haven, or transitional housing project. None of the YEH and YAEH reported staying in a place not meant for human habitation (including in a car, unsheltered on the street or under a bridge, etc.) in the past week. When asked, "if this is the first time living on the street, living in a shelter, or a transitional housing program, or staying with friends or family?", three respondents said yes.

For those respondents who have been homeless before, three said they have been homeless over four times and two said they have been homeless between two and three times. One youth YEH said she has been technically homeless the past five years.

Figure 14:



Bennington County Unaccompanied Youth Needs Assessment Report  
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Three respondents said that their health or safety were at risk in the place where they were staying in the last week (due to situations other than violence such as substandard housing or severe overcrowding). Of these, one person YEH said that she did not have another place to go or potentially stay. When asked to explain if they were worried or concerned about not having stable housing in the next month or more, the following comments were provided:

*"Yes, finding housing that isn't expensive is hard. Everywhere is overpriced in VT."*

*"Sometimes I worry about not being able to pay rent, but I don't think I'd be kicked out."*

*Yes, I am. We are currently being paid for by economic services and our case worker is looking for a place. But the motel we're staying at has tons of inhuman/immoral restrictions, which put me and my family at risk of being kicked out onto the streets if we do one little slip up.”  
 “Yes as my dad’s is unstable because of his landlord not allowing us to stay.”*

**Additional Difficulties**

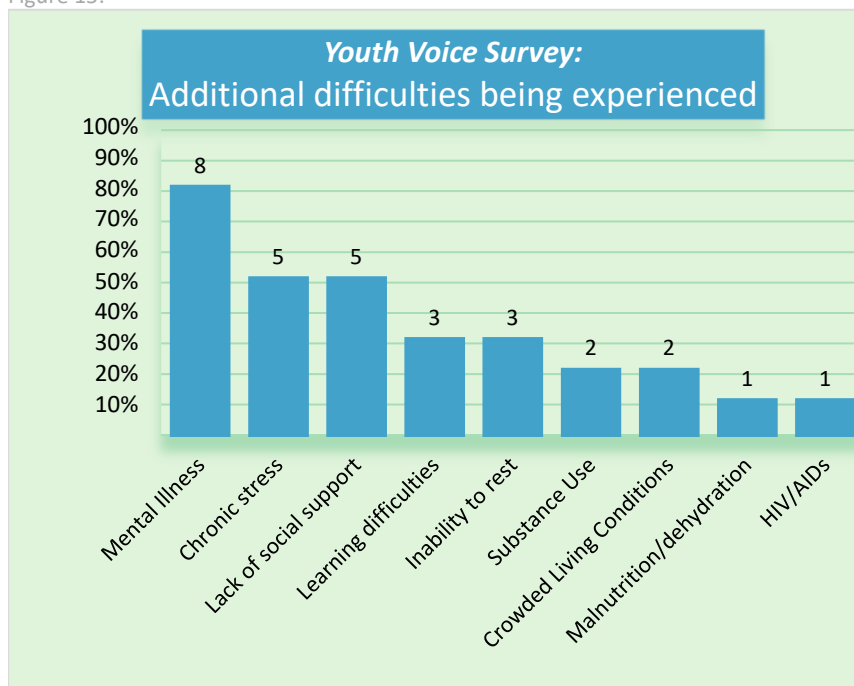
When asked about what additional difficulties they experience, more than anything, YEH and YAEH reported experiencing difficulties with their mental health, followed by chronic stress and a lack of social support.

**Barriers to accessing services**

When asked about what are the most common barriers to accessing health care and other services, YEH and YAEH reported that the most common barrier was transportation, followed by a lack of access because of age, and lack of access because they did not have identifying or personal documents. In closing, we asked the youth and young adults to tell us

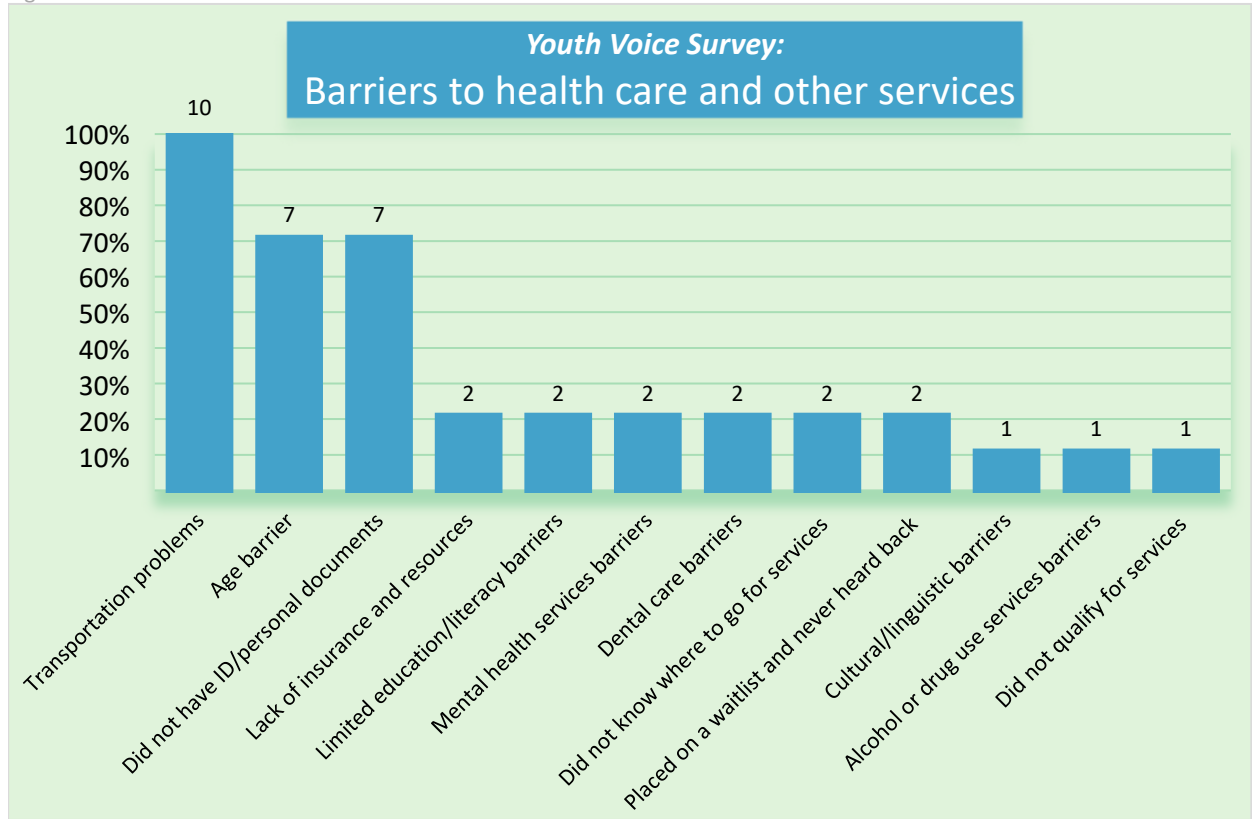
how best we can help YEH and YAEH. Some of their comments are

Figure 15:



provided below. Many of their comments reinforced the point that housing is their most critical need.

Figure 16:



**Table 1: Comments from YEH and YAEH on how best they can be helped. Comments were edited to improve readability**

**Comments on housing**

“Please do something about the housing and prices.”

“Make programs for 13–17-year-olds to afford housing, teach them how to care for themselves when ready to be on their own.”

“Make getting the shelter top priority, limit the hoops you have to jump through, i.e. mandatory job classes. Offer them someone who will manage most of the paper work.”

“A home for my babies. I have 2 under 2.”

“Give them a place to stay.”

“An ideal place should be a big ole home, a building, with jobs for students if they choose to, they can have rooms and have optional classes to learn how to keep stable payments and housing. They SHOULD NOT BE CHARGED TO LIVE THERE.”

“Redo abandoned buildings and make them homes, make it so housing is more affordable!!”

“Help get housing and make things easier for kids to get into foster homes.”

**Comments on other needs**

“Not ignoring their needs and listen to them and help.”

“I think family management is doing a great job already.”

To graduate school to get a good job so I can provide for myself and my family so that they will never, NEVER end up in a situation like this ever again.”

“Money and getting on track.”

“Drop-in day services.”

“Emotional Support. I have been considered homeless since I was 12 years old and I’m almost 18 now and I have never been placed in foster care or DCF custody and it was one of the best things that could’ve happened for me. no person should ever be placed in DCF custody, unless absolutely needed the best thing that happened for me was emotional support.”

“Do everything to get them money for what they need. Fight for them and don’t judge because they have a job. Even you know they can’t afford it anyway.”

“Learning to deal with my parent so she doesn’t kick me out anymore.”

“Not having food.”

“Offer more stability.”

## IMPLICATIONS & RECOMMENDATIONS

When we think about homelessness, it might be useful to consider it as a complex issue encompassing many states: housed and unhoused, permanent and temporary, stable and unstable, affordable and unaffordable. Housing instability encompasses a number of challenges, such as overcrowding, moving frequently, having trouble paying rent, or spending the bulk of household income on housing. These experiences may negatively affect physical health and mental health and make it harder to access health care. Given that youth homelessness in Bennington County is spread across a large space with limited services infrastructure, addressing this challenge in this jurisdiction requires a powerful set of tailored support, including:

**Acting on the evidence:** A complaint voiced by some providers was that assessments and interventions have been done before. They have seen enough assessments, secondary data analysis, content analysis, and data to aid decision making that have halted in the implementation phase. These providers want to see community plans leading to action steps based on data. They want to see implementation science at work, the uptake of evidence to practice and policy.

**Approaching the problem through systemic thinking lenses to work toward systems change:** Results from the assessment show that both short- and long-term housing are needed. The consensus from providers was that there is a clear and critical deficiency in a system level response to youth homelessness. While housing services such as rental assistance or temporary housing that meet the immediate needs of youth and young adults experiencing homelessness are obviously critical, they merely treat the symptoms of a deeper systemic problem, a lack of affordable, safe, and stable housing. More affordable housing programs are needed to end homelessness. For this to happen, the city, town, and state will need to invest substantial funding and resource effort across sectors to build a future where the affordable housing system works better for everyone, but especially for the most vulnerable.



**Thinking about specific subpopulations:** Individuals belonging to specific populations such as racial and ethnic minority groups, American Indian and Alaska Native tribes, or lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI+) populations, often face greater health and health care challenges than their counterparts in the general population. Given the general needs and the particular healthcare needs identified in this assessment, consideration of equitable health access for these priority subpopulations is important. Poverty is an important risk factor for homelessness. Although this information is not available for the state of Vermont, in 2021, persons of color were disproportionately impoverished in the U.S., and most interestingly, the poverty rate among people of multiple race was 14.1% as compared to White people which was 9.5% [11]. Targeting unaccompanied homeless youth and young adults who identify as belonging to multiple races should be a consideration in future planning.

**Expanding relationships with faith-based organizations:** In a place like Bennington County, which appears to be homogeneous in terms of race and ethnicity, it might be important to look into unusual places, such as faith-based organizations, to find youth and young adults of minority race and ethnicity. Such organizations, for example, GBCS, may also be very useful partner organizations for grant applications.

**Breaking down approaching the problem from “silo” to a collaborative effort:** Because a strong sense of community and collaboration already exists among community partners, they should continue to overcome the common “silo” effect of different agencies, professions or services not knowing one another or what each agency does, not supporting one another, not working collaboratively with one another, or by using fluid intelligence rather than simplistic or rigid knowledge or approaches. This could be accomplished either through the existing partnership in the steering committee, or the development of a new group, to establish cross-system collaboration of local agencies and partners that meet regularly to review the status of project implementation.

- Look at each agency and see ways they can expand

- Reach out to the populations of youth and young adults because including YEH and YAEH voice, should be part of the effort to improve connection and collaboration within the community
- Make your presence and services “known” to YEH and YAEH in need and to other providers
- Each organization should share a simple one-page document-a dossier of sort, that documents skill sets, capacity, and resources of their organization with each partner community agency
- YEH and YAEH voice should be part of the effort to improve connection and collaboration within the community

**Creating a primary entry point for into the county’s youth homeless system:** A common comment from providers and the youth was the lack of youth specific coordinate entry and unawareness of where or how to access services or get help. A drop-in center, complemented with (1) a point-of-contact person who will serve as the visible/outreach/coordinator (go-to-person) for unaccompanied youth and young adult primary point of entry into the homeless system and (2) referrals for specific service needs. This will ensure that all youth and young adults experiencing housing crisis have a fair and equal access and are quickly identified, assessed for needs, and provided with a coordinated plan for handling their immediate and long-term needs.

**Working towards improving mental health and substance use disorder treatment:** In the first four months of 2022, Bennington County recorded the third highest death rate due to opioid overdose in the state of Vermont [17]. Mental health is an important part of YEHs’ and YAEHs’ overall health and well-being and access to treatment for their mental health issues and substance use disorders is an ongoing need that should be addressed. To address behavioral health disparities, it is important to understand the role that Social Determinants of Health (SDOH) <sup>2</sup> can have on the health of individuals and communities.

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<sup>2</sup> <https://www.cdc.gov/socialdeterminants/index.htm>

**Developing a plan to ensure seamless accessibility to health services for transition-aged youth and young adults:** Results from all sources of data revealed that age is a big barrier to accessing needed health. Adopting policy to allow unaccompanied youth to be able to access needed care by targeting age restrictions should be considered.

**Collect evidence to document and report performance in specific areas:** Prepare data-driven statements to show approaches to advance equity for all YEH and YAEH, and to identify subpopulation at highest risk of experiencing health and housing disparities. Community-based organization should keep track of:

- The number of unaccompanied youth and young adults screened for mental health and related interventions/services
- The number of unaccompanied youth and young adults contacted through program outreach efforts
- The number of unaccompanied youth and young adults receiving evidence-based mental health and related services
- The number of priority subpopulations contacted or served

**Improve connections to efforts outside of the region:** Organizational leadership should be encouraged to take part in regional state level efforts, including the Vermont Coalition of Runaway & Homeless Youth Programs and incorporate best practices from those perspectives into programmatic and financial planning efforts. Participation would improve statewide and federal data collection efforts, expand the knowledge base of the peer network, and attract additional resources to address the issue.

**Developing a plan for financial and programmatic sustainability:** Such a plan should focus on preparing for future means of funding by exploring long-term grants and opportunities for youth programs. There should be efficiency and effectiveness in using funds to implement solutions and prevent the duplication of efforts across agencies. Every effort should be made to contact YEH and YAEH with a specific emphasis on outreaching and engaging those who are unserved and underserved. Strategic planning should also involve expecting and preparing for priority populations, including:

- YEH and YAEH struggling with substance abuse disorders
- Youth aging out of child welfare or the foster care systems
- Youth aging out of juvenile justice systems
- YEH and YAEH at a high risk of experiencing family conflict
- YEH and YAEH experiencing episodes of mental illness

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## APPENDICES

### APPENDIX A: Definitions and Meaning of Acronyms

#### **Continuum of Care (CoC)**

The Continuum of Care (CoC) Program is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

#### **Unaccompanied Youth**

The term “Unaccompanied Youth” used in this assessment was established under the direction of the project steering committee, is defined as, “special homeless youth sub-populations that are especially vulnerable to homelessness and which have been shown to experience homelessness, including pathways to homelessness, in ways that are distinct from the general population of youth; these sub-populations include: lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth minors (under the age of 18), pregnant and parenting youth, youth involved with juvenile justice and foster care systems, and victims of sexual trafficking and exploitation.”

#### **Homeless Management Information System**

A Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Each Continuum of Care (CoC) is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.

#### **McKinney-Vento**

The McKinney–Vento Homeless Assistance Act of 1987 is a United States federal law that provides federal money for homeless shelter programs. It was the first significant federal legislative response to homelessness, and was passed by the 100th United States Congress and signed into law by President Ronald Reagan on July 22, 1987.

### Meaning of Acronyms

- BCRJ** Bennington Center for Restorative Justice
- CDC** Centers for Disease Control and Prevention
- CoC** Continuum of Care
- DCF** Vermont Department of Children and Families, Family Services
- GBCS** Greater Bennington Community Services
- HUD** United States Department of Housing and Urban Development
- HMIS** Homeless Management Information System
- SFRC** Sunrise Family Resource Center
- SVMC** Southwestern Vermont Medical Center
- SVSU** Southwest Vermont Supervisory Union
- UCS** United Counseling Services
- VDH** Vermont Department of Health
- YEH** Youth (ages 13-17) experiencing homelessness
- YAEH** Young adults (ages 18-24) experiencing homelessness



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## APPENDIX C: Service Providers Interview Guide

### *INTERVIEWER INSTRUCTIONS*

Thank you for agreeing to participate in this interview. My name is -----. The other person on the Zoom call is: -----.

**As a key stakeholder in local support services, thank you in advance for helping us to better understand the needs of the unaccompanied youth population (ages 13-17) in the Bennington area.**

Name of person being interviewed: ----- Job Title/Role: -----

Agency/Organization: -----

Background Confirm: Yes/No

It is my understanding you are a [-----]. Is this correct? How long have you been in this job position?

In answering the following questions, I would like you to think specifically about youth (ages 13-17) in Bennington County who might be experiencing homelessness.

### **Questions**

1. Are youth likely to become homeless easily? Can you explain why or why not?
2. What factors are contributing most significantly to youth homelessness?
3. What specific groups of youth are at the highest risk of experiencing homelessness?
4. Is (youth) homelessness a problem or crisis in Bennington County? Can you explain why or why not?
5. What challenges and solutions do you see as your organization's top priorities in trying to end youth homelessness in Bennington County?
6. Can you tell us what your organization specifically needs to better serve homeless youth in Bennington County?
7. Can you provide three examples of resources for the following:
  - A) Three resources that prevent youth homelessness (wait for the to answer). In your opinion, which of the three is the most successful?
  - B) Three resources that assist youth experiencing homelessness (wait for the to answer). In your opinion, which of the three is the most successful?
  - C) Three resources that help youth find stable housing (wait for the to answer). In your opinion, which of the three is the most successful?
8. What opportunities for housing options specific to youth experiencing homelessness do you believe are missing?
9. Do you notice any access barriers to temporary or long-term housing needs for youth experiencing homelessness? Yes or No) What are they?
10. Do you notice any access barriers to important care needs for youth experiencing homelessness? Yes or No What are they?

11. Do you notice any access barriers to important care needs for youth experiencing homelessness who might also have mental health disorders, substance use disorders (SUD), and acute or chronic physical illnesses (e.g. tuberculosis, human immunodeficiency virus-HIV)? Yes or No What are they?

12. Is there a community prevention plan in place to identify best practices for programs and strategies to prevent homelessness among youth experiencing homelessness in Bennington County? (Yes or No) What measures, resources, programs, or strategies should it include?

13. In your professional opinion how best can we determine unmet needs for services to youth experiencing homelessness?

14. In your professional experience, are there any lessons learned from the COVID2019 pandemic that can help organizations like yours better be prepared to provide needs for services to youth experiencing homelessness, during a similar emergency?

15. Who should we contact for more information about youth experiencing homelessness in Bennington County?

16. Do you have anything you would like to include to this discussion on youth experiencing homelessness in Bennington County and their needs?

17. Would you be willing to complete a brief survey we send via e-mail in the coming days?

CLOSING COMMENT: Thank you for your time today. We appreciate your participation in this project. If you have any questions or additional information to share after this interview, please contact us via email or phone

~~~~~*END*~~~~~

## APPENDIX D: Service Providers Survey

**These questions are being asked by researchers at Proscenium Data Solutions in conjunction with Bennington County Regional Commission (BCRC), to better understand the gap in services for unaccompanied and unhoused youth in Bennington County. Your participation is voluntary, and if you take the survey and are not comfortable answering all questions, you may skip individual questions. The survey should only take about 15 to 20 minutes to complete.**

**If you have any questions about this survey, please contact Dr. Houston at [ahouston@yourdatamatter.com](mailto:ahouston@yourdatamatter.com) or Dr. Naccarato at [toni.naccarato@csueastbay.edu](mailto:toni.naccarato@csueastbay.edu). Thank you for your feedback!**

1. What is your organization's annual budget? Your best guess is fine.

\$0-9K

\$10k-99K

\$100k-499K

\$500k-999K

\$1M-4.9M

Over \$5M

Don't Know/Refuse to Answer

2. What is your name?

3. What is the name of your organization?

4. What is the number of employees at your organization? Your best guess is fine.

1-9

10-19

20-49

50-99

100+

Don't Know/Refuse to Answer

5. In what Zip code is your work/organization located?

6. What is your job title?

7. Which best describes your role? Please select one.

Executive leadership

Educator

Administrative support

Licensed clinician

Case manager

Outreach worker

Board member

Peer specialist

Housing specialist

Other (please specify)

8. Which is true about your organization?

My organization serves only the Town of Bennington residents

My organization serves Bennington County residents

My organization serves Bennington County residents, VT residents, and NY/MA residents

9. What services does your organization provide? Please check all that apply.

Housing (including Emergency shelter and or Host Homes)

Mental health services and or Substance Use treatment

Health care services (including eye care, dental care, Gynecological etc.)

Youth leadership development

Educational supports

Social services including food and warm meals, and hygiene supports such as showers and laundry.

Low-barrier drop in services

Vocational/Workforce Development/Employment Services

Family reunification/Outreach

Legal services

Jail/prison re-entry supports

Mentoring

Peer supports

Case management

Other (please specify)

10. Does your organization work with any of the following?

Youth (ages 13-17) or young adults (ages 18-24) experiencing or at risk of homelessness

Young adults (ages 18-24) experiencing or at risk of homelessness

No, neither

Please provide any comments here.

11. Does your organization have any programs/services that are specifically designed for Youth (ages 13-17) experiencing or at risk of homelessness?

Yes

No

Please provide any comments here.

12. Does your organization have any programs/services that are specifically designed for young adults (ages 18-24) experiencing or at risk of homelessness?

Yes

No

Please provide any comments here.

13. Thinking about the population of youth (ages 13-17) only, which of the following do you

serve? Check all that applies.

Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth

Pregnant and parenting youth

Youth involved with juvenile justice and foster care systems

Victims of sexual trafficking and exploitation

Black, Hispanic, Immigrant/refugee, and other minority race and ethnicity youth

Justice involved youth

Youth currently or formerly in foster care

None of the above

Other (please specify)

14. Thinking about the population of young adults (ages 18-24) only, which of the following do

you serve (check all that applies)?

Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) young adults

Pregnant and parenting young adults

Youth involved with juvenile justice and foster care systems

Victims of sexual trafficking and exploitation

Black, Hispanic, Immigrant/refugee, and other minority race and ethnicity young adults

Justice involved young adults

Young adults currently or formerly in foster care

None of the above

Other (please specify)

15. Does your organization collect data on youth (ages 13-17) experiencing or at risk of homelessness? If Yes, please explain how you collect these data

Yes

No

Please explain how you collect these data, if applicable.

16. Regardless of whether you formally collect these data or not, please use the slider below to

estimate the number of youth (ages 13-17) your organization served in the last 30 days.

0 1000

17. Regardless of whether you formally collect these data or not, please use the slider below to

estimate the number of youth (ages 13-17) your organization served in the last year.

0 1000

18. Regardless of whether you formally collect these data or not, please use the slider below to

estimate the number of youth (ages 13-17) your organization served in the last 5 years.

0 5000

19. Does your organization collect data on young adults (ages 18-24) experiencing or at risk

of homelessness? If Yes, please explain how you collect these data

Yes

No

Please explain how you collect these data, if applicable.

20. Regardless of whether you formally collect these data or not, please use the slider below to

estimate the number of young adults (ages 18-24) your organization served in the last 30 days.

0 1000

21. Regardless of whether you formally collect these data or not, please use the slider below to

estimate the number of young adults (ages 18-24) your organization served in the last year.

0 1000

22. Regardless of whether you formally collect these data or not, please use the slider below to

estimate the number of young adults (ages 18-24) your organization served in the last 5 years.

0 5000

23. What are the 3 top challenges facing youth (ages 13-17) experiencing or at risk of homelessness in Bennington County?

Formal education

Job skills

Family conflict

Family acceptance (LGBTQ)

Limited housing opportunities

Little or no income

Physical health

Mental health

Substance use

Limited social networks and positive adult relationships

Transportation

Legal challenges

Self-efficacy (belief in one's ability to succeed, accomplish goals and tasks, or successfully address

challenges)

Other (please specify)

24. What are the 3 most significant resource needs for youth (ages 13-17) experiencing or at risk of homelessness in Bennington County?

Educational supports

Higher education opportunities

Employment opportunities

Workforce development and job skills training

Family reunification and conflict resolution services

Short term shelter

Medium term housing (6 month to 3 years)

Permanent supportive housing

Income supports including getting help applying for federal/state assistance

Legal assistance

Life skills training

Storage facilities

Child care facilities

Medical care services

Mental health services

Substance use treatment

Mentorship programs

Strong social networks

Transportation

Other (please specify)

25. What are the 3 biggest challenges facing young adults (ages 18-24) experiencing or at risk of homelessness in Bennington County?

Formal education

Job skills

Family conflict

Family acceptance (LGBTQ)

Limited housing opportunities

Little or no income

Physical health

Mental health

Substance use

Limited social networks and positive adult relationships

Transportation

Legal challenges

Self-efficacy (belief in one's ability to succeed, accomplish goals and tasks, or successfully address

Other (please specify)

26. What are the 3 most significant resource needs for young adults (ages 18-24) experiencing or at risk of homelessness in Bennington County?

Educational supports

Higher education opportunities

Employment opportunities

Workforce development and job skills training

Family reunification and conflict resolution services

Short-term shelter

Medium term housing (6 month to 3 years)

Permanent supportive housing

Income supports including getting help applying for federal/state assistance

Legal assistance

Life skills training

Storage facilities

Child care facilities

Medical care services

Mental health services

Substance use treatment

Mentorship programs

Strong social networks

Transportation

Other (please specify)

27. What organizations or individuals do you think can play a **leading** role in Bennington county's community response in reducing and or preventing youth (ages 13-17) homelessness?

28. What organizations in Bennington County could play a more active role in addressing youth (ages 13-17) homelessness?

29. What community partnerships in Bennington County are vital to solving the youth (ages 13-17) homelessness?

30. What ideas do you have for improving collaboration in Bennington County to address youth (ages 13-17) homelessness?



31. Please identify areas where Bennington County can make the most meaningful improvements to address youth (ages 13-17) homelessness.

32. During the COVID-19 pandemic, did you notice an increase in the need for services among youth (ages 13-17) experiencing homelessness?

Yes

No

Please provide any additional comments here.

33. Due to the COVID-19 pandemic, how was your organization's preparedness for future emergencies impacted?

No changes

Plan to provide more services and or different services than before the COVID-19 pandemic

Plan to provide less services than before the COVID-19 pandemic

Other (please specify)

34. During the COVID-19 pandemic, did your organization serve an increased number of youth (ages 13-17) due to the following? Please check all that apply.

CDC COVID19 related housing mandates

Higher than usual expressed need for services (i.e., youth seeking needs)

Unavailability of help from youth family and friends

Other (please specify)

35. How best do you think we can help youth or young adults experiencing homelessness or at risk of becoming homeless in Bennington County?

36. What else would you like us to know about youth (ages 13-17) homelessness in Bennington County?

**Thank you again for your time and participation!**

**If you have any questions about this survey, please contact Dr. Houston at [ahouston@yourdatamatter.com](mailto:ahouston@yourdatamatter.com) or Dr. Naccarato at [toni.naccarato@csueastbay.edu](mailto:toni.naccarato@csueastbay.edu).**

**Thank you again for your time and participation!**

## APPENDIX E: Unaccompanied Youth Survey

**These questions are being asked by researchers at Proscenium Data Solutions in conjunction with Bennington County Regional Commission (BCRC), to better understand the gap in services for unaccompanied and unhoused youth in Bennington County. Your participation is voluntary, and if you take the survey and are not comfortable answering all questions, you may skip individual questions. The survey should only take about 14 to 17 minutes to complete.**

**If you have any questions about this survey, please contact Dr. Houston at [ahouston@yourdatamatter.com](mailto:ahouston@yourdatamatter.com) or Dr. Naccarato at [toni.naccarato@csueastbay.edu](mailto:toni.naccarato@csueastbay.edu). Thank you for your feedback!**

1. How old are you?

13-17

18-24

2. What is your race? You can select one or more races

White or Caucasian

Black or African American

Asian or Asian American

American Indian or Alaska Native

Native Hawaiian or other Pacific Islander

Another race

3. Are you Hispanic or Latino?

Yes, Hispanic/Latino

No, not Hispanic/Latino

Don't Know/Refuse to Answer

4. Are you currently enrolled in school?

Yes, and attend regularly

Yes, and attend irregularly

Yes, suspended

No, expelled

No, dropped out within last 6 months

No, dropped out 6 months ago or more

No, graduated from high school

No, obtained GED

Don't know

Refused

5. Which of the following best represents how you think of yourself?

Lesbian or gay

Straight

Bisexual

Something else

I don't know

I'd rather not say

6. How would you define your gender?

Male

Female

Transgender

Gender Non-Conforming (i.e., not exclusively male or female)

7. Are you currently pregnant?

Yes

No

Don't know / Refuse to answer

Not applicable

8. Are you expecting to become a parent in the next 9 months?

Yes

No

Don't know / Refuse to answer

Not applicable

9. How long have you stayed in the place you stayed in the last week?

1 day 183rd day 365 days or more

10. Can you tell me all the places you slept in the past week? You can select one or more places

In an emergency shelter, safe haven, or transitional housing project?

In an institution (including hospital, jail, prison, juvenile detention facility, long-term care facility, or nursing home)?

In a place not meant for human habitation (including in a car, unsheltered on the street or under a bridge, etc.)?

Staying temporarily with friends or family, a practice known as "couch surfing"?

Other location (please specify here)

11. Is this the first time that you have been living on the street, living in a shelter, or a transitional housing program, or staying with friends or family?

Yes

No

Other location (please specify here)

Not Applicable

12. Including this time, how many separate times have you been homeless (living on the street or in a shelter) in the past year that is, since August 2021?

This is the first time

Less than 4 times? Your best guess is fine.

Four or more times? Your best guess is fine.

Don't know / Refuse to answer

Other (please specify)

13. Is there violence or conflict in the place you were staying in the last week?

Yes

No

14. Do you have another place to go and how long could you potentially stay there?

Yes

No

Not applicable

Please specify that place and how long you may be able to stay there.

15. Is your health or safety at risk in the place you were staying in the last week (due to situations other than violence, such as substandard housing or severe overcrowding)?

Yes

No

16. Do you have another place to go and how long could you potentially stay there?

Yes

No

Not applicable

Please specify that place and how long you might be able to stay there.

17. Where were you staying prior to the place you stayed in the last week? Please explain below.

18. What is the primary reason you left or lost your last stable housing situation?

Chose to leave

Had to leave

Don't know/Refuse to answer

Other (please specify)

19. Are you worried or concerned that in the next month you may NOT have stable housing that you own, rent, or stay in as part of a household? Please explain below.

20. Do you experience any of the following difficulties? You can select one or more

Serious medical conditions

Chronic stress

Physical/cognitive disabilities

Lack of social support

Learning difficulties

Violence

Inability to rest

Malnutrition/dehydration

Substance Use

Mental Illness

Crowded Living Conditions

HIV/AIDS

No health problems

Don't know / Refuse to answer

Other (please specify)

21. Thinking about now or any time you were not living in stable housing, have you encountered any of the following barriers to health care? Check all that applies, you can select one or more.

Lack of insurance and resources

Could not access health care service because of age

Did not have ID/personal documents

Transportation problems

Cultural/linguistic barriers

Limited education/literacy barriers

Mental health services barriers

Alcohol or drug use services barriers

Dental care barriers

Medical care barriers

Eye care barriers

Gynecological care barriers

Did not know where to go for the health care service

Did not qualify for the health care service

Placed on a waitlist and never heard back

No issues accessing health care services

Don't know / Refuse to answer

Other (please specify)

22. Thinking about now or any time you were not living in stable housing, have you encountered any barriers to accessing any of the following support or services? You can select one or more.

Did not have ID/personal documents

Could not access services because of age

Transportation problems

Drop-in day services

Housing services

Educational services

Legal services

Hygiene supports including showers and laundry

Food and warm meals

Access to computers for housing and job searches

Connections with peers

Recreational activities

Access to case managers who can connect you with other resources

Being connected to long-term housing

Did not qualify for service

Did not know where to go for help

Placed on a waitlist and never heard back

No issues accessing services/assistance

Don't know / Refuse to answer

Other housing and service support (please specify here)

23. During the past 30 days, how many days did you have 4 or more drinks of alcohol in a row?

0 days

1 day

2 days

3 to 5 days

6 to 9 days

10 to 19 days

20+ days

Other (please specify)

24. During the past 30 days, how many days did you use marijuana on your own – that is without a doctor telling you to?

0 days

1 day

2 days

3 to 5 days

6 to 9 days

10 to 19 days

20+ days

Other (please specify)

25. During the past 30 days, how many days did you use other illicit drugs or substances on your own – that is without a doctor telling you to?

0 days

1 day

2 days

3 to 5 days

6 to 9 days

10 to 19 days

20+ days

Other (please specify)

26. Have you ever received services, or felt like you needed help with your mental health?

Yes

No

Don't know /Refuse to answer

Other (please specify)

27. Have you ever been placed in foster care or stayed in a group home?

Yes

No

Don't know /Refuse to answer

28. Has anyone ever tried to help you get stable housing?

Yes

No

Not in past 30 days

Use this space to provide comments about that experience, if any.

29. Are you experiencing homelessness because you are currently fleeing domestic violence, dating violence, sexual assault, or stalking?

Yes

No

Don't know / Refuse to answer

30. Have you stayed overnight or longer in jail, prison, or a juvenile detention facility?

Yes

No

Don't know / Refuse to answer

31. Have you stayed overnight or longer in a treatment or healthcare facility?

Yes

No

Don't know / Refuse to answer

32. Whom did you live with the last time you lived in stable housing?

Family member

Friend(s)/roommate(s)

Partner/significant other

Don't know / Refuse to answer

Alone

Other (please specify)

33. When people lose their housing, they often move in temporarily with friends or family, a practice known as "couch surfing". How best do you think we can help a youth between the ages of 13 and 17 who is currently or was recently in this situation?

34. What is your most pressing need right now?

35. How likely are you to use a drop-in center for youth and young adults where they can access low-barrier services?

Very likely

Likely

Neither likely nor unlikely

Unlikely

Very unlikely

Other (please specify)

36. How best do you think we can help youth or young adults experiencing homelessness or at risk of becoming homeless?

37. In your opinion, what would the ideal place for youth with unstable housing or at risk of experiencing homelessness, look like? You can list all the things this place should have (or include) and or what it should not have (or include).

38. Is there anything you will like us to know? Please use the space below to provide any additional comments.