

Brenda Siegel Testimony
2/2/2024

GA Modernization
House Human Services

Top Recommendations:

1. Eliminate catastrophic and vulnerable eligibility criteria and distinctions, and their corresponding time limits. (It feels important to say, NOT how the administration suggested.
2. Simplify and modernize the application and recertification process.
3. Expand the definition of disability to meet all ADA requirements.
4. Center any and all policies in evidence-based Housing First Principles.
5. Eliminate the possibility of a period of ineligibility. It is a cruel and inhumane punishment and risks real people's lives.
6. Avoid use of congregate shelter. Use non congregate shelter.
7. Eliminate Income Contribution & Change Income Verification: This is a barrier to success.

Brenda Siegel: Testimony 2/2/2024:

Good Morning. For the Record, I am Brenda Siegel. I am here today as the Executive Director of End Homelessness Vermont. I also want to name two other hats that I wear. I work with a national organization, heading up a research center on the overdose crisis, and have been working across the state and country on this issue and as this committee knows, I have experienced multi generational loss due to overdose. I also do consulting work on all things human services, most prominently housing/homelessness, family services, the overdose crisis and disability rights. In this work I focus mostly on research and rules, policies, laws and systems. I mention this, because related issues will come up today and I want you to be aware of the multiple lenses that I bring to these issues.

Vermont urgently needs an emergency housing program that provides shelter to all Vermonters who are without shelter, for as long as needed until they can find longer term shelter or housing. The only requirement for accessing emergency housing should be current or imminent lack of shelter. Emergency housing should be available in all regions of the state, to allow people who become homeless to stay near their schools, medical providers, jobs, and support networks. The program should employ Housing First principles to ensure that, when a person or household is not a good fit in a hotel or shelter, they are supported with a new placement. Partnerships between the Department and providers and advocates would make this work smoothly.

End Homelessness Vermont

End Homelessness Vermont is a Lived Experience Expert led organization that works toward the goal of ending poverty and disability discrimination and homelessness in Vermont. We provide a data-driven safety net to the safety net that is trauma-informed and rooted in compassion, empathy and Housing First principles We are effective in ensuring that people remain sheltered and have the support they need, as well as addressing systemic barriers to accessing or remaining sheltered or housed. We work closely with providers, Economic Services (ESD), Department Of Children and Families (DCF), hotel owners and most importantly those experiencing homelessness. Our point of contact is generally at the moment of an emergency or in trouble shooting a complex case.

End Homelessness Vermont provides:

- Emergency support for people experiencing homelessness.
- Ongoing support for maintaining shelter for individuals with disabilities or whom have other complex barriers.
- Representation of people in fair hearings (legal aid only does a small portion of these hearings).
- Additionally we conduct voluntary interviews for the purpose of data and better understanding of the challenges systematically and within the experience of homelessness.
- We support lived experience experts in self advocacy.

- We are putting together a comprehensive statewide guide.
- Additionally, we work on the systemic challenges with both shelter and housing.

As it relates to GA Emergency Housing, I read and understand the 500 pages of rules and interpretations of those rules, as well as any emergency rules or changes as they come up. This allows us to support someone when they are wrongfully being denied access to shelter.

We have run a hotline since 2021 and the amount of calls that we get has fluctuated in the last three years directly related to what the rules or law are at any given time for GA Hotel Housing. Since June we have taken over 1000 calls and the amount we receive each week varies, from 10 calls to over 200 calls on our most unforgiving weeks. With an extremely high call volume at any time that 211 is not effectively working.

There are several ways that people access support through End Homelessness Vermont:

- They may call or email the hotline on their own.
- A hotel owner or provider may reach out to us for help. This path has become more and more common and is now the most prominent way that people reach out for support, which allows a collaborative effort to find shelter options for those most likely to have challenges finding and remaining sheltered.
- Additionally, we have met many of our clients on our visits to the hotels. We have visited the majority of the hotels participating in GA in the state.

When we get a call on our hotline we will work in one of many ways to support them:

- Walk them through the ESD process.
- Attend the interview in the Economic Services office with them.
- Support them in gathering the information they need for verification.
- Connect them to a provider.
- Provide support working on their voucher for them when needed.
- Provide ongoing support in recertification and verification.
- Provide ongoing support in other ways.

I will take the case on my own if it is either extremely complicated or will require representation at a fair hearing or require someone who knows the rules. Additionally, if the individual has disabilities that will require an ongoing reasonable accommodation or other complex barriers to remaining sheltered, I then work on their voucher at each renewal date. Another situation in which I provide ongoing support is when they will lose their job if they do recertification at each pay date, because they would have to miss work to do so. We generally refer people to a local provider following the initial interaction; however we will take on a similar role if there is no provider we can help the client connect to. There are over 70 clients for whom I provide ongoing assistance in maintaining their voucher and another 200 who we provide ongoing support in another way for. We don't turn anyone away, so if someone calls we do everything in our power to offer some kind of support for them.

Some examples of challenges the 70 we are working with includes:

- A large portion of aging Vermonters, and of those
- A significant portion number of individuals with some form of dementia
- We have 5 clients with autism at varying degrees
- 3 with schizophrenia
- 2 on oxygen
- 4 with cancer
- 2 with recent heart surgery
- 1 escaping a hostage situation
- 4 escaping domestic violence

Everyone on my ongoing list has a significant disability, many are single or don't have children and many do not have ssi or ssdi. My list only grows, it does not shrink.

I want to start by painting the picture of a typical day before Adverse Weather Rules date to date came into effect on December 15th, meaning this time period we are in right now, when the rules relax. At this time an experience of homelessness is the only qualification for shelter and people are allowed to stay sheltered consistently throughout the winter months.

I want to take you through November 15th. This day sticks out in my mind because it was my birthday and not a good one. I was receiving calls throughout the day from both from providers and individuals. These calls began at 530 am. The majority of my clients that day were families with children, but on a typical day, there is a mix and in fact a lot of people with disabilities or medical vulnerabilities who do not fit into any of the categories the administration would shelter in their FY25 proposal.

Some examples of the calls we took that day were: We had a family with a one-year-old who I was representing in a fair hearing and would be sleeping outside in just a few days, ESD had mistakenly put them in the cohort because they entered on July 3rd and not June 30th, but as far as the family was concerned, they were in the cohort, they had no way of knowing otherwise. ESD had realized on November 9th that they had made a mistake and given this family just one week and exited them to the street. In this person's case notes, it says "cohort", after each entry, the family had no reason to believe otherwise. It was our position in the fair hearing that the Department made the error and this family should not suddenly have the rug pulled out from under them now as a result and in fact should be returned to the cohort. The family slept outside for over a week. We had the first part of the fair hearing and the department would not even give this family the 28 days that any other person in the cohort gets when they are exited from the cohort. This barrier continued until I asked someone in a leadership role to review the case. The Assistant Attorney General and I were then, only after I asked for someone to take another look, able to stipulate to an agreement to keep this family sheltered until Adverse Weather, but not to return to the cohort. This mom reported that each time they turned off the car while they were outside, their baby said "go inside?" This was not because there were no rooms, this was because of a misapplication of the rules and it could have been avoided with a more clear and simplified process.

That day we also had a single dad with a nine year old who was scrambling to find access to some support to remain housed until December 15th, which is when Adverse Weather started his 84 days had run out. I searched for an emergency medical problem, hoping that there might be something that I could ask for an exception for. There were none. It is quite something to hope that there is a medical issue so severe that I can ask for an exception to get someone sheltered.

We had a single mom of twin five year olds. A woman with two children. Another single mom with two kids and about five other families just like this.

That day we additionally had three calls of people with medical vulnerabilities, several calls of people living with disabilities, and four people who were newly experiencing homelessness and did not qualify under the current rules. I spent the entire day answering calls, talking at length to individuals, and there was not a single person that I could get in that day. In each case, the verification needed or work it would take due to what I would call a misapplication of the rules and/or the restrictive nature of the creating categories that value the health and safety of some over others, meant that if I could get them in at all, it would be days. I spent the entire day telling people, primarily families with children that day, that they would have to sleep outside.

By the end of the day I was calling my own parents in distress about what a monster I felt like and how helpless I felt. I name this only to flag that I worry not only that we are leaving people outside, but also that this is what we are putting providers and Economic Service workers through each and every day.

By simplifying our GA system and creating a system in which an experience of homelessness is the qualifier for shelter and that people remain sheltered until they are in permanent housing, we would lift an extremely heavy burden from everyone on the ground and create a much more humane system.

Throughout the last three years and especially the last seven months in my work, I have uncovered many areas where the system is very broken, overly complicated and taking time and energy for both DCF Department staff and providers, time that could be used providing more support and getting people housed. At the moment, the system is designed to spend more time trying to carve people out of qualifying for support, than it does supporting people.

A typical complicated case that comes to us can take anywhere from 6 to 30 hours of work for myself to get the person sheltered and this is just one person who does qualify, but, they are under an area where the Department might turn them away if the individual is not very savvy with their understanding of the rules and in fact, usually that is what has happened, when they have come to us.

I want to give you five concrete examples of why the current rules fail and areas that should be fixed in any reimagining of GA.

1. Emergency Medical Need:

Under Rule 2621 Emergency Medical Need, emergency medical need is considered a catastrophic category. However, in this committee you have never heard that from the Department. That is because it is not considered for people accessing emergency housing. However, the rule itself states clearly that Emergency Medical Need is a qualifying factor. This has been argued in fair hearings and resulted in the Department's decision being reversed. But when the Department was presented with this information, they still declined to change their interpretation of the rule. Instead when someone has an emergency medical need, they have to ask for an exception, which is usually denied unless a provider or advocate who understands the rules is able to ask for a review of that decision. Then the bar is still extremely high, meaning, the risk of death has to be fairly imminent to get an exception. Some examples of exceptions that have been approved for us were:

- Children with severe respiratory challenges. (family had used their 28 days)
- Several clients with stage 3 or 4 cancer.
- Someone who had a stroke recently.
- A person on oxygen.
- A veteran with an amputated leg who had used his 84 days.
- A pregnant woman who was not in the 3rd trimester (only the 3rd trimester qualifies under current rules and only for 28 days and if used then, they won't have more time once the baby is born).
- A child in a wheelchair, the family had already used their 84 days.
- A person who just had heart surgery.
- An adult non verbal person with autism.

And several others. Only in the most extreme circumstances is an exception applied. And we know from the data that after three weeks living outside, the physical health of any individual starts to rapidly decline and even if they did not before, they begin to develop a mental illness, trauma, anxiety and depression. The data is very clear on this. What this does in addition to creating more sick people, is it increases the long term need for additional support. This of course is more expensive over time than keeping people sheltered.

2. Constructive Eviction

Rule 2621 grants catastrophic eligibility to people who have experienced “a court-ordered eviction or constructive eviction [defined as any disturbance caused by a landlord, or someone acting on the landlord’s behalf, that makes the premises unfit for occupation] due to circumstances over which the applicant had no control.”

Despite this broad definition, the Department generally counts as catastrophic only court-ordered evictions that are for no cause, though non-payment evictions that are “due to circumstances over which the applicant had no control” should also be covered. The Department does not tell applicants in non-payment evictions that they can fill out an income expense form to show that their non-payment was due to unaffordability, despite the fact that we are in a housing crisis where rents statewide have increased astronomically over the last few years.

Additionally, as the Human Services Board has repeatedly ruled since 2003, the Department applies incorrectly narrow definitions of tenancy and eviction to this criterion of catastrophic eligibility. (I have attached a summary of these rulings to this testimony) Specifically, the Human Services Board has found that none of the following criteria that are routinely demanded by the Department is required for constructive eviction to apply: payment of rent, the applicant’s name on the lease, locked doors, separate entrances, separate bedrooms or bathrooms or cooking facilities, a formal eviction letter, or specific requirements in an eviction letter. According to numerous Human Services Board decisions, constructive eviction requires only that a person was living in a place with the expectation that they would be able to stay for a specific or open-ended period of time, and was made to leave that place. Yet the Department frequently denies emergency housing to people with informal living arrangements and informal terminations of those arrangements, both of which are especially common for people who are precariously housed and at risk of homelessness.

One client gave me permission to share her story and decision from the Human Services Board. (I am not including the decision, as it includes sensitive information, but I have included the summary attached). She slept outside for a month with her 15 year old after an informal living situation in a camper that she had purchased, but was on an inlaws' land. Her partner, and the son of the property owner, was arrested, leaving mom and kids. She was asked to leave the property on the same day that the partner was incarcerated. This was of no fault of her own. This living situation only worked because she had access to amenities in the physical house, because the camper was not equipped with appropriate living amenities. The Department at different times contested different reasons that her tenancy did not qualify. Sometimes that she had a camper she could use, to which she said “not unless I get really strong and can carry it on my back to a piece of land, I suddenly could afford to buy and was able to prepare it as a sole living space”. And at other times, said that it was not a formal living situation and so she did not qualify for catastrophic eviction. We received a decision, in which the Human Services Board reversed the Departments decision and took the time to spell out that since 2003, so for 20 years, they have applied an interpretation of the catastrophic rule that includes informal tenancy, informal eviction, no locked doors, no separate rooms, no rental amount. This is because many people who are precariously housed, don’t know their rights and are subject to whim of people they are living with.

However when the Department was presented with this decision and the several decisions referenced in that decision, they declined to change their interpretation of the rule. Following showing the department, not only the current decision, but also, 20 years of precedent with the

human services board, the oversight body for the appeal process, the Department still declined to change how they apply the rule. That meant that each and every time, I got a constructive eviction case that did not fit squarely in the no cause or health code category, we had to go to a fair hearing or ask for the case to be reviewed by leadership or both.

3. Domestic and Other Violence:

Rule 2621 states that catastrophic eligibility applies to anyone who meets an extensive definition of domestic and sexual violence:

Domestic violence, dating violence, sexual assault, stalking, human trafficking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence.

The rule also allows for six different forms of verification for this violence. The Department, however, applies catastrophic eligibility only to domestic violence, and not the other forms of violence listed in the rule, and only allows for one type of verification ("determination of abuse by staff at a domestic violence shelter or organization"), and not the other possible forms of verification, except in very limited circumstances. These other forms of verification are extremely important because in different circumstances, they are necessary. In addition, the Department applies a 3-month look-back period to this criterion, though no time limit is required by the rule. I was struck that one qualifying factor is a waiver from the Department going after child support due to a risk of your safety. This struck me, because I had that waiver when my son was little. If one has that waiver, it does not go away, meaning the three month look back is a decision that flies in the face of the rule. Also, it is important to note that many domestic violence agencies don't work with folks with active substance use disorder or severe mental illness, some only work with women, some only work with families with children. There are many parameters. This means that only using that one verification may make it impossible for people most likely to be victims of violence, trafficking, assault, and more to escape such situations.

In one instance, I had a client who had been held hostage by a sex trafficker and he was not only denied, but given a period of ineligibility because he was not able to get the support he needed from a DV agency. I was able to get this period reversed with the support of investigators who were able to corroborate that it was essential that this person have shelter in order to remain safe.

In another instance, I had a client with Substance Use Disorder, the DV agency would not work with her because of her SUD. As a result, myself and another provider took over her support. We tried to get her into Valley Vista, Valley Vista denied her due to her mental illness. We actively continually tried to get her into treatment and were denied. Mental Health supports were not available due to her Substance Use Disorder. Unfortunately, this individual who was fleeing domestic violence, was actively seeking help for her mental illness and substance use disorder, died of an overdose a little less than two weeks before the writing of this testimony. She wanted

help, asked for help, was trying to get help and died because no one would help her because no facility wanted to support her through her dual diagnosis. She did not have to die, and yet she did.

4. Reasonable accommodations of people with disabilities:

The ADA requires equal access to application of benefits and that is not happening right now. Many people applying for and participating in the GA emergency housing program have disabilities, whether or not they are receiving SSI/SSDI. The current emergency housing program is extremely difficult to access and navigate for people in crisis and people with disabilities, particularly those affecting mental health or cognition. Allowing clients to work with an advocate and the advocate to do required steps to maintain their voucher is one way to provide a reasonable accommodation, but there are many other types of accommodation needed. And unless the Department offers this option to clients, they may not know that this support, the kind that we offer at End Homelessness Vermont, is available to them. Oftentimes, it is these disabilities that limit people's access to these services or even result in them being exited from the hotels, shelters or programs like the June Cohort. In fact, most people who are no longer in the June Cohort were exited from the program either because they could not get ahold of the department or because their disability created barriers to access that could not be overcome without a reasonable accommodation.

It is the responsibility of the Department to provide reasonable accommodations to people with disabilities to allow them to engage in this program in the same way as a person without disabilities. Requiring people to know when they need an accommodation, how to ask for it, and how to verify it, and then frequently denying those requests, reinforces systemic inequities and flies in the face of the ADA. ESD staff should be trained and encouraged to recognize, offer, and carry out reasonable accommodations for people with disabilities in the application and recertification process and in the administration of the program. This needs self attestation because in any circumstance where someone needs support in order to access services, they can't get verification in advance of that support. This is specific to reasonable accommodation to participate in program requirements.

I want to tell you about a good example of something surrounding reasonable accommodations that is working in the Department. I share a caseload with an economic service worker. This was set up in August and I have to say was not an easy start but it is an example of how we can succeed when we work together. This worker and I communicate many times per day. When End Homelessness Vermont gets an emergency that needs additional support, we work with this worker to address barriers, get verification and support the access or maintaining of shelter when possible. There are still times, of course, when a case has to go to fair hearing or be elevated to leadership, due to the constraints of the interpretations of the complex rules and qualifications. If they are an individual who needs ongoing support, that individual ends up both on my caseload and on hers. This allows us to troubleshoot and work through issues as they come up. I also work closely with hotel owners, providers and the individuals to ensure success. When it becomes clear that a hotel or shelter is not a good fit, at the clients renewal date (the

rules do not allow us to move clients when it becomes necessary), I work to find them a situation that will better suit them. As a result, clients have been able to be placed in hotels and situations that provide better support and better outcomes and this has severely limited periods of ineligibility for traditionally challenging situations.

5. Written notice

The Department does not provide clear notices of decisions regarding eligibility and time limits so that applicants and participants know what to expect and how to appeal. The current GA rules technically require written notice to be provided if an applicant is denied emergency housing in whole or in part. (Rule 2601, attached) This should include anyone who is granted 28 days of emergency housing under vulnerable eligibility, since this determination requires screening for and ruling out catastrophic eligibility. (Rule 2610, 2652.3, attached)

We do not see notices being provided in the cases that come to us – for outright denials of emergency housing, for denials of catastrophic eligibility, or for terminations and periods of ineligibility. To my knowledge, Vermont Legal Aid also does not see these notices. This lack of notice is not just contrary to the rules; it causes significant confusion and uncertainty for applicants and participants who may not know (beyond what they hear in a phone call with ESD) when their emergency housing will end, when they may be eligible again, what information they need to provide in order to prove their eligibility, and what they can do to appeal if they disagree. And it makes it difficult for advocates to quickly determine what the Department's decision was and whether it should be challenged, in what is almost always an emergency, crisis situation. The confusion is compounded at times of transition, like the end of the Adverse Weather Conditions period, when participants do not know what their current eligibility is based on and when their shelter will end.

Written notices of denials are legally required, and written notices of all eligibility decisions occur in most other benefits and in GA Housing would help applicants and participants and their advocates to understand what is happening, plan for their next steps, and correct critical mistakes.

Fair Hearings & Continued Benefits Until Appeal:

Some facts about fair hearings:

- The Department does not continue benefits until the decision is rendered in a fair hearing despite there being no rule preventing them from doing so.
- The rules require retroactive benefits when a decision is reversed, which is impossible in emergency housing, that means that it is impossible to fulfill this rule requirement without offering continued benefits.
- People generally don't have representation in fair hearings.

- End Homelessness Vermont and Vermont Legal Aid are the two organizations that will support people in Fair Hearings.
- People with disabilities are made to testify on their own behalf. Sometimes without adequate reasonable accommodation support. This includes people with dementia.
- Fair Hearings are not expedited any longer, so it often takes over a month to get one scheduled.
- A Fair Hearing decision can take longer than a month, leaving families outside while they wait.

Fair hearings do not allow people to remain sheltered until their case is heard. They are often trying to prepare and keep a charged phone and be in the hearing from outside. Yesterday, I had a meeting from my car and I was cold and couldn't wait for it to end, but we expect people to defend their right to basic survival after days or sometimes months of living outside.

An example of how this process can go is, In early August, I was called with a case of a woman who only has a 10% field of vision, the Department was insisting that she was not part of the cohort. I got a copy of the voucher or authorization that proved that she was in on June 30th, but the Department said that she was not in the hotel and their own voucher didn't prove that because they couldn't see where the hotel billed them. The hotel billing or not billing them was irrelevant to her receiving a voucher. She was outside for 10 days without vision. In that time frame, I showed the authorization, I showed the copy of the filled in billing portion, I had a letter from the hotel and with each thing that I showed, I was asked for another form of verification by the AAG. Leaving this woman outside with a 10% field of vision. Finally after 10 days, I was able to get a stipulated agreement, returning her to the cohort and getting her rehoused. The same hotel was happy to take her back and worked closely with me. But, if she had not had my support, there is no way from outside she could have gotten through that process.

Current Rules:

Right now the rules allow some people to utilize 28 days and some to utilize 84 days in shelter and during adverse weather the rules relax making the experience of homelessness the primary qualifier for access to emergency shelter.

Administration Proposal:

The Administration's proposal is that no one gets more than 28 days in a 365 day period. To put a fine point on that, that would have meant that the people who were flooded this year would have ended up with no more than 28 days. Then during Adverse Weather Rules, only an extremely limited group of people have access to shelter. They said it leaves 500 to 600 households outside out of the 1600 current households or near 3000 people. That means that over 1000 people left to freeze in a Vermont Winter.

Also, from a provider perspective, my life was a living nightmare right up until December 15th. As soon as Adverse Weather came, providers could breathe a sigh of relief. Our call volume and workload has not become manageable, but it has become far lighter than it was before Adverse Weather Rules. Our burnout is extreme and we need this protection to survive this work and the individuals we work with need this protection to survive, period.

Under the Administration's proposal most of the situations I just outlined above would end with the person outside. All of the situations would leave everyone outside for the majority of the year, including children, people in wheelchairs, people with disabilities and people with severe medical vulnerabilities. No one would remain sheltered. It is a highly irresponsible plan. Vermont has the 2nd highest rate of homelessness in the country and in 2016, we had the 2nd lowest rate. We have to collectively decide that we will keep people sheltered as a shuttle to permanent housing.

Data Highlights:

Here are some highlights from the data that we have gathered. We are still in this process and it will likely be a little while longer before we will release our preliminary findings. But at this stage, here are some highlights of what we have found.

- 46.8% of the people we interviewed so far were not part of the April Cohort.
40.1% Were part of the April Cohort.
Others were not sure at the time of the interview or had recently been exited and were waiting for results from a fair hearing.
- 76.4% of the people we interviewed had physical health conditions and those ranged from High Blood Pressure, to asthma, heart disease, cancer, recent amputees and more.
- 87.1% had some form of disability.
- 28.4% of the people we interviewed had diagnosed bi-polar.
5.3% are living with schizophrenia.
67.4% have experienced trauma.
31.1% had experienced past suicide attempts.
- The majority of those categories and physical health challenges did not also have ssi or ssdi. Sometimes due to lack of support, but often due to a desire to continue to work.
- 13.1% were fleeing domestic violence.
48.1% were victims of past domestic violence.
However 60.5% did not know who the designated agency was for domestic violence.
- 27.7% had been in foster care as children.
25.1% had first experienced homelessness as a child.
And only 5% overlapped in those two categories.
- 82.9% were not currently involved in the criminal justice system.
And 61.2% had never been involved in the criminal justice system.

When our data is complete or at a place where we can release our findings overall, I will provide our findings to this committee.

HHAV & Housing First Vermont

I want to take this moment to talk a little about both HHAV and Housing First Vermont.

HHAV is made up of roughly 60 providers and housers. Last year there was some disconnection between members in what was then two different alliances. Now we have all worked extremely hard to be on the same page, meeting multiple times a week at times, and agreeing on a set of priorities that include many priorities that this committee shares.

Housing First Vermont is a new coalition that is focused on evidence-based policy recommendations that complement HHAV's priorities and that add infrastructure for permanent supportive housing through Pathways Vermont. Our main focus however is a policy shift that is not attached to an appropriation that utilizes Housing First in both Housing and Shelter.

Housing First Overview

I know that you had a little bit of a background on Housing First the other day, I want to just frame some of the data as we begin to talk about what we can do about the systemic failures that I outlined above.

Housing First means providing housing—and in absence of housing, shelter—as a primary need and without conditions. It means that services should be robustly available but not required as a condition for getting or staying housed or sheltered. Housing First also recognizes that people have varied housing needs and works with them to find, and if necessary, change housing to meet their needs. Housing First means eliminating the many barriers and requirements that put housing out of reach for many people, particularly those struggling with substance use, mental illness, or other challenges.

Here is what Housing First does not mean. Housing First does not mean housing only, or only housing some people. It does not mean that people struggling with mental illness or substance abuse can be excluded from housing, isolated to institutions or specialized shelters, or evicted to the street.

Housing First means making our policy decisions based on decades of research, not on stigma and prejudices.

Study after study has shown that Housing First works to solve homelessness.¹ The Denver Supportive Impact Bond offers one of many examples of what is possible using a Housing First

¹ Jacob, Verughese, Sajal K. Chattopadhyay, Sharon Attipoe-Dorcoo, Yinan Peng, Robert A. Hahn, Ramona Finnie, Jamaica Cobb, Alison E. Cuellar, Karen M. Emmons, and Patrick L. Remington. "Permanent Supportive Housing With Housing First: Findings From a Community Guide Systematic Economic Review." *American Journal of Preventive Medicine* 62, no. 3 (March 2022): e188–201. <https://doi.org/10.1016/j.amepre.2021.08.009>.

approach. As many other studies have shown, people that received housing stayed housed after the three years of the trial. Study participants also had dramatically fewer police interactions, jail and prison stays, and use of detoxification facilities and emergency room visits.² Use of basic healthcare services increased.³

We know that too many people are losing housing or shelter for reasons related to their disability.

How End Homelessness Vermont Applies Housing First:

Right now End Homelessness Vermont uses Housing First Principles in our process and we would suggest that the statewide emergency shelter rules and laws adopt these principles. Meaning that we don't turn anyone away regardless of how challenging their disability may be or what disruptions there have been in their housing or shelter before. This has actually helped us to learn so much about how these challenges occur. We work closely with hotel owners, to ask them to reach out to us, instead of exiting people, and allow us to work on finding a better hotel situation for that particular individual. Unfortunately the current rules don't allow us to move someone until the end of their voucher and this is a barrier, but we work hard to ensure success, even with this barrier. As result in all of our clients, we have only had one client who has received periods of ineligibility that were not reversed. We work with some of the most challenging and complicated situations across the state and we have successfully been able to use Housing First principles for our clients and they have remained sheltered.

² Urban Institute 2023, "Denver Supportive Housing Social Impact Bond Initiative: What We Learned from the Evaluation," <https://www.urban.org/policy-centers/metropolitan-housing-and-communities-policy-center/projects/denver-supportive-housing-social-impact-bond-initiative/what-we-learned-evaluation> What We Learned from the Evaluation | Urban Institute.

³ "Housing First' Increased Psychiatric Care Office Visits And Prescriptions While Reducing Emergency Visits." Accessed February 2, 2024. <https://doi.org/10.1377/hlthaff.2023.01041>.

What Modernized GA Should Look Like:

The nearly 500 pages of GA Rules and Interpretations are overcomplicated, create inequity systemically and geographically and were created in the 1960's and in a time when both there was more housing available, but, also, when we had less research and data about poverty. The stigma and overall belief that people in poverty somehow did this to themselves, is the foundation of the rules throughout economic services and especially throughout GA Housing. It is time for this to be updated. There are options to rapidly expand shelter capacity and I will present that to the legislature in the coming weeks.

Recently I had the opportunity to sit down with Rebecca Plummer from Vermont Legal Aid, who I hope will also testify. Vermont Legal Aid and End Homelessness Vermont are the two entities in the state who specifically have to become experts in the rules, laws and systems, in order to successfully do our jobs. We came up with a shared set of priorities for reimagining GA Rules. We are also currently doing a full review of the 500 pages and I will provide the committee with a comprehensive review of the rules overall when this is complete.

GA Modernization Proposal:

1. Eliminate catastrophic and vulnerable eligibility criteria and distinctions, and their corresponding time limits. (It feels important to say, NOT how the administration suggested.
2. Simplify and modernize the application and recertification process.
3. Expand the definition of disability to meet all ADA requirements.
4. Center any and all policies in evidence-based Housing First Principles
5. Eliminate the possibility of a period of ineligibility. It is a cruel and inhumane punishment and risks real people's lives.
6. Avoid use of congregate shelter. Use non congregate shelter
7. Eliminate Income Contribution & Change Income Verification: This is a barrier to success.

- 1. Eliminate catastrophic and vulnerable eligibility criteria and distinctions, and their corresponding time limits.**

The experience of homelessness should be the qualifying factor for accessing emergency shelter. Applicants and Economic Services Division staff expend phenomenal effort to verify and determine eligibility for catastrophic versus vulnerable eligibility. The importance to applicants is huge: the difference between 28 and 84 days in a 365-day period can save lives and can bridge a household to an Adverse Weather Conditions period. Yet, realistically, neither 28 nor 84 days is enough time for a family to find long-term housing during this housing crisis. The fact that only a small portion of the June cohort, with significant services, have moved on to positive housing outcomes in the seven months since the Legislature extended their emergency housing shows just how extraordinarily difficult it is to find housing in this housing crisis. Limiting

emergency housing to 28 or even 84 days does not provide emergency shelter for Vermonters who are trying to get back on their feet. It simply provides a respite from the street.

Simplifying the rules to only a few key eligibility criteria, as happens during Adverse Weather Conditions periods, would save an enormous amount of hassle and confusion for applicants and for ESD and would free everyone up to work on the critical goal of finding more stable housing for households experiencing homelessness.

In addition to this being a necessity due to the need to stop having a system where we carve people out of emergency housing, There are numerous people that have disabilities, have medical vulnerability and/or have an experience of homelessness that will be at risk of physical and mental illness within a brief time of being forced to live outside.

2. Simplify and modernize the application and recertification process.

The current emergency housing system that requires households to contact the Economic Services Division by phone or in person in order to apply, obtain motel placement, and renew vouchers, is extraordinarily convoluted and inaccessible, and yet we impose this system on households who are in the most unstable situations, often without reliable phone service or transportation, and who may be the least able to manage this process due to mental health or cognitive disabilities. There is no reason for this program to require phone or in-person contact with short-staffed phone lines and offices for every required step. An online portal could be established to handle applications, verifications, and recertifications for everyone who can use it, with the phone line being available to people who have no other way to access the process. The application and recertification process could be enormously simplified by limiting the required information to only what is needed. As Representative Theresa Wood, Chair of the Vermont House Human Services Committee, recently noted during testimony by DCF, is it really necessary to require people in crisis to verify their homelessness? The labyrinthine process and the enormous amount of person-power required to carry it out could be greatly simplified by eliminating some of the third-party verifications that are required for applicants and participants and allowing for self-attestation when possible.

3. Expand The Definition Of Disability To Meet ADA Requirements and Change Verification Of Disabilities.

Using a definition of disability that includes only those people who have been found eligible for SSI or SSDI by the Social Security Administration leaves out many people with disabilities under Vermont law. It is not only extremely difficult to complete the application process and periodically recertify for Social Security disability benefits when one is precariously housed or experiencing homelessness (indeed, SSA requires a reliable, non-post office box mailing address for applicants), or when the symptoms of one's disability make follow-through difficult. It is also very common to be initially denied by SSA (in Vermont, fewer than half of initial applicants are approved), even when one has managed to engage in the whole process, and then to have to

go through a long and complicated appeal process. In addition to this, what we have found in our data is that some people who do have a disability, do not want to get on SSI or SSDI because they would like to continue to work. Additionally, people that are temporarily ill or recently diagnosed would not have the opportunity to apply and may not qualify. SSDI is not a determinant of if you have a disability or not, it is related to one's ability to work directly. That does not mean that the same person with a disability whom can work, does not need to be sheltered. It is a strange barrier to put in people's way to say that they have to limit their ability to work in order to have access to the survival of shelter. Also, the ADA is clear on what the definition of disability is and Vermont also has a clear definition. It seems we should be meeting that definition.

Definition Of Disability That Should Be Adopted:

We propose that the Legislature adopt the following definition of disability, which would include people who have been found to have a disability for Vermont Medicaid, as well as people who meet the definition of disability employed by the Vermont Fair Housing and Public Accommodations Act (9 V.S.A. 4501(3)) and the ADA:

- a. A person who receives SSI, SSDI, VA disability benefits, or Medicaid for the Aged, Blind and Disabled (MABD);
- b. ADA and Vermont's Definition of Disability;
- c. A person with a physical or mental impairment (as defined in the Fair Housing and Public Accommodations Act, 9 V.S.A. 4501(3)) that limits one or more major life activities.
- d. Include Medical Vulnerabilities

Verification Of Disabilities The Should Be Adopted:

After VLA challenged the Department on their definition of disability in 2021, they created a form (attached). This form allows verification from a professional who has intimate knowledge of the person's disability. The ADA only requires "a person who has intimate knowledge". This is doable, it has been done before. And the Department using the reason that it is "hard" is not a good reason not to follow the ADA. We are not suggesting self attestation alone as the verification process, we are suggesting that the rule allow temporary self attestation, and then a period of one month to get verification from a "person who has intimate knowledge of the disability" as is required by the ADA. And that the simple form used in 2021 be used to get verification.

4. Center Any and All Policies In Housing First Principles:

As discussed above, Housing First means that services are robustly available, but not required. Right now, "shelter first", periods of ineligibility and categorizing individuals are not in line with Housing First. Also creating categorical eligibility, as Chair Wood said, eliminates people who may very much need the shelter just as much as others. Framing Housing First principles in shelter would mean moving individuals with their dignity and input into places that will overall have a better outcome. This is the model that End Homelessness Vermont is using right now.

We work very hard to support the client in moving to a shelter or hotel that is most likely to have a better outcome when they are struggling in their current sheltering option.

Housing First does not mean that people have to stay where it is not tenable, it means that they are not left without shelter or housing when it is not tenable. This would mean working with clients to rehouse or reshelter them without returning individuals to the street.

5. Eliminate Periods Of Ineligibility

Right now, breaking a rule, being exited from a shelter or motel or having one's disability get in the way of their success in shelter results in a 30 day period of ineligibility. Utilizing End Homelessness Vermont's re-sheltering model, we can avoid periods of ineligibility, allow people to be supported in their needs for their disability and support our communities in keeping people sheltered and safe.

6. Avoid the Use of Congregate Shelter. Use Only Non-Congregate Shelter

The use of motels during the pandemic has helped us to understand that non-congregate shelter is far better than congregate shelter.⁴ We should avoid the use of congregate shelter, particularly mass congregate shelter. Additionally, the data has shown that congregate shelter does not have the best outcomes for people and will not walk us out of this crisis in a way that is healthy or safe for our communities.

7. Eliminate Income Contribution & Change Income Verification

The income level of people in the Hotel/Motel Program is quite low and many living on ssi and ssdi can barely survive as is. In a HUD Section 8 Voucher, most of these families would have an income contribution of zero as a tenant based on their guidelines. Additionally, these individuals have much higher costs because they have to purchase only quick or prepared meals in the hotels, their transportation costs can be quite high as well. They also have the added burden of trying to save money so that they can pay rent if they are lucky enough to find a rental. They should be able to use their limited income to meet their families needs. The income contribution additionally adds complexities to the recertification and application process that we know needs to be addressed.

Additionally, income verification creates a barrier to people maintaining employment. The current policy that people have to recertify at each pay date means that people have to wait on hold in order to maintain their voucher. There are many clients of mine and other providers that have lost or had to quit their jobs due to this barrier. When they have to choose between remaining sheltered and employment in this housing crisis, shelter becomes the primary need and priority.

⁴ Padgett, Deborah K., and Daniel Herman. "From Shelters to Hotels: An Enduring Solution to Ending Homelessness for Thousands of Americans." *Psychiatric Services* 72, no. 9 (September 1, 2021): 986–87. <https://doi.org/10.1176/appi.ps.202100170>.

Cost of Un-sheltering Individuals:

The national average cost per person experiencing unsheltered homelessness is \$35,000/year and that is for us to not solve the growing problem or crisis at all. That is \$105,000,000/year for 3000 individuals, and 1.5 billion over 10 years. That means that it costs us more overall, even in a single year to allow our community members and neighbors to be unsheltered. Even to keep everyone sheltered for \$45,000,000/year is still \$60,000,000 less than the cost of un-sheltering individuals. These costs come in emergency services, health care, ER visits, additional provider support and more. Also, these costs last. The longer we keep people un-sheltered, the greater the impact on their safety and health, both physical and mental health. Simply put, it is not fiscally or morally responsible to un-shelter or keep unsheltered our neighbors and community members experiencing homelessness.

Conclusion:

Right now we are spending too much time and energy as a state keeping people out of housing and shelter. We need to be centered on keeping all community members consistently and safely sheltered as a shuttle to permanent housing instead of a respite from the street. We need to focus our energy instead on solving homelessness. Our starting point needs to be that we need to do everything possible to stop people from losing their housing, and if they do lose their housing, to stabilize them until they can be rehoused. What we are doing now and is being suggested by the administration, is expensive, does not solve the problem and is in fact one of the least fiscally responsible things that we can do.

As testimony before the Legislature and newspaper articles and regular Vermonters tell us, it is incredibly difficult to find affordable, safe housing in Vermont. Vermont is estimated to need approximately 30-40,000 additional units of housing in order to stabilize our housing market so that rents can become affordable. This will take time - by some estimates at least ten years. In the meantime, we have an epidemic of homelessness because evictions and other household crises that might in the past have led to a difficult relocation now lead to homelessness.

The expanded eligibility for emergency housing during the public health emergency of the pandemic and the Adverse Weather Conditions exception periods has shown us that operating this program in a more humane and effective way is possible. Yes, broadening the program to address our homelessness crisis will certainly require greater expenditure, though savings will be found in capping and negotiating lower motel room rates, leasing and buying blocks of motel rooms, and diversifying our emergency housing stock to include former dormitories, pods, and more non-congregate shelter beds. But more importantly, sheltering Vermonters through periods of homelessness avoids the huge costs, in both financial and human terms, of unsheltered homelessness - to our communities, to our schools, to our workforce, to our health care system, and to the people experiencing homelessness themselves.