

Testimony Senate Health and Welfare Committee

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Thank you for the opportunity to testify and for all you do for our citizens

Thank you for past funding of VHCB

Request fund VHCB at the full \$22.4 Million

Washington County landscape as of 1/29/20

As of 1/29/2020, the Washington County Coordinated Entry team is working with 158 households designated as HUD definition homeless (aka really truly homeless). These households are comprised of 252 Unique Individuals (192 adults and 60 children). This includes 28 chronically homeless individuals and 18 households who have remained homeless on our list for over 365 days. These numbers represent a significant increase compared to 2019 a year when Downstreet added 50 new units of housing.

We are seeing the reality of these numbers in all of our communities. I did a bit of data looking at French Block and Taylor Street and of the 50 units, we housed 12 homeless individuals/families, 5 of whom are employed. As well, we housed 15 retired folks which is a quiet crisis as well. Our elderly have no pensions and many are just steps from homelessness. My staff is hearing very sad stories from this population. Of the 50 units, there are also 13 families with children. The average income at FB is \$14,658 and at TS \$32,231. You may recall TS has 11 units that serve people at 80 to 120 so the income is slightly higher but still disturbingly low for someone to THRIVE.

Fully funding VHCB so that we can build more affordable housing is important. And we need innovation. We can't build our way out of this crisis. VHCB will fund innovative solutions like R4R and Family SASH. It can be very difficult to move innovation forward and seed money is critical. For Family SASH and R4R, VHCB was there.

I recently came across a powerful article from Health Affairs on the difference between programs that address individual level social needs and community wide focused programs that truly address the SDOH. From the article,

In 2008, the [World Health Organization's Commission on the Social Determinants of Health defined those determinants](#) as the "conditions in which people are born, grow, live, work, and age" and "the fundamental drivers of these conditions." This term prioritizes a broad, community-wide focus on the underlying social and economic conditions in which people live, rather than the immediate needs of any one individual. While health care leaders have realized that programs to buy food, offer temporary housing, or cover ridesharing programs are less expensive than providing repeat health care services for their highest cost patients, such patient-centered assistance does not improve the underlying social and economic factors that affect the health of everyone in a community. While targeted, small-scale social interventions provide invaluable assistance for individual patients, we must also remain focused on the social determinants that perpetuate poor health at the community level.

In his discussion of how to address health-related community conditions, Secretary Azar, like a growing number in health care, focused on the social needs of individual patients. In his speech, he recounted the success of the [Accountable Health Communities](#) model, noting that "participating providers screen high utilizers of healthcare services for food insecurity, domestic violence risk, and transportation, housing, and utility needs. If needed, patients are set up with navigators, who can help determine what resources are available in the community to meet the patient's needs."

However, while growing in popularity, health care navigators and similar enhancements to health care can't actually change the availability of resources in the community. They can't raise the minimum wage, increase the availability of paid sick leave, or improve the quality of our educational system. These are the systemic changes that are necessary to truly address the root causes of poor health.

Policy makers have the power to address the social and economic conditions that affect community health. For example, in [Kansas City, Missouri](#), voters recently approved a ballot initiative empowering health inspectors to respond to tenant complaints about a broad range of housing conditions, funded by an annual fee of \$20 per unit for landlords. Earlier this year, the City Council of [Alexandria, Virginia](#) voted to raise the city's meal tax to fund affordable housing. These communities and others like them have embraced the need for policy intervention to improve the social determinants of health for their citizens.

I have worked in health and housing for 30 years. In that time, I have come to believe that root causes of health challenges come from a lack of social connectedness, trauma (ACE's), stigma and inequity. Creating policy and bringing

funding to programs that address these root causes is the most important work that we can do for our most vulnerable citizens.

VHCB funds organizations across the state that are uniquely situated to address community level SDOH like the need for affordable housing and resilient communities where all of our citizens can THRIVE. Using housing as a platform for services that will provide social connectedness, reduce stigma, reduce trauma and enhance equity has a record of proven success through our innovative SASH program.

SASH and the upcoming FAMILY SASH pilot operate both at the individual-level interventions and the community level. I believe that the population health approach of SASH that includes extensive community level programming is the secret to its success. For decades, healthcare professionals have invested in any number of chronic conditions management programs that although helpful to individuals, never seem to show impact at the community level. SASH has shown success at the community level. It works and we need to expand it to serve all our residents. In our recent strategic plan process at Downstreet, my staff passionately advocated for SASH to be expanded to families and young individuals. To get things started, VHCB funded CSC, HV and Downstreet to begin designing the expanded program. I shared the program description with you. We are beginning to seek foundation funding for a pilot in Washington County. This type of innovative effort is dependent on the resources that VHCB provides.

The recovery residences work that Downstreet has been doing for the past two years to create a statewide response to the need for RR's is also supported by VHCB innovation funds. The report Housing: A Critical Link to Recovery, funded by VHCB, made it clear we need many more recovery residences across the state. The establishment of VTARR, the housing developer's toolkit, the work on a scholarship fund for rental assistance that will be announced at Recovery Day on 2/12 are just a few examples of the work supported by VHCB.

Additionally, H783 that Housing and Military Affairs is taking testimony on today is a critical piece to standing up more recovery residences across the state. I have shared a one-pager on the bill and would be happy to testify further on RR's at a future time.

Again, I would like to thank you for your past support of VHCB and I request full funding this year. With full funding we can truly begin to move the bar on community level solutions that address the SDOH right here in Vermont.