

Thank you for inviting me to be here. I've been working with the homeless in Vermont since 1991that's *eons*, according to my kids; I started at COTS, the Committee on Temporary Shelter, back before cell phones, or iPads and long before gluten free bread.

So, what I bring you today is the long view on a very complex issue and some of the evolving trends I've seen over time. This view is shaped by my experience as the director of COTS....but also through my volunteer work in Vermont and with national advocacy groups. I was a founding member and the first chair of the VT Coalition to End Homelessness (what you may know as the balance of state continuum of care). I helped create the Chittenden Homeless Alliance – which serves as the Continuum of Care for the Burlington area. I've served on the boards of the National Coalition for the Homeless, Housing Vermont, UVM Medical Center, CVOEO and as a member of the advisory board for the National Housing Trust Fund. (I'm telling you this to bore you, no..to brag. No.wait. These experiences have given me a perspective on homelessness from the framework of housing and healthcare and a few insights into the way federal policy plays out in our communities.

Over the past 25 years, the most notable demographic shifts in Vermont's homeless population have been the rise in families with children, victims of DV, and the increase in homeless teens/young adults.

In the early 90's, Chittenden County had only one emergency shelter for families. It was operated by COTS and served five families at a time; the average length of stay was 6 weeks and there was seldom a waiting list. Back then, homeless families were mostly headed by young single moms who needed help with life skills and job/education supports.

By the late 90s (1997) that began to change dramatically. For the first time, we had two-parent *working* families seeking shelter from COTS; and the numbers in need far exceeded our capacity. We scrambled to lease apartments to use as overflow shelter space, used Converse Hall at UVM one summer, and worked with the Dept of Welfare on booking overflow motel rooms when needed. In just two years, we went from serving about 50 families a year to well over 80 . At the time, we didn't know if this was an anomaly or an emerging trend: We checked with our partners around the state (Morningside in Brattleboro, the Good Samaritan in Barre, the Upper Valley Haven in White River – they were all seeing the same demographic shifts.

In 2002, COTS opened a second family shelter making a total of 15 emergency spaces for families. Within two years, that wasn't enough -we had a waiting list of 12 families as the need continued to rise. The waiting list grew year after year *along with* the length of stay in shelter. Vermont's Emergency Assistance budget began to feel the strain of so many families staying in overflow motels while waiting for a spot in our shelters.

In 2005, we analyzed the data on families coming to us for shelter, trying to understand what precipitated the loss of housing, were there any patterns? How many evictions could have been avoided with timely financial assistance to cover rental or mortgage arrearages?

It was clear to us that building another shelter wouldn't truly address the problem; and the timeframe to create new affordable units was far too long. We learned from our data review that 75% of the families we sheltered in the preceding 5 years had housing in Chittenden County prior to eviction. What if we could break the fall? Prevent the loss of housing in the first place?

We started fundraising madly in 2006 and by 2008 we had a quarter million dollars in business and foundation support to directly intercede with financial assistance for rental and mortgage arrearages. (As Lehman Brothers was closing its doors, we were opening the Housing Resource Center, the largest homeless prevention initiative in Vermont.

During the first year, we broke the fall into homelessness for just over 270 families and individuals. After five years, we had averted homelessness for 1,451 renter households and we'd stopped foreclosures for 66 families. Those outcomes helped persuade a newly elected Governor Shumlin to champion state funding for homeless prevention. (This funding was folded into what is now called the HOP grants, through OEO)

Ten years since COTS rolled out our prevention fund, we have spared well over 2,000 families and individuals from destitution. In Chittenden County last year, there were 375 evictions (VLA data); Without COTS and state funding through the HOP grant, the eviction rate would have been 70% higher – 644 households rather than 375. **Why??** Because we had the resources to stave off eviction for 269 households.

At this point, it's fair to ask: why we're not further ahead in alleviating homelessness if this strategy is so effective?

I'll highlight several of the factors fueling the problem.

Today, 1 in 4 families who live below the poverty line are spending 70% of their income on rent; leaving very little left for food, transportation, and basic necessities. Thousands of Vermonters are living right now on an impossibly thin margin that makes it impossible to

save any sort of buffer for unexpected contingencies. The smallest change in income or expenses can be catastrophic.

There is a pervasive notion that low-income families benefit from public housing or receive other federal assistance to cover rent. The **opposite** is true: $\frac{3}{4}$ of families who qualify for federal housing assistance do NOT receive it. That's right, – 75% of those who are eligible, get no federal housing assistance whatsoever.

The high cost of rent in Vermont coupled with flat or falling wages, means that a growing number of families with children are unable to sustain their housing.

- The number of homeless students enrolled in Vermont's public schools rose from 785 in academic year 2010 up to 1,097 last year.
- According to DoE, 75% of these students are living in what's called "doubled up" situations. That means frequent upheaval as their families bounce between staying a few weeks in a relative's basement, then moving into a friend's crowded apartment for a couple days, an on to an unheated trailer parked in the back of an uncle's house with extension cords running across the lawn to provide limited power.
- Too often, families are forced to separate, and children are moved between 2 or 3 schools in the span of single academic year. Even worse, children are forced into places where domestic violence and sexual abuse are the currency of exchange for staying just a few nights longer, a few more weeks.

Not surprisingly the impact on kids is devastating:

- Students who have experienced homelessness are 9 x more likely than other students to repeat a grade (ICHP report)
- They are 4x more likely to be in special education programs (Poissant, Harvard)
- 3x more likely to drop out of school altogether
- 20% of homeless students between the ages of 13 and 17 have been expelled or suspended.
- Homeless children suffer physically, too, they have 4x the rate of respiratory problems and are twice as likely to end up in emergency rooms. (Poissant)

It's not hard to imagine the path this sets up for these kids as they move into adulthood.

And here's **part of the problem**: HUD does not include destitute families who are "doubled up" in its annual one-night homeless census, even though every other federal

agency recognizes them as homeless (DoE, HHS, Dept of Justice). Anywhere from 35 to 50% of homeless families in Vermont are NOT included in the annual Point-in-time count. (This is a legacy from the Bush Administration changing the definition of homelessness to exclude those bouncing from place to place – living doubled up)

Despite HUDs failure to count or respond to these indigent families, the grim reality of their homelessness has reared up in schools, juvenile justice systems, early education programs and pediatric practices all over Vermont.

It's important to note, that just over half of homeless children staying in shelters, nationally, are under the age of 5 years. We helped **260** homeless children last year at COTS, and 56% of them were younger than five years old.

For many of these children, the abrupt upheaval and transience in early life sets in motion a trajectory that will almost certainly lead to homelessness later in their lives. The impact of such acute stress on health, education and cognitive development have been well quantified.

And here's **a key part of the problem**: the vast majority of HUD resources and national attention has been focused almost exclusively on ending **Chronic** Homelessness. This was an initiative launched by the George W Bush administration in 2005 and continued by Obama. Prior to that time, HUD allocated about \$2 million dollars to Vermont through Continuum of Care grants that allowed **local** communities to identify their most pressing needs and to develop their own strategies for addressing them.

All over Vermont, local continuums would do a gap analysis each year and seek funding to meet the needs unique to their communities. In Chittenden we received funds to support homeless families, victims of DV and those with HIV who couldn't secure housing. We created a Safe Haven for those who were destitute and struggling with mental illness.

All of that changed **dramatically** when HUD shifted its focus solely and exclusively to ending Chronic Homelessness. This term is defined as a single adult with a disabling condition who has lived on the streets or in shelters for at least a year or has been homeless 4 or more times in the past 24 months. (SHOW HUD flow chart.)

So.....Just at the time when family homelessness was rising precipitously in Vermont, when the number of homeless youth and victims fleeing violence was increasing...we lost

the flexibility of federal resources to respond to those needs. While ending Chronic homelessness is an important goal, it targets a disproportionate amount of resources to a very narrow *sliver* of the homeless, just 10 to 15% of the total homeless population. (PIT data for past 2 years show CH at 10% for Chittenden and 10.5% statewide)

Even worse, the entire premise of this policy runs counter to everything we know about early intervention. The Chronic initiatives are structured so that intensive services and housing subsidy preferences are offered only AFTER everything has been lost, *after* the slide into destitution, *after* the disability and physical strain of transience have been compounded by 365 nights of sleeping in doorways or emergency shelters.

Can you imagine what would happen if health care systems took this approach? You only get treatment after the heart attack, after the onset of diabetes, after the liver is failing?

Many of the Housing First programs you may have heard about in the news (the Utah “miracle”) actually come last, housing is granted only *after* someone has achieved the very narrow designation of chronic. (**Show HUD spaghetti map**). Programs like Pathways Vermont are vital but can only assist after someone has lost their housing. Imagine how much more they could do to alleviate homelessness if they had the resources to intervene with services/support BEFORE someone lost their home?

We talk about housing as healthcare, but so is prevention – averting destitution altogether. Not just for the Chronic Homeless but for families, homeless teens, victims of violence, those in recovery from addiction -the broad demographic, the 90% who don't meet HUD's narrow definition.

If we truly want to end chronic homelessness, we need to start with the infant learning to crawl in a cramped overflow shelter space. We need to start with the 8-year old girl doing her homework by flashlight in the backseat of a rusted out Honda because that's where she and her family are living. (Nationally, 53% of homeless mothers lack a high school degree, we could also start there!)

The worst hardship of our housing crisis, with the most enduring impact, has fallen ***overwhelmingly*** on the narrow shoulders of young children.

Year after year, the number of homeless children keeps rising. Last year, OEO reported that while the number of total homeless staying in Vermont publicly funded shelters last year had fall by 99 individuals, the number of children in shelters had risen again, to just over 1,100 kids, . Anywhere from 350 to 500 more children were living doubled up in unfinished basements, or for shifting back and forth for brief periods between family, friends and neighbors.

Unlike the devastating sweep of hurricanes or the shattering wreckage of the fires that burned endlessly last fall in California, we don't *see* the damage suffered by children who are homeless. But their traumatic upheaval is no less disastrous.

We don't see them because they don't stand out from other kids (they don't want to), There's no reminder to us of their presence, no vivid image to convey the enormity of what's happening in their lives. It's far too easy to overlook them entirely. With their backpacks and lunchboxes they look exactly like our own kids at the start of any school day.

But the difference is stark: Most homeless children are chronically tired, they often fall asleep in class because they're kept awake by the noise of crowded living in very tight spaces.

They don't invite friends over for sleepovers or birthday parties, they have to give up their pets.

Quite a few get anxious if asked too many questions about their parents or their living arrangements.

Most of them go to heart breaking lengths to hide what's happening from their classmates and teachers because school is the one place they can pretend that life is still the same.... that they are still the same.

It's hard to fathom what it mean to have well over 1,100 children in our community drifting between shelters and motels.....whose suffering is largely invisible.

As public funding continues to decline, and the waiting lists for housing subsidies get longer and longer, as the opiate crisis continues and housing costs soar, ***we desperately need*** a broader national focus in how we address homelessness, a focus that includes attention to families with children.

Here in Vermont, we know what works. Despite the regrettable changes at HUD and the strain those federal changes have placed on our response systems, this legislature and **this** committee have been heroic in supporting funding to alleviate homelessness across all demographics: the Vermont rental subsidy program; support for new affordable housing through VHCB, and resources to cover back rent and mortgage arrearages for those facing imminent evictions.

Research tells us that homeless prevention is effective, that preserving long term, stable housing improves the health outcomes for every demographic, particularly children living in poverty. Children who might otherwise bounce from place to place, school to school, only to find themselves inexorably on the path to permanent transience.

Just imagine what we could do to bend the curve completely if we allocated the same amount of resources for homeless prevention that we spend on emergency shelters and motels. I urge you to work toward that kind of balance.

Thank you.