

My name is Christie Everett; I am the Director of Access and Acute Care Services at the Clara Martin Center. In addition, I also oversee our Safe Haven program in Randolph, a program that provides a transitional living residence for adults that are experiencing homelessness and the impacts of mental health challenges. The majority of consumers that we serve at Safe Haven are also engaged in services through our Community Support Program. Thank you for allowing me to speak today on the impact that proposed changes to housing funding as laid out in the budget will have on the system of care and the Vermonter's that we serve through the designated agency system.

As I review the proposed budget changes, it appears that there will be a cost shift of \$400,000+ to address housing needs away from the designated agency system, to help fund an addition of \$600,000+ gain to the Pathways system that in many ways attempts to duplicate the same services that the designated agency system already has established. This change would begin to dismantle an already established system of care that has served this state well. In addition, the designated agency system covers every county in the state, making services universally available to all Vermont residents. The Pathways system is only active in a few select counties across VT. It would seem that any availability of funding should be prioritized for a system that serves a greater population need. If the attempt is to provide continued services with a balanced budget, it would appear that this cost shift would in essence be funding two systems to essentially address the same needs, and thereby costing money in the end to maintain two systems, one of which is still in its infancy in the state. The Designated Agency system has a proven track record of sustainability and successfully delivering services to one of the most vulnerable populations in the state. In addition, through the passage of Act 79 and the system development that occurred throughout the designated agency system, each agency has been able to expand and enhance their delivery of services in unique and creative ways to maximize care and coordination provided to address and support a wide variety of needs. While Pathways stated goal is to establish stable housing and support engagement in mental health and substance services, unfortunately this collaborative intent has not always played out in interactions between Pathways and some of the designated agencies.

Access to affordable and sustainable housing is one of the basic needs that every human has. Due to policy changes and a shift in population focus at the federal level, those of us that deal with housing issues at the local level have had to

manage deep cuts to funding and programming for the better part of two years, putting sometimes whole programs in jeopardy. As the federal government has turned its focus and priority on ending chronic homelessness, they have narrowed the definition of who they consider homeless and thus eligible for assistance so severely, creating a growing population of people who are precariously housed at best, that without the support of housing vouchers and the breadth of services available through the designated agency system, could quickly result in them becoming homeless. It has been discussed that this money has been opened up for reutilization to other services due to underutilization. If our efforts to house people have been handicapped by the federal mandates, it appears we are being penalized for circumstances beyond our control, while still being tasked to provide care for whole communities. If the funding for housing needs for the vulnerable population that we serve shifts to Pathways maintaining the same federal guidelines for utilization, that system will face the same obstacles that the designated agency system has faced, thereby potentially making no discernable change and impact on homelessness that occurs across the state. I would ask the committee to again review the funding changes outlined in the proposed budget and reestablish the level of funding that has been provided for the designated agencies to use without very vulnerable populations who live below poverty and struggle with illnesses. Why would we take away housing support for them?

Instead of shifting funding to a completely separate system, if the legislature would support a greater flexibility in how to use the funding available through the current system, that would have the greatest probability of success, and success in these circumstances is measured by how many people are not wondering where they are going to sleep every night, or how long they can maintain a roof over their head. A shift in funding as proposed would be devastating to efforts to support consumers in the CRT programs across the state to maintain stable and adequate housing. Vulnerable Vermonters have enough mental and physical health concerns to manage without also adding the scary concern of not having living quarters. Basic shelter has to be available to those with the deepest need in the designated mental health system. De-stabilizing those vulnerable people will only add cost to hospitals and emergency rooms when the lack of housing spirals those Vermonters into more crises.